

6.2

HDdUHB Joint Committees & Collaboratives / Cyd-bwyllgorau a Grwpiau Cydweithredol BIPHDd

Presenter: Steve Moore

SBAR Joint Committees and Collaboratives September 2020

HDdUHB Joint Committees and Collaboratives Reports



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	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 minutes are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)

- Confirmed minutes of WHSSC meetings held on 12th May and 14th July 2020;
- Briefing notes from the WHSSC meeting held on 8th September 2020 setting out the key areas of discussion.

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of EASC meetings held on 12th May and 14th July 2020;
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 8th September 2020.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Confirmed minutes of NWSSP Committee meeting held on 21st May 2020;
- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 23rd July 2020.

NHS Wales Collaborative Leadership Forum (CLF)

- Confirmed minutes of the CLF meeting held on 15th January 2020.

There are no further Joint Committee minutes or Collaborative updates to include for the following reasons:

Mid Wales Joint Committee for Health and Care (MWJC)

- The next MWJC meeting is scheduled for 28th September 2020.

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): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website
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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	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, MWJC and JRPDC.
Cyfreithiol: Legal:	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.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

**Minutes of the Meeting of the
WHSSC Joint Committee Meeting held in public on
Tuesday 12 May 2020
by SKYPE**

Members Present:

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Simon Dean	(SmD)	Interim Chief Executive Officer, Betsi Cadwaladr UHB
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Sharon Hopkins	(SH)	Interim Chief Executive Officer, Cwm Taf Morgannwg UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay UHB
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Jenny Thomas	(JT)	Medical Director, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC

In Attendance:

Kieron Donovan	(KD)	Affiliate Member/ Interim Chair, Welsh Renal Clinical Network
Helen Fardy	(HF)	Associate Medical Director, WHSSC
Urvisha Perez	(UP)	Wales Audit Office (Observer)
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

Minutes:

Michaela Henderson	(MH)	Corporate Governance Officer, WHSSC
--------------------	------	-------------------------------------

The meeting opened at 09:30hrs

JC20/001	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed Members to the meeting and reminded them that, due to the COVID-19 pandemic, the meeting was being held via Skype on a quorum basis with a consent agenda. It was noted that a quorum had been achieved.</p> <p>Apologies were noted as above.</p>
JC20/002	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC20/003	<p>Minutes of previous meetings</p> <p>The Joint Committee approved the minutes of the meetings held on 10 March 2020 as true and accurate records.</p>
JC20/004	<p>Action Log and Matters Arising</p> <p>The Joint Committee noted there were no outstanding actions and no matters arising not dealt with elsewhere on the agenda.</p>
JC20/005	<p>Report from the Chair</p> <p>The Joint Committee received a report from the Chair.</p> <p>The Joint Committee consented to the Recommendations set out in the paper, namely to:</p> <ul style="list-style-type: none"> • Note the content of the report; • Ratify the Chair's Actions; and • Approve the appointment of Emrys Elias as Vice Chair.
JC20/006	<p>Report from the Managing Director</p> <p>The Joint Committee received a report from the Managing Director.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the content of the report.</p>
JC20/007	<p>Independent Sector Hospital Services</p> <p>The Joint Committee received a paper that provided an update on the progress made in commissioning Welsh independent sector hospitals capacity on behalf of Health Boards for the period of the COVID-19 pandemic. This covered (1) capacity, (2) governance, (3) organisation responsibilities, (4) financial arrangements, (5) operational arrangements, and (6) next steps.</p> <p>Members noted the matter would be discussed further at an 'In Committee' session of the Joint Committee.</p>

	<p>The Joint Committee consented to the Recommendations set out in the paper, namely to:</p> <ul style="list-style-type: none"> • Ratify the actions taken by WHSSC to commission whole hospital capacity with effect from 6 April 2020; • Receive assurance that there are robust processes in place to ensure delivery of the arrangements for the period required; and • Note the current position, the guidance issued to health boards and the planned actions including formal contracts as set out in the report.
JC20/008	<p>Delivering Specialised Services during Covid-19 Outbreak</p> <p>The Joint Committee received a report providing a description of the proposed WHSS Team approach to commissioning specialised services during the next phase of the COVID-19 pandemic. This approach reflected the Welsh Government Framework for Recovery; Leading Wales Out of the Coronavirus Pandemic, the joint CMO/CNO Framework of Ethical Values and Principles for Healthcare Delivery as well as the output of the CEO group provided to the NHS CEO.</p> <p>SL noted the paper was intended to develop a process whereby the specialised services that need to be maintained in the overarching essential services agenda could be highlighted.</p> <p>KP reported the WHSS Team were working with providers, including those based in England, across all contracts to ensure essential specialised services continue and to ensure that specialised services were being given the treated with the same level of priority as local services. KP noted the WHSS Team were working with providers to prioritise services on a whole system basis.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the content of the report.</p>
JC20/009	<p>Adult Thoracic Surgery for South Wales – Consultant Workforce Cover for the Major Trauma Centre – Detail of Joint Committee Decisions</p> <p>The Joint Committee received a report providing Members with the detail of the decisions made at the July 2019 Joint Committee meeting regarding thoracic surgery consultant workforce cover for the major trauma centre and to clarify the agreed handling of the expected Society of Cardiothoracic Surgery (SCTS) Guidelines on the management of thoracic trauma.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the decisions made at the July 2019 Joint Committee meeting regarding thoracic surgery consultant workforce</p>

	cover for the major trauma centre and that these took into account the anticipated SCTS guidance.
C20/010	<p>Corporate Risk Assurance Framework</p> <p>The Joint Committee received a report providing an update on the WHSSC risk management framework as at 29 February 2020 and the approach being taken to risk management during the COVID-19 pandemic.</p> <p>The Joint Committee consented to the Recommendations set out in the paper, namely to:</p> <ul style="list-style-type: none"> • Note the update provided within the report and that this describes the risks being managed in WHSSC commissioned services prior to the COVID-19 outbreak; • Note the approach being taken to risk management during the COVID-19 pandemic; and • Receive assurance that risks are being appropriately assessed and managed.
JC20/011	<p>Financial Performance Report</p> <p>The Joint Committee received a report setting out the financial position for WHSSC for Month 12 of 2019-20.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the current financial position and forecast year-end position.</p>
JC20/012	<p>Reports from the Joint Sub-Committees</p> <p>The Joint Committee received the reports from the Joint Sub-Committees.</p> <p>The Joint Committee consented to the Recommendation to note the content of the reports from the Joint Sub-Committees.</p>
JC20/013	<p>Any Other Business</p> <p>There being no other business the meeting closed.</p>
JC20/014	<p>Date and Time of Next Scheduled Meeting</p> <p>The Joint Committee noted the next scheduled meeting would take place on 14 July 2020 in the Conference Room, WHSSC, Unit G1 The Willowford, Treforest Industrial Estate, CF37 5YL.</p>

The meeting ended at 09:40hrs.

Chairman

Date.....

UNCONFIRMED

**Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 14 July 2020
by MS TEAMS**

Members Present:

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore (for part)	(SM)	Chief Executive Officer, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay UHB
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Jenny Thomas	(JT)	Medical Director, WHSSC

Deputies

Nick Lyons	(NL)	Medical Director, Cwm Taf Morgannwg UHB
Adrian Tomkins	(AT)	Associate Director Of Healthcare Contracting, Betsi Cadwaladr UHB

Apologies:

Simon Dean		Interim Chief Executive Officer, Betsi Cadwaladr UHB
Kieron Donovan		Affiliate Member/ Chair, Welsh Renal Clinical Network
Paul Griffiths		Independent Member, CTMUHB
Sharon Hopkins		Interim Chief Executive Officer, Cwm Taf Morgannwg UHB

In Attendance:

Iolo Doull	(ID)	Deputy Medical Director, WHSSC
Claire Nelson	(CN)	Assistant Director of Planning, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

Minutes:

Michaela Henderson	(MH)	Corporate Governance Officer, WHSSC
--------------------	------	-------------------------------------

The meeting opened at 13:40hrs

JC20/015	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed Members to the meeting and reminded them that, due to the COVID-19 pandemic, the meeting was being held via MS Teams on a quorum basis with a consent agenda. It was noted that a quorum had been achieved.</p> <p>Apologies were noted as above.</p> <p>Written questions from members and answers had been published in advance of the meeting and would be embedded within the meeting papers.</p>
JC20/016	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC20/017	<p>Minutes of previous meetings</p> <p>The Joint Committee approved the minutes of the meetings held on 14 May 2020 as true and accurate records subject to one amendment in the list of Members present.</p>
JC20/018	<p>Action Log and Matters Arising</p> <p>The Joint Committee noted there were no outstanding actions and no matters arising not dealt with elsewhere on the agenda.</p>
JC20/019	<p>Report from the Managing Director</p> <p>The Joint Committee received a report from the Managing Director which included updates on the Mother & Baby unit, IVF, the Swansea mobile PET scanner, the PET international webinar and NCCU expenditure on mental health services for the COVID-19 period.</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to note the content of the report.</p>
JC20/020	<p>Paediatric Ketogenic Diet for South Wales</p> <p>The Joint Committee received a report providing a description of the current concerns and risks associated with the implementation of the Integrated Commissioning Plan scheme for the Paediatric Ketogenic Diet service at Cardiff and Vale UHB, as a result of a funding shortfall on one of the key posts for the service.</p> <p>VH reported a question had been submitted by a Member and the Member in question noted that the written response provided by the WHSS Team was satisfactory.</p> <p>The Joint Committee consented to the Recommendations set out in the report, namely to:</p>

	<ul style="list-style-type: none"> • Note the concern and risks associated with not implementing the Ketogenic Diet service in south Wales and that the investment was supported in principle by Management Group; and • Approve the funding of the dietician element to allow the Ketogenic Diet service to be developed in NHS Wales.
JC20/021	<p>All Wales Traumatic Stress Quality Improvement Initiative</p> <p>The Joint Committee received a report informing Members of the confirmation of funding from Welsh Government for the All Wales Traumatic Stress Quality Improvement Initiative (AWTSQII).</p> <p>Members noted Welsh Government had not been able to provide a formal funding letter in time for the meeting but noted the copy email from Jo Maddaford, Head of Children's Mental Health and Vulnerable Groups confirming Welsh Government would be providing funding as agreed.</p> <p>CS reported that the Mental Health Network would be looking at the AWTSQII in general and specifically considering what could be done for patients who suffered post-traumatic stress as a consequence of severe Covid-19.</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to:</p> <ul style="list-style-type: none"> • Note the commissioning arrangements for the AWTSQII; and • Note the attached final proposal for the AWTSQII.
JC20/024	<p>Integrated Commissioning Planning 2020-23</p> <p>The Joint Committee received a suite of documents describing the WHSS Team approach to the 2020-23 Integrated Commissioning Plan (the Plan) for specialised services during the Covid-19 pandemic. The following documents were included:</p> <ol style="list-style-type: none"> 1. Approach to the implementation of the schemes within the 2020-23 WHSSC Integrated Commissioning Plan which was supported by Management Group on 4 June 2020; and 2. Development of the WHSSC 2021-24 Integrated Commissioning Plan. A new paper which will also be considered by Management Group on 16 July 2020; and 3. Prioritisation of new interventions during the Covid-19 pandemic. A new paper which will also be considered by Management Group on 16 July 2020. <p>KP explained that work was underway to understand the potential for in-year service development of new interventions which may offer alternative treatment options for patients which reduce the risks of Covid-19 harm.</p>

	<p>VH reported a question had been submitted by a Member and the Member in question noted that the written response provided by the WHSS Team was satisfactory.</p> <p>Members agreed the need to maintain flexibility in planning in the current Covid-19 climate was imperative and acknowledged that the Plan would probably need to change over time.</p> <p>The Joint Committee consented to the Recommendations set out in the papers, namely to:</p> <ul style="list-style-type: none"> • Note the information presented within the documents and consider the individual papers presented, specifically: <ul style="list-style-type: none"> ○ Note the approach to new investment agreed for 2020-21 by Management Group; and ○ Support the revised process for the development of the WHSSC 2021-24 Integrated Commissioning Plan; and ○ Support the revised process for the prioritisation of new interventions during the Covid-19 pandemic; and ○ Note the work underway regarding new interventions which may offer alternative treatment options for patients which reduce the risks of Covid-19 harm.
JC20/025	<p>Risk Assessment of the Provision of Specialised Services during the Covid-19 Pandemic</p> <p>The Joint Committee received a report describing the risk management approach being taken by WHSSC during the Covid-19 pandemic.</p> <p>VH reported a question had been submitted by a Member and the Member in question noted that the written response provided by the WHSS Team was satisfactory.</p> <p>The Joint Committee consented to the Recommendations set out in the papers, namely to:</p> <ul style="list-style-type: none"> • Support the approach being taken to risk management during the COVID-19 pandemic; • Note that the CRAF continues to be monitored; • Note that risk assurance being undertaken on individual services; • Note the additional strategic risks detailed above and their link to the risk appetite statement.
JC20/026	<p>Independent Hospitals Commissioning</p> <p>The Joint Committee received a report updating Members on the commissioning of independent hospitals in Wales for the initial three month period to 6 July 2020 and the extension period to 6 September 2020.</p>

	<p>SD reminded Members six hospitals had been commissioned from the outset but noted the arrangement had only been extended with four of the hospitals. SD reported it would be for local health boards to contract directly with the independent hospitals beyond 6 September, committing their own funding, but the WHSS Team would be available to assist in the process. SD noted NHS England was extending similar English contracts for two months but for reduced capacity.</p> <p>VH reported questions had been submitted by Members and the Members in question noted that the written responses provided by the WHSS Team were satisfactory.</p> <p>The Joint Committee consented to the Recommendations set out in the report, namely to:</p> <ul style="list-style-type: none"> • Receive assurance that there are robust processes in place to ensure delivery of effective commissioning arrangements for independent hospitals capacity; and • Note the progress to date and the indications for the remaining contract period.
JC20/027	<p>Major Trauma Network 'Go Live' Update</p> <p>The Joint Committee received a report updating Members on the progress made to determine readiness of the south Wales Trauma Network and to recommend a 'Go Live' date for the Network.</p> <p>The Joint Committee consented to the Recommendations set out in the report, namely to:</p> <ul style="list-style-type: none"> • Note the information presented within the report; and • Receive assurance that the Trauma Network is ready to go live as presented in the attached report; and • Approve that the network should go live on Monday 14 September 2020.
JC20/028	<p>WHSSC Protocol for Dealing with Concerns and Complaints</p> <p>The Joint Committee received the updated and amended version of the WHSSC Protocol for Dealing with Concerns and Complaints (the Protocol) that reflected changes to the structure of the WHSS Team, including addition of the Quality Assurance team, and improved clarity around the process for concerns regarding the function of the WHSS Team.</p> <p>The Joint Committee approved the updated and amended Protocol.</p>
JC20/029	<p>Sub-Committee 2019-20 Annual Reports</p> <p>The Joint Committee received a report presenting the Sub-Committee 2019-20 Annual Reports.</p>

	<p>MH noted the 2019-20 Annual Report for the Welsh Renal Clinical Network was outstanding and would be presented at the September meeting for noting.</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to note and receive the Sub-Committee 2019-20 Annual Reports.</p>
JC20/030	<p>Sub-Committee Self-Assessments</p> <p>The Joint Committee received a report providing Members with information and assurance relating to the Annual Self-Assessment Exercise for 2019-20.</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to:</p> <ul style="list-style-type: none"> • Note the information presented within the report; and • Receive assurance that the Annual Self-Assessment Exercise for 2019-20 had been completed and appropriate actions agreed.
JC20/031	<p>Financial Performance Report</p> <p>The Joint Committee received a report setting out the financial position for WHSSC for the Month 2 of 2020-21.</p> <p>SD reported since the papers had be distributed Month 3 had closed with an increased forecast year end under spend of around £6M.</p> <p>LR queried private sector costs and SD reported that for the first three months of the year Welsh Government were funding those costs and therefore there would be no impact to the WHSSC bottom line position but that for the extended period to 6 September the costs would be funded by the Health Boards, unless Welsh Government reversed its current position and stepped in to cover them.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the current financial position and forecast year end position.</p>
JC20/032	<p>Reports from the Joint Sub-Committees</p> <p>The Joint Committee received the reports from the Joint Sub-Committees.</p> <p>CB reported that Q&PS Committee would be undertaking a Development Day on 15 September.</p> <p>CB flagged an issue under the Mental Health and Vulnerable Groups section of the Report from the Chair of the Quality & Patient Safety</p>

	<p>Committee and noted there would be a fuller discussion on the matter 'In Committee'.</p> <p>The Joint Committee consented to the Recommendation to note the content of the reports from the Joint Sub-Committees.</p>
JC20/033	<p>Any Other Business</p> <p><i>WHSSC Standing Orders</i> KS reported receipt of the Welsh Health Circular that directed changes to the Health Board and WHSSC Standing Orders relating to the ability to keep Chairs and Independent Members in post for longer than the limitations currently stated. KS noted that WHSSC would be taking Chair's Action to deal with the change to the Standing Orders, which would then need to be approved by each of the Health Boards.</p>
JC20/033	<p>Date and Time of Next Scheduled Meeting The Joint Committee noted the next scheduled meeting would take place at 09:30hrs on 8 September 2020.</p>

The meeting ended at 14:20hrs.

Chairman

Date.....

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – SEPTEMBER 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 8 September 2020 with a 'consent agenda', as described on the WHSSC website. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

Written questions from members and answers had been published in advance of the meeting and would be embedded within the meeting papers.

The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2020-21-whssc-joint-committee>

Minutes of Previous Meeting

The minutes of the meeting of 14 July 2020 were taken as read and approved.

Action log & matters arising

Members noted there were no outstanding actions or matters arising.

Chair's Report

The Chair's Report referred members to a Chair's Action taken on 14 July 2020 to approve temporary amendments to the WHSSC Standing Orders, which was ratified.

The Chair reported that, as planned, this would be her last meeting and that the Minister had appointed her replacement, the details of which would be announced shortly.

Managing Director's Report

The Managing Director's report, including updates on a new commissioning assurance framework and Radio-frequency Ablation for Barrett's Oesophagus, was taken as read.

TAVI Management of Severe Aortic Stenosis during the COVID-19 Pandemic

Members received a paper outlining the current situation and the impact of the COVID-19 pandemic on the management of severe aortic stenosis and the evidence to support the short term commissioning arrangements for TAVI for the intermediate patient group during the pandemic, together with proposed funding arrangements.

Members (1) supported the recommendation that WHSSC formally changes the commissioning policy to include intermediate risk patients but allows decision making on individual cases to be taken by clinical discretion through the MDT process, and (2) approved the WHSSC position regarding funding in that payments under the block contract and pass through arrangements for TAVI devices will be limited up to 2019-20 outturn levels.

Options Appraisal for a Permanent Perinatal Mental Health In Patient Mother and Baby Unit (MBU) in Wales

Members received a paper that informed them of the options appraisal exercise and scoring of the short listed options for a permanent perinatal mental health in patient MBU in Wales.

It was reported that a letter from the Board of Community Health Councils in Wales had been received that was supportive of the options appraisal process but noted that more further formal public engagement was expected on the options once a preferred option was identified.

Members (1) noted that both options meet the WHSSC service specification, (2) supported the recommendation from the non-financial options that Neath Port Talbot Hospital is the preferred location of a permanent mother and baby unit, and (3) noted that the final preferred option will be subject to the usual business case process to access Welsh Government capital.

Major Trauma Network Readiness Assurance Update

Members received a paper that provided final assurance that the South Wales Trauma Network is ready to go live on 14th September 2020.

Members received final assurance and noted that following a robust assessment process by the Trauma Network Team and as recommended by the Trauma Network Implementation Board all component parts of the Trauma Network are ready and the Network can proceed to launch on 14th September 2020.

Welsh Renal Clinical Network 2019-20 Annual Report

The Welsh Renal Clinical Network 2019-20 Annual Report was taken as read.

Financial Performance Report – Month 4 2020-21

A paper that set out the financial position for WHSSC for month 4 of 2020-21, including a forecast under spend of £6m at year end, was taken as read. The under spend related mainly to months 1-4 underspend on the pass through elements of Welsh provider SLA's, COVID-19 block arrangements with NHSE for Q1 and Q2 below the plan baseline and Q1 2020-21 development slippage.

The Director of Finance reported that, while the full month 5 report was not yet available, the position had continued to improve.

Other reports

Members also took as read the update reports from the following joint Sub-committees and Advisory Groups:

- All Wales Individual Patient Funding Request Panel;
- Integrated Governance Committee;
- Management Group;
- Quality & Patient Safety Committee; and
- Welsh Renal Clinical Network Board.



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
12 MAY 2020 AT 130PM VIRTUALLY BY SKYPE**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Nick Lyons	Medical Director, Cwm Taf Morgannwg CTMUHB
Tracy Myhill	Chief Executive, Swansea Bay SBUHB
Steve Moore	Chief Executive, Hywel Dda UHB
Simon Dean	Interim Chief Executive, Betsi Cadwaladr UHB
Carol Shillabeer	Chief Executive, Powys THB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
James Rodaway	Head of Commissioning & Performance Management
Ross Whitehead	Assistant Director of Quality and Patient Experience
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/38	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the first virtual meeting (using the Skype platform) of the Emergency Ambulance Services Committee.</p> <p>Prior to the presentation of the provider report, the Chair formally thanked Jason Killens and all of the staff at WAST for their excellent response to the Covid 19 Pandemic.</p> <p>The Chair also thanked the Chief Executives of health boards and their staff for their exceptional work and commitment in responding so well to the unprecedented situation.</p>	

	Members expressed their sincere sympathies and condolences to the families, friends and colleagues at WAST and those in the wider health service who had died during the time of this pandemic.	
EASC 20/39	APOLOGIES FOR ABSENCE Apologies for absence were received from Len Richards and Sharon Hopkins. Nick Lyons, Medical Director at Cwm Taf Morgannwg UHB was welcomed to his first meeting as the nominated deputy.	
EASC 20/40	DECLARATIONS OF INTERESTS There were no additional interests to those already declared. Members noted that a new process was in development for declarations in line with advice from Audit Wales and updated forms would be circulated shortly.	Chair Committee Secretary
EASC 20/41	MINUTES OF THE MEETING HELD ON 10 MARCH 2019 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 10 March 2019.	Chair
EASC 20/42	ACTION LOG Members RECEIVED the action log and agreed that a log be developed of pending actions delayed by the impact of the pandemic on normal business. Members NOTED specific progress as follows: Emergency Medical Retrieval Service (EMRTS) Gateway Review The Chair requested that this be added to the 'pending' log. EASC 19/08 & EASC 19/21 & EASC 19/23 Emergency Medical Retrieval Service (EMRTS) Refresh of the commissioning framework Members noted that the work to develop the framework was almost complete and would be provided at the next meeting (Added to the Forward Look). EASC 19/12 Risk Register It was agreed that this would be received by the EASC Management Group and then by the Joint Committee in due course (On the Forward Look).	Committee Secretary CASC Head of Commissioning Committee Secretary

	<p>EASC 19/55 & 19/92 Mental Health It was agreed that this be added to the 'pending log'.</p> <p>EASC 19/78 Reference document on the WAST Relief Gap Emergency Ambulance Service It was agreed that this be added to the 'pending log' and would also form part of the work for the Ministerial Ambulance Availability Taskforce.</p> <p>EASC 19/79 WAST Service Transformation It was agreed that this be added to the 'pending log'.</p> <p>EASC 19/97 Serious Adverse Incidents (SAIs) Members noted that SAIs had been included in the WAST Provider Report and a recent Quality and Delivery meeting with the CASC had discussed the approach in detail. Information would be included in every WAST Provider report going forward (Added to Action Log).</p> <p>EASC 19/100 Emergency Department Quality and Delivery Framework It was agreed that this be added to the 'pending log'.</p> <p>EASC 19/103 & EASC 20/16 Governance A report would be received at the next meeting which would include the Annual Governance Statement, highlight reports from Sub Groups and the risk register.</p> <p>EASC 20/12 Ministerial Ambulance Availability Taskforce Members noted that the work had been delayed and the Minister was aware. This would be added to the 'pending log'.</p> <p>Emergency Medical Retrieval and Transfer Service A meeting had been planned to take place before the end of March with the Air Ambulance Charity. This would be rearranged and this was added to the 'pending log'.</p> <p>EASC 20/15 Finance Report A Finance Report would be received at the next meeting and would include the 'A Healthier Wales' allocation.</p>	<p>Deputy CASC</p> <p>CEO WAST</p> <p>CEO WAST</p> <p>CEO WAST</p> <p>CASC</p> <p>Committee Secretary</p> <p>CASC</p> <p>Chair and CASC</p> <p>Director of Finance</p>
--	--	--

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. • AGREED that a 'matters pending log' be developed as a result of the impact of the current pandemic. 	CASC / Committee Secretary
EASC 20/43	<p>MATTERS ARISING</p> <p>There were none.</p>	
EASC 20/44	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harrhy highlighted the following:</p> <ul style="list-style-type: none"> • Year End Accounts – Members noted that the draft year end accounts had been received and there were no problems or risks anticipated with finalising and submitting to the Audit and Risk Committee at Cwm Taf Morgannwg UHB in June 2020. • Ministerial Ambulance Availability Task Force – Members noted that the plans for the Taskforce were currently on hold and the Minister had been informed. Consideration would be given when the work would formally recommence. Members noted that much of the work undertaken over the last few months in responding to the pandemic would be helpful in terms of the demand and capacity plan and would be particularly helpful to learn from the operational changes made at pace. • Annual Governance Statement – Members noted that this was in the drafting stage and would be submitted to the Audit and Risk Committee at Cwm Taf Morgannwg in June 2020. The draft once completed would be shared with Members for an opportunity to comment. • Emergency Medical Retrieval and Transfer Service (EMRTS) – Members noted the work to develop the commissioning framework and the work to develop 24/7 working. The EMRTS Delivery Assurance Group would discuss and develop detailed operational plans for approval at a future Committee meeting. • EASC Integrated Medium Term Plan (IMTP) – Members noted that a letter of support had been received from the Welsh Government for the EASC IMTP although the planning processes were now on hold. A revised delivery plan would be developed and Members noted the importance of responding to the updated operating framework process. A revised plan would be developed and presented to the Committee for consideration and approval in due course. 	<p>Director of Finance</p> <p>Committee Secretary</p> <p>CASC</p> <p>CASC</p>

	<ul style="list-style-type: none"> • Co-Chair Task and Finish Group – Members were reminded that the CASC had been asked to work with the fire and rescue service; this work had been put on hold. Further information would be shared when available. • Ambulance Quality Indicators (AQIs) – Members noted that performance targets were on hold, although data continued to be collected; Stats Wales had paused the publication of the AQIs. • Meetings with WAST – Members noted that the CASC had a weekly meetings with the Chief Executive of WAST. A Quality and Delivery meeting was held last week and the CASC reported that progress was being made. • EASC Management Group - Members noted that the Group would recommence shortly and would work on developing the 'new normal' in line with the requirements of the operating framework. • Covid response – Members noted that the CASC and the EASC teams had continued to work closely with WAST and commended the positive way in which the WAST Executive Team and all of the staff had responded to the pandemic. Members noted that in terms of the additional expenditure related to the pandemic response, this was being monitored and this would not be the responsibility of health boards to fund. Members noted that the importance of the revised financial plan and clarification of the additional expenditure incurred by WAST. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chief Ambulance Services Commissioner's report. 	<p>CASC</p> <p>CASC</p> <p>CASC</p>
EASC 20/45	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:</p> <p>Pandemic and response</p> <ul style="list-style-type: none"> • Members noted that the team at WAST had aimed to double their capacity across key operational areas. Areas highlighted included: <ul style="list-style-type: none"> - 111: Members noted that early on in the pandemic a 350% increase had been seen in the number of calls received for several weeks; additional call handlers and clinical staff had been recruited to assist and the online symptom checker was operational; as the activity reduced the team had been realigned. 	

- More call handling capacity had been developed in Swansea and Cwmbran (2) with the potential to open in North Wales if required. This approach allowed safe working practices, conforming to social distancing rules, to operate in call centres.
- The surge in activity over the most recent weekend which saw the highest peak in activity over the last 3 months.
- 999: capacity had been doubled.
- Emergency Medical Services: the limiting factor was the availability of vehicles.
- Workforce issues: weekly overtime had doubled, support had been received from the military and underlying sickness absence had reduced.
- Performance: good outturn performance at over 65% across Wales in April and also expected in May.
- Non-emergency patient transport services had been maintained for renal and oncology patients; shadow plans had been developed to increase capacity when required, although not this had not yet been deployed.

Activity and performance

- Amber performance had improved from the beginning of the financial year, activity reduced, production and lost hours had all contributed which was the best position for a number of years.

Demand and Capacity Review - Implementation progress

Overview of the work to date was provided which included:

- Members noted that WAST had also retained this review as priority work during the Covid 19 pandemic response.
- Aim to recruit a net additional 136 WTE staff and the majority would be emergency medical technicians (EMT).
- Undertaken virtual recruitment events and virtual online training courses.
- Had already secured 40.28 WTE of the staff required and were also aiming to over-recruit the numbers of paramedics due to some slippage in the programme.
- Members noted that the Demand and Capacity Review was undertaken across NHS Wales and did not include the anticipated changes as a result of the Grange University Hospital opening. As a result Members noted that it was anticipated that a potential further 84 WTE staff would be required. Urgent discussions were underway to match the potential to open the new hospital in the Autumn as opposed to March 2021.
- Members noted that other developments and plans were on hold (apart from the work with the Grange Hospital).

Non-Emergency Patient Transport Service (NEPTS)

- Members noted that work was continuing to improve the national booking process.
- The Demand and Capacity Review of NEPTS had now been reconvened and was being managed through the NEPTS Delivery Assurance Group.

WAST Integrated Medium Term Plan (IMTP)

- Members noted that the WAST Board had approved the IMTP and a letter in support had been sent by the CASC although the planning processes had been put on hold by the Welsh Government.
- Members noted that WAST would respond to the new operating framework and intended to submit on 18 May. Members noted the intention to give the CASC sight of the final draft for comment by the end of the week.

Regional Escalation

- Members noted that this process had been disrupted due to the response required for the Covid 19 pandemic.
- The WAST team suggested that it would need to continue to refine plans for the previously agreed revised regional escalation process in the future to weave in learning and management of activity due to the impact of the pandemic.

In receiving and noting the WAST provider report Members highlighted:

- The excellent progress made with the recruitment of staff and asked whether health boards also searching for additional staff had impacted on WAST; Jason Killens suggested that he would welcome a further opportunity to discuss recruitment, for example of paramedics, across NHS Wales and the potential impact of this, although no issues had been experienced to date.
- Performance issues - in terms of the improving trend but also of the variation in performance across Wales.
- The Amber performance was positive.
- Further discussions would need to take place in relation to how the extra resources (136WTE staff) would be deployed and it was agreed that the EASC Management Group would lead on the work and report to a future Committee meeting **(Added to Forward Look)**.
- The additional capacity in the transfer and discharge service and plans for the medium and long term which was encouraging.
- The impact on WAST staff during the pandemic and the challenges faced; Jason Killens explained that efforts were being made to capture the learning and not lose the agile way in which staff were responding.

	<p>It was felt that IT had been an enabler and the team were aiming to capture the learning from this. The WAST team were planning a Covid 19 Wave 1 debrief session to capture any learning and recovery actions. Work included an online digital version for front line staff to bring together in time for the WAST Board meeting in June. This information would be shared with Members (Added to Action Log). Generally, staff appeared to be coping well.</p> <ul style="list-style-type: none"> • Matters relating to personal protective equipment (PPE) and the impact in relation to the time taken to respond to incidents. The issue remained on aerosol generating procedures and cardiac arrest in relation to the type of PPE used. • Additional information was sought regarding performance and the possibility that due to the reduction in demand coupled with increased production that this would impact more on red performance. Members noted that in responding to the pandemic the number of rapid response vehicles had been reduced and community first responders had not been utilised as previously, primarily to ensure the safety of the staff. However, this was changing and the performance was now on an improving trajectory. • The evaluation of winter was raised and the work to do in planning for the next winter period alongside the Covid 19 impact. It was suggested and agreed that it would be helpful to undertake more planning than normal to ensure the NHS would be able to respond effectively. Members noted that WAST would increase the ambulance fleet by 100 new vehicles but would retain the older vehicles for an additional 12 months to ensure a contingency for the fleet. Additional staff were also trained and available such as the Fire and Rescue service staff. The impact of the winter in the Southern Hemisphere would also be monitored and WAST were keen to work closely with Health Boards in taking this work forward. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the provider report and the actions agreed. 	
EASC 20/46	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that a pending log be developed and closely monitored to ensure that necessary actions can be captured and completed in a timely way.</p>	Gwenan Roberts

	Following discussion, Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan for future meeting in line with the discussions held. 	Chair and CASC
EASC 20/47	ANY OTHER BUSINESS There was none	

DATE AND TIME OF NEXT MEETING		
EASC 20/48	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 14 July 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed

Christopher Turner (Chair)

Date

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**CONFIRMED MINUTES OF THE MEETING HELD ON
14 JULY 2020 AT 0930 AM VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Simon Dean	Interim Chief Executive, Betsi Cadwaladr UHB
Len Richards	Chief Executive, Cardiff and Vale UHB
Nick Lyons	Medical Director, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda UHB
Carol Shillabeer	Chief Executive, Powys THB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience
James Rodaway	Head of Commissioning & Performance Management
Craig Wilson	Deputy Chief Operating Officer, Swansea Bay UHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
David Lockey	National Director EMRTS Cymru (for Agenda item 2.3)
Matthew Edwards	Programme Manager EMRTS Cymru (for Agenda item 2.3)
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/49	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.	
EASC 20/50	APOLOGIES FOR ABSENCE Apologies for absence were received from Tracy Myhill, Sian Harrop-Griffiths and Sharon Hopkins. Craig Wilson, Deputy Chief Operating Officer for Swansea Bay UHB was welcomed to the meeting.	

EASC 20/51	DECLARATIONS OF INTERESTS There were no additional interests to those already declared.	Chair
EASC 20/52	MINUTES OF THE MEETING HELD ON 12 MAY 2019 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 12 May 2019.	Chair
EASC 20/53	ACTION LOG Members RECEIVED the action log and NOTED specific progress as follows: EASC 19/08 & EASC 19/21 & EASC 19/23 Emergency Medical Retrieval Service (EMRTS) Refresh of the commissioning framework Members noted that the work to develop the framework was almost complete and would be provided at the next meeting (Added to the Forward Look). EASC 19/12 Risk Register Members noted the delay in developing the register in line with the host body arrangements. It was agreed that this would be received and considered by the EASC Management Group and then by the Joint Committee at its next meeting (On the Forward Look). EASC 20/29 Safe Cohorting of Patients EASC Management Group to report back to the Committee (added to the Forward Look). EASC 20/26 Coronavirus - Actions Information would be presented for discussion at the EASC Management Group and shared with Members in due course. EASC 20/44 Integrated Medium Term Plan It was agreed that a revised plan would be received at the next meeting. EASC 20/45 Learning Lessons during a pandemic It was agreed that the next WAST provider report would share early findings. Members RESOLVED to: <ul style="list-style-type: none"> • NOTE the Action Log. 	CASC Head of Commissioning CASC CASC Head of Commissioning CEO WAST

EASC 20/54	<p>MATTERS ARISING</p> <p>EASC 19/55 & 19/92 & 20/29</p> <p>Carol Shillabeer reported that work was continuing in relation to Mental Health and progressing well; the latest work included data collection to understand the demand on the service and the challenges faced. A further update would be provided at the next meeting.</p>	
EASC 20/55	<p>CHAIRS REPORT</p> <p>The Chair's report was received. In presenting the report, Chris Turner highlighted the various discussions that had taken place since the previous meeting, including one to one with Martin Woodford, Chair of the Welsh Ambulance Services NHS Trust. Members also noted that Chris Turner had been invited to serve a further year as interim Chair of the Committee and he had accepted.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report. 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 20/56	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen HARRY highlighted the following key items:</p> <ul style="list-style-type: none"> • The link within the report to the Year End Accounts and the Annual Governance Statement. Members noted the key actions identified going forward which reflected the discussions at each meeting and were felt to be proportionate and supported the agreed focus going forward. • Ministerial Ambulance Availability Task Force – Members noted that the work had been temporarily stood down, although plans were in place to recommence the work; the Minister had been made aware of the plans. However, the work would need to be modified for the members of the Taskforce and would involve greater emphasis on critiquing work and proposals emerging from the work of sub groups. The aim was to try and provide an interim report to the Committee in the autumn in line with the commissioning cycle and the first cut of the Integrated Medium Term Plan at the November meeting. Members noted the importance of the work to implement the Demand and Capacity report recommendations in terms of additionality and direction. 	

	<ul style="list-style-type: none"> Members noted that the Welsh Ambulance Services NHS Trust response times were generally good, although performance in the most rural areas was not at the level expected. Members noted the desire to learn from the impact of the pandemic on the service and what changes had been made to inform future service provision. Other changes, including transfer and discharge services, as well as the other ongoing changes in NHS Wales would have significant impact on how ambulance services are provided. Members noted that the Emergency Medical Services (EMS) Framework Agreement needed to be reviewed. Members noted that the framework was fit for purpose at the time it was developed but would now need to be modified to get a better balance between the service provision, patient safety / harm and staff experience. Members noted that the EASC Management Group would lead on the development of the EMS Framework Agreement and it would be presented at a future Committee meeting (Added to the Forward Look). Members discussed the issues related to the performance in rural areas which until recently had been good and consistent. Members noted that this had changed over the last 8 weeks and the performance was well under 50%. It was agreed that further information be provided by WAST to understand why this had occurred (Added to the Action Log). Members noted that it was felt that good progress was being made on plans to open the Grange University Hospital. Judith Paget thanked the EASC Team for the support given to assist the Health Board and WAST to get near a solution for the new transport arrangements. Members noted that proposal would be received shortly by the Aneurin Bevan Board to secure the resourcing needed. It was noted that emergency surgery and trauma would be centralised and there may be additional issues with patients needing to be transferred from Nevill Hall sooner than anticipated. Some concerns had been raised by staff at ABUHB and Judith Paget agreed to share the Datix reports from the UHB in order that the WAST team could understand the issues involved (Added to the Action Log). <p>Members RESOLVED to: NOTE the Chief Ambulance Services Commissioner's report.</p>	
--	--	--

<p>EASC 20/57</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:</p> <ul style="list-style-type: none"> • Response to the Pandemic <p>The internal debriefing process in relation to the first wave was now coming to a close, a report was being developed for the Trust Board and would be shared with the Committee (added to the Action Log).</p> <p>Members noted that 500 staff had given their reflections on pandemic so far which included sharing good practice and areas of learning. Jason Killens explained that an action plan would be developed during July and August to share back with staff i.e. 'You said-we did'. Members noted that WAST was referring to itself as being in a 'monitoring' phase of the pandemic; the organisation had not yet "recovered" and was referring to itself as "in recovery" and this work would help to shape its plans going forward.</p> <ul style="list-style-type: none"> • Summary of long waits for ambulances <p>Members noted that very few patients experienced long waiting times between April and June this year due to the reduced activity and additional capacity in the service.</p> <p>In terms of RED performance, Members noted that across the first quarter the performance had been over 70% but not in rural areas. Jason Killens explained that the Community First Responders had not been utilised initially during the response to the pandemic, although they were now gradually coming back into service with the appropriate personal protective equipment. It was anticipated that this would have a positive impact and improve performance in rural areas.</p> <p>Members also noted that most of the rapid response vehicles had not been utilised during the initial response to the pandemic which had an impact on red performance. In line with the findings in the Demand and Capacity Report, Members felt the challenge remained to deploy the right number of staff in the right place.</p> <ul style="list-style-type: none"> • Plans for the Grange University Hospital <p>Members noted that teams from across WAST, Aneurin Bevan UHB and the EAS Team were working together to get a settled position, it was anticipated that 84 additional staff would need to be employed.</p>	<p>CEO WAST</p>
-----------------------	--	-----------------

	<ul style="list-style-type: none"> • Quarter 2 Operational Framework plan submissions to the Welsh Government <p>Jason Killens provided an overview of the Q2 plan and highlighted that 3-4 areas had been identified for Q3 and 4.</p> <ul style="list-style-type: none"> • Emergency Departments <p>Jason Killens gave an overview of the work which was aiming to divert patients away from emergency departments using Consultant Connect.</p> <p>Len Richards highlighted the ongoing work at Cardiff and Vale UHB, in conjunction with Aneurin Bevan UHB, using the data to determine how patients accessed services during the pandemic and how potentially this could be used to plan or have early warning for surges in activity. Members noted the work and suggested that EASC could consider the implications of this work for potential roll out across NHS Wales. Members noted that additional funding had been requested from the Welsh Government to support having a live feed of data to develop the early warning system.</p> <p>Members noted that Aneurin Bevan UHB were waiting for agreement from the Welsh Government officials in terms of whether the Grange University Hospital would open in November. Judith Paget supported the work of the team at WAST in terms of Consultant Connect and phone first. The pod at the Royal Gwent hospital had experienced staffing issues and the Health Board and WAST were working to resolve.</p> <p>Nick Lyons supported the work and explained that Cwm Taf Morgannwg UHB was also keen to take forward Consultant Connect. Members felt that the pandemic had highlighted the different policies in place across Wales and felt that it would be beneficial to work collectively to avoid the unnecessary pressure within NHS Wales by using the same systems. Members noted the different uses and requirements of personal protective equipment across Wales and agreed that it would be helpful if the WAST team highlighted the differences in approach across Wales (Added to the Action Log).</p> <p>A broader discussion took place on the wider unscheduled work and Stephen Harrhy highlighted that work had been identified within the 'Amber Review' and discussions could be held with the NHS Wales Informatics Service (NWIS) regarding what could be achieved in real time.</p>	CEO WAST
--	---	----------

	<p>Members noted that the Welsh Government officials had shown some interest in developing an unscheduled care dashboard system and Stephen Harrhy agreed to find out more and report back to the Committee (Added to the Action Log).</p> <p>Stephen Harrhy suggested that further information be presented for discussion at the EASC Management Group to align with the Demand and Capacity Report. Members wished to note the impact of Consultant Connect on conveyancing and the connection to the Clinical Contact Centres within WAST. Other issues to be considered would include the booked appointment processes for emergency departments and the reduced capacity issue related to social distancing.</p> <p>In summarising this section of the meeting, the Chair welcomed the discussion on the interesting initiatives for unscheduled care and the opportunity for the system as a whole to be more coordinated.</p> <ul style="list-style-type: none"> • Healthcare Inspectorate Wales Members noted that WAST had received a draft Healthcare Inspectorate Wales report which was positive overall although was not complimentary with regard to handover delays at emergency departments. The report would be available to Members when published (added to the Action Log). • Health and Safety Executive (HSE) Jason Killens explained that WAST had received a notification from the HSE regarding a material breach of Health and Safety laws in relation to staff using personal protective equipment for excessive periods of time. WAST were providing evidence of the systems employed to the HSE and a further report would be provided at the next meeting (added to the Action Log). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the provider report and the actions agreed. 	<p>CASC</p> <p>CASC</p> <p>CEO WAST</p>
EASC 20/58	<p>FOCUS ON – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE</p> <p>In presenting the report, Professor David Lockey highlighted:</p> <ul style="list-style-type: none"> • Phase 1 of the 24/7 went live from the Cardiff Heliport on 1 July 2020 • Summary of EMRTS and activity improving service provision and service transfer • Activity levels • Support to the wider NHS Community 	

	<ul style="list-style-type: none"> • Much of the EMRTS work took place by road not air during the pandemic, particularly the twilight rapid response vehicle, although it was anticipated that the service would soon be flying more again • The impact of the Covid 19 pandemic which included flying restrictions by the air operator (and reduction in the numbers of pilots available); curtains are in place on all aircraft; importantly the EMRT service was maintained throughout • Network work; noted to be time consuming in relation to tele conferencing and maintaining links • Severe escalation plan in place; worked with the Critical Care Network and planned to mobilise key staff to any hospital overwhelmed with Covid 19 cases and would transfer patients to less affected areas for critical care treatment • Monthly activity by base: rapid response vehicle usage was clear and in constant demand within the south east Wales region • Twilight rapid response vehicle (RRV) originally resourced through winter funding; averaging 3.2 calls per shift; nature of calls include: cardiac arrest, road incidents, falls and unconscious patients • RRV – useful project met unmet need this service enabled the move to 24/7 expansion • 24/7 service expansion; noted the national shortage of pilots; the charity was working with the provider and aiming for an All Wales response; phase 2 for North Wales would be more difficult with a workload of 160 each year at night • National Critical Care Transfer Service; working together with the Critical Care Network; separate to the core work and ring fenced; aiming for set up in 9-12 months time; recruitment of key staff, project manager and clinical lead – interviews next week. <p>Members asked whether Professor Lockey felt there was any danger that the work to extend the EMRT service to 24/7 would accelerate the major trauma network work and if this could overwhelm trauma centres. Prof Lockey explained that patients were already taken to the unit for definitive care and doubted whether a lot of change would impact on centres. Members noted the outstanding requirements for the service to be provided 24/7 in terms of the capital for the EMRT service and for critical care services.</p>	
--	--	--

	<p>Members noted that the processes for distributing capital were on hold with Welsh Government at present. As the capital allocation would be made through the Committee a revenue to capital transfer might be considered by Members to ensure progress is maintained. This would be further discussed at a future meeting (Added to the Action Log).</p> <p>The Chair thanked Professor David Lockey and Matthew Edwards from the EMRT Service for excellent work during the pandemic as well as the informative presentation and report.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the presentation and report. 	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 20/59	<p>FINANCE REPORT</p> <p>Stuart Davies presented the finance report.</p> <p>Members noted that over the next few months further work would take place with WAST to ensure that the new investment including the additional staff would be isolated in terms of the costs and a reconciliation exercise would provide clarity on the activity and the costs incurred.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the report and note the future work on costs 	Director of Finance
EASC 20/60	<p>EASC GOVERNANCE UPDATE</p> <p>The EASC Governance update report was received. In presenting the report Gwenan Roberts highlighted the following:</p> <ul style="list-style-type: none"> • The EASC Annual Report 2019-2020 was received for the first time. This outlined the work of the Committee, its Members and attendance. Members noted that two of the associate members had not attended a committee meeting for the last two years and the Chair agreed to write a letter to the organisations to remind them. Members agreed to complete the effectiveness survey separately and return to the Committee Secretary and receive an overview of the findings at the next meeting (Added to the Action Log). • The EASC Annual Governance Statement had been previously circulated to Members and it was noted that it had been received and noted at the Audit and Risk Committee in line with the host body arrangements (Cwm Taf Morgannwg UHB). 	Gwenan Roberts

	<ul style="list-style-type: none"> • Risk Register – Members noted the current situation in relation to the development of the risk register through the EASC Management Group and agreed to receive a new register in line with the host body arrangements at the next meeting. • The EASC Management Group Annual Report 2019-20 and Terms of Reference was received. • The Non-Emergency Patient Transport Service Delivery Assurance Group Annual Report 2019-20 and Terms of Reference (and Internal Audit Report) was received • The Emergency Medical Retrieval and Transfer Service Hosted Bodies Annual Report 2019-2020 was received. <p>In terms of the Sub Groups of EASC, Members noted that all would complete the effectiveness survey and a composite report, including the EASC Members information would be provided at the next meeting.</p> <p>Members noted that Welsh Government officials had written to the NHS Wales Chairs' Group enquiring about the public's access to board meetings. Further work was underway with the Board Secretary group and Gwenan Roberts agreed to report back from an EASC perspective at the next meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report • APPROVE the EASC Committee Annual Report for 2019-2020 • RATIFY the EASC Annual Governance Statement 2019-2020 • APPROVE the EASC Management Group Annual Report for 2019-2020 and the Terms of Reference • APPROVE the NEPTS DAG Annual Report for 2019-2020 and the Terms of Reference and NOTE the Internal Audit Report. • RATIFY the EMRTS Hosted Bodies Annual Report for 2019-2020. 	Gwenan Roberts
		Gwenan Roberts
		Gwenan Roberts
EASC 20/61	<p>CONFIRMED MINUTES OF SUB GROUPS</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <p>EASC Management Group - 21 February 2020</p>	

	<p>Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG) for the following dates:</p> <ul style="list-style-type: none"> • 07 Feb 2020 • 24 Apr 2020 • 12 May 2020 • 26 May 2020 • 09 Jun 2020 • 23 Jun 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
EASC 20/62	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that the Chair and the Chief Ambulance Services Commissioner finalise outside of the meeting.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan. 	Chair and CASC
Part 4. OTHER MATTERS		ACTION
EASC 20/63	<p>ANY OTHER BUSINESS</p> <p>There was one item – temporary amendments to the model Standing Orders.</p>	
EASC 20/64	<p>TEMPORARY AMENDMENTS TO MODEL STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS – LOCAL HEALTH BOARDS, NHS TRUSTS, WELSH HEALTH SPECIALISED SERVICES COMMITTEE, EMERGENCY AMBULANCE SERVICES COMMITTEE AND HEALTH EDUCATION AND IMPROVEMENT WALES</p> <p>Gwenan Roberts presented the report which outlined the requirements of the Welsh Health Circular published on 9 July.</p> <p>Members noted the temporary changes to the Standing Orders in relation to the tenure of the Chair and Vice Chair which would cease to have effect on 31 March 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the changes for ratification at all Health Board meetings before the end of July 2020. 	

DATE AND TIME OF NEXT MEETING		
EASC 20/48	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 8 September 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed
Christopher Turner (Chair)

Date



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	8 September 2020

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: <http://www.wales.nhs.uk/easc/september2020>

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- **Ministerial Ambulance Availability Taskforce**

Members noted that arrangements were continuing to start the work related to the Taskforce. The proposed framework was being developed including the key output products identified. Stephen Harrhy agreed to share the draft work and asked for comments to shape the work as it develops. The aim was to use existing mechanisms where possible and an interim report was planned to be developed by the end of November.

- **Refreshing the Emergency Medical Services (EMS) Framework**

Members were aware of the plans to refresh the EMS Framework and it was suggested that this take place by April 2021. Detailed discussions would take place at the EASC Management Group and a report would be developed for the next EAS Committee meeting. The aim of the refresh would be to ensure that the Framework was streamlined and more reflective of the current position for EMS services.

- **Quality and Delivery (Q&D) Meeting with the Welsh Government (WG)**

Members noted a recent Q&D meeting had taken place and the areas discussed where the biggest concern, and the majority of the meeting's focus, was on the current performance.

- **EASC allocation letters for Major Trauma Services and Critical Care Transfer Services**

Members noted that the allocation letters had been received by the CASC and were pleased to note that they were in line with the expectations of the financial plan within the Integrated Medium Term Plan (IMTP).

• **Progress on the Emergency Medical Services Demand and Capacity Implementation Plan**

Members were aware of the agreement at EASC to fund up to 90wte additional staff within the plan. The WAST team had previously discussed that a further 46wte staff could be recruited and trained within the financial year.

Members noted that a discussion had taken place at the EASC Management Group regarding the recruitment of the additional front line staff which had been supported, although the source of the funding was unclear. Stephen Harray suggested that this additional cost of £1.4m could be included as part of the process to bid for resources under the winter protection fund to ensure maximising front line staff. This suggestion was supported by Members.

The Chair thanked Stephen Harray for his report and Members discussed the following matters:

- Concerns were raised regarding the capacity of the system to meet all of the ongoing plans during the potential resurgence of the pandemic. In terms of the revision of the EMS Framework, Members felt that clinical outcomes would be important but there may be a wider requirement to filter the work of the Committee to business critical areas only.
- Members noted that the review of the IMTP would provide an opportunity to redefine the key areas of work and this would be discussed at the EASC Management Group and would be reported to the next EAS Committee meeting.
- Members noted the opportunity to align with the work already underway on seasonal planning and the potential opportunity to be more coordinated with the option of needing to work outside of the formal Committee arrangements if required.
- Members noted that good collective progress had been made on the arrangements to open the Grange University Hospital and a helpful recent meeting had taken place which had resolved some key outstanding issues.

The Chair summarised the discussion and Members **RESOLVED** to:

- **NOTE** the Chief Ambulance Services Commissioner's report
- **NOTE** the need to identify a set of specific priorities
- **NOTE** the aim to link to seasonal priorities
- **APPROVE** the intention to seek £1.4m from the winter protection funding for the additional staff within the EMS Demand and Capacity Implementation plan.

PROVIDER ISSUES

The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:

- **Serious Adverse Incidents (SAIs)** – a marked reduction in numbers over the recent months although now monitored weekly by the WAST Directors, reported to a WAST sub-committee and onto the WAST Board. The Chair asked if it would be possible to compare the levels of SAIs with other comparable areas as it was difficult to set in context the data presented. Jason Killens agree to try and benchmark with other areas and present the information in the next report.
- **Health and Safety Executive (HSE)** – two improvement notices had been received (sharps injury (disputed) and extended time spent in personal protective equipment).

A full response had been provided to the HSE and the policy position on personal protective equipment (PPE) had been updated. The importance of the turnaround of ambulances at emergency departments was discussed and that WAST staff wearing PPE were reliant on health board staff to comply with the guidance (added to the Action Log). Members noted that it was likely that the HSE would escalate this issue if further situations arose

Performance position

- RED position – for August was below 65%, however the number of calls responded to in 8 minutes was more than the previous August
- 999 handling and 999 calls – good performance
- Incidents – volumes increased from August 2019
- Production comparison August – more this year compared to previous years
- EMS Abstractions – increase due to annual leave as staff were encouraged to take leave before winter
- Overtime reductions – no incentivised overtime
- Covid 19 abstractions now at 3%
- More activity August 2020 compared with 2018 and 2019
- Emergency Ambulance Utilisation (3% tolerance)
- Staffing – focus is on additionality and recruitment

Forecast

- Production stronger in September – on or over 100% for emergency ambulances, more work required on rapid response vehicles
- Amber performance and patients experiencing long waiting times
- Anticipating further Covid19 surge
- Modelling forecast for September - 66%.

Members were concerned about the deterioration in performance; it was noted that Powys had not met the target over the last 5 or 6 months although ongoing discussions were taking place. The performance was worse during 2020 and it was suggested that this could be attributed to the switch away from the deployment of rapid response vehicles (RRVs); it was hoped that the recommencement of RRVs would improve the performance in Powys and other health board areas.

Members asked regarding the impact of 'consultant connect' in terms of managing conveyance and whether any learning could be shared across the system. Members noted that the numbers to date were small and that there was a large variation in the uptake.

The CASC responded to the content of the presentation and highlighted:

- Helpful to note that more front line staff available in August than previous year despite reduction in overtime and an increase in annual leave allocated; therefore, additional investment in demand and capacity plan is starting to become effective
- Support the rebalancing of emergency vehicles and RRV as this will have a positive impact on red performance; however, WAST need to keep in mind any potential negative impact on amber performance

- Keen to work with health board colleagues re handover delays and what do their plans look like – it was agreed that the CASC to contact everyone for their plans (added to the Action Log)
- Confirmed that a detailed analysis of the ambulance performance in August was being undertaken to supplement WAST improvement plan including variation in mobilisation times in South East Wales compared with other regions
- Opportunities for learning across Wales including Cardiff and Vale UHBs CAV 24/7.

The Chair asked regarding the information on current and forecasted future performance and suggested that it would be helpful to have a coordinated plan from WAST to tackle the issues identified. It was felt this overview list would also be helpful for the work of the Ministerial Ambulance Availability Taskforce to coordinate the actions to be taken.

Members agreed that the EASC Management Group receive and discuss the overview list (Added to the Action Log). Members also noted the importance of the impact of cultural issues in terms of the ownership and professional responsibilities in working together and this would be key during the winter months.

Other matters highlighted from the WAST provider report included:

- the recruitment of the additional staff for the frontline which was at 119.28wte to date which subject to additional resources could be increased although the additional work by the finance teams would provide clarity.
- Where health board service changes had been planned, Jason Killens thanked colleagues for including the WAST Team as early as possible to support service changes across NHS Wales.

Members **RESOLVED** to:

- **NOTE** the provider report and the actions agreed.

FOCUS ON – NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)

The report and presentation on the Non-Emergency Patient Transport Service (NEPTS) was received. In presenting the report, James Rodaway and Mark Harris explained that the report had been received at the NEPTS Delivery Assurance Group and also at the EASC Management Group.

Members noted:

- NEPTS Headline statistics
- The Collaborative approach undertaken at the NEPTS Delivery Assurance Group – this work included the team at WAST but also health board teams with a focus on continuous improvement
- Commissioning and Quality Assurance undertaken – the Framework was in place and robust processes were in operation. Step 1 and 2 were considered key in ensuring the transport solution is as good as possible
- NEPTS Service Development
- Enhanced Service Provision – renal, oncology and end of life service; renal patients account for 30% of all NEPTS journeys which was steadily increasing and more work ongoing to develop oncology services. It was noted that the End of Life Care Service

had won a Health Service Journal Award and the team were warmly congratulated on this achievement

- Performance/ Service Delivery Improvements
- Governance and Planning – this included a more joined up approach and particularly the tiered staff structure in health boards to support the local commissioning
- NEPTS Demand and Capacity Review now underway
- The Impact and Learning from Covid19
- The NEPTS Delivery Assurance Group at the end of September would be discussing winter planning and discharge capacity matters and the impact of Covid19 on NEPTS activity.

Mark Harris provided detailed operational information regarding the different ways of working within the NEPT service during the pandemic which included support providers, people driving themselves to appointments, student paramedics and also the voluntary sector. The team were working to manage through the agreed script and were finding alternative ways of transporting patients.

The importance of the whole system approach to developing winter plans was discussed and particularly for this service. The longer term issues would also need to be considered including the resetting of plans for outpatients and other work.

The CASC emphasised the importance of the joined up approach and informed Members of the ongoing work with the procurement team to look at all spend on private providers as there may be an opportunity to realise savings and the further development of the NEPT service in line with the 'Once for Wales' ethos. Members were very supportive of the All Wales approach and the improvements being made within the NEPT service to date.

Members discussed the outstanding transfers to complete the 'Once for Wales' approach as agreed and asked about the timescales. Members noted that prior to the pandemic and lockdown all of the work required pre transfer had been completed for the ABUHB area. The aim was now to revisit the data and WAST had appointed a lead manager to oversee the work – ABUHB would be the next area to transfer. The Powys area had also provided data and would follow ABUHB before the end of the financial year.

The CASC explained that the detail would be developed and reported via the NEPTS DAG to the next Committee meeting. In terms of the timescales, it was expected that CTMUHB would transfer in the first half of 2021 and BCUHB by the end of the financial year 2021-22 (added to the Action Log).

The Chair, in summary, confirmed that effectively phase 1 had been achieved and further work was now required to transfer the other services as soon as possible. The WAST team were also congratulated by the Chair on their achievement of the Health Service Journal Award for their End of Life service.

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

Other reports received included:

- Outline Commissioning Intentions which included timescales
- Finance Report – no specific concerns to report
- Unscheduled Care Presentation
- EASC Integrated Medium Term Plan (IMTP) Revised Delivery Plan – to be developed
- Emergency Medical Retrieval And Transfer Service (EMRTS Cymru) Framework Agreement Final Draft
- EASC Risk Register

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

- Red performance
- Increasing handover delays
- Decreasing Amber performance
- Agreed timescales for roll out of transfer of work from health boards to WAST – ABUHB, followed by Powys this financial year; CTMUHB by the end of June in the new financial year and BCUHB by the end of the financial year

Matters requiring Board level consideration and/or approval

- None

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	√	No	
Date of next meeting	10 November 2020			



NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

MINUTES OF MEETING HELD TUESDAY 21 MAY 2020

10:00 – 12:00

Meeting held on Skype

Part A - Public

ATTENDANCE	DESIGNATION	ORGANISATION
ATTENDEES:		
Margaret Foster (MF)	NWSSP Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of Workforce & OD	NWSSP
Alison Ramsey (AR)	Deputy Director of Finance	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Peter Elliott (PE)	Project Manager	NWSSP
Steve Ham (SH)	Trust Chief Executive	Velindre
Chris Turley (CT)	Director of Finance	WAST
Geraint Evans (GE)	Director of Workforce & OD	Aneurin Bevan
Bob Chadwick (BC)	Executive Director of Finance UHB (part of meeting)	Cardiff & Vale
Hazel Robinson (HR)	Director of Workforce & OD	Swansea Bay
Huw Thomas (HT)	Director of Finance	Hywel Dda UHB
Hywel Daniel (HD)	Interim Director of Workforce & OD	CTM UHB
Phil Bushby (PB)	Director of People and Organisational Development	PHW
Peter Hopgood (PH)	Director of Finance & IT Services	Powys THB
Steve Elliot (SE)	Deputy Director of Finance	Welsh Government
Sue Hill (SUH)	Director of Finance	BCUHB
Gareth Price (GP)	Personal Assistant	NWSSP

Item		Action
1. STANDARD BUSINESS		
1.1	Welcome and Opening Remarks The Chair welcomed Committee members to the May 2020 Shared Services Partnership Committee meeting.	
1.2	Apologies Apologies were received from:	

Item		Action
	<ul style="list-style-type: none"> • Eifion Williams, Director of Finance: HEIW • Huw George, Director of Finance ,PHW • Darren Dupre: Unison 	
1.3	Declarations of Interest No declarations were received.	
1.4	Minutes of Meeting held on 16th January 2020 Draft Minutes of meeting held on 16 th January 2020 were reviewed and accepted with no issues raised.	
1.5	Matters Arising from Meeting on 16th January 2020 All actions to be discussed are complete.	
2. COVID-19 Update		
2.1	General Update AB indicated to the Committee that a number of requests had been received from Finance Directors requesting information regarding the business continuity arrangements in place at Shared Services. Consequently a summary report was created and provided through the Directors of Finance group and has since been updated for the Committee. Prior to COVID 19 NWSSP had already established comprehensive business continuity plans for each directorate in response to a variety of scenarios, including a pandemic. Following the outbreak, the NWSSP Planning and Response Group was set up. This group comprises the senior management team, plus trade union and communications representation, and has met on a regular basis to develop the NWSSP response to COVID19 and to oversee the return to business as usual, recognising that 'normal' may be very different from how things were previously. Due to the continuity plans, significant investment in technology, and the dedication of the staff to work long hours in demanding circumstances, all core services have been delivered and quality maintained throughout. HT expressed his gratitude (which was reiterated by those present) to Shared Services and the staff for the hard work and dedication in very difficult circumstances. He did enquire about PPV services, which he understood had been stood down and also that PCS would not be issuing the annual reports to each Audit Committee for this	

Item		Action
	<p>service. NF replied that while the service may have been stood down in recent months due to the pandemic, there was no reason why Annual Reports could not still be produced and as far as he was aware, this was still the plan. NF would check the position with Dave Hopkins in PCS and confirm the position to HT (Later confirmed that Annual PPV Reports would still be produced).</p>	
2.2	<p>Workforce Update</p> <p>GH shared with the Committee the data surrounding COVID19 and how it affected the Shared Services workforce. The number of COVID19 related absences continues to reduce, down to 197 in the last week. The number of staff self-isolating has also reduced from 171 to 162.</p> <p>GH conveyed to the Committee that what is not shown in the report is the flexibility of staff in dealing with the challenges presented. Some staff have been on rotation in an office environment and some in isolation. The flexibility provided has received positive feedback from staff, and Workforce are now looking at how they can maintain this going forward</p> <p>Before the pandemic a pilot was already in place at Shared Services to look at Mental Health Wellbeing. This pilot provided staff with access to Mental Health first aiders throughout the organisation. This service has been stepped up during the pandemic and has been very much appreciated by staff.</p> <p>Summarising both papers, the Committee were interested to hear of the role of the Recovery Group, chaired by AR, in returning services to some degree of normality. It was agreed that it would be helpful for a paper from the Recovery Group to be submitted to the July Committee, setting out how things have changed, the lessons learned, and what NWSSP might be able to do differently for Health Boards in the future.</p>	AR
3. Chair/Managing Director's Report		
3.1	<p>Chair's Report</p> <p>The Chair expressed gratitude to NWSSP staff in being able to continue to provide a high quality service during a national emergency.</p>	
3.2	Reappointment of Chair	

Item		Action
	<p>MF left the call at this point, and HT took over the Chair. MF's term of office ends at the end of November 2020, and as this is the 2nd four-year term, there would usually be no option to extend. However, the current situation has meant that Welsh Government will not be making any public appointments until at least September, which does not provide sufficient time for recruitment of a new Chair. GH therefore presented the application to extend the tenure of the chair for a further year to November 30, 2021. The proposal has been informally discussed with Welsh Government who are supportive, although they need to enact the relevant amendments to existing legislation. The Committee approved the 12 month extension, subject to the legislation being passed.</p> <p>MF was then asked to rejoin the meeting and took back the Chair from HT.</p>	
3.3	<p>Managing Director's Update</p> <p>NF was pleased to convey that staff have responded very effectively to the difficult challenges faced by the organisation. The majority of the main services have not been stood down and Shared Services have continued to operate at all times.</p> <p>NF also wished to recognise the excellent cooperation from key stakeholders, such as the Velindre Board and Welsh Government during the recent outbreak. The vital support and quick responses to difficult decisions have helped to maintain sufficient PPE supplies in a very difficult and competitive market. A formal request has been received from the Welsh Local Government Association asking for an agreement regarding the procurement and distribution of PPE products to them. NWSSP will respond positively to this request, as long as all the appropriate funding is in place.</p> <p>The financial position of NWSSP at year-end was a surplus of £11k. The 2019/20 Capital Expenditure Limit of £3.068m was utilised in full.</p> <p>The Welsh Risk Pool outturn was in line with the target agreed with Welsh Government although for the first time the risk sharing agreement had been invoked.</p> <p>HR noted that some of the ambitions in the Shared Services IMTP rely on Trusts and Health Boards' cooperation. As organisations deal with their own "recovery" from COVID-19, it may be some</p>	

Item		Action
	<p>time before they are in a position to support NWSSP, and therefore this will slow progress in achieving the IMTP.</p> <p>NF had attached an appendix to his report that detailed the achievements of NWSSP in recent months. MF asked all present to share this with their Boards.</p>	
4. Items for Approval/Endorsement		
4.1	<p>Temporary Medical Unit</p> <p>NF introduced this paper, and Peter Elliott from the PMO provided the detail.</p> <p>The Medical Directors of the Health Boards and Trusts, together with the Chief Pharmacists, have drawn up a list of the Top 12 Injectable Medicines for the COVID-19 outbreak. Welsh Government has requested an immediate increase in pharmaceutical capacity for syringe filling of the Top 12, in order to reduce the amount of drawing up being carried out by nurses. The Chief Pharmacists Group (CPG) have proposed that additional capacity should therefore be provided on an All Wales basis, including a Temporary Medicines Unit in South Wales (a syringe filling machine is already in use in North Wales), and strategic control of key materials on an All Wales basis.</p> <p>These activities are seen as comprising a Pharmacy Technical Service (i.e. supply activity), rather than Clinical Pharmacy and legal advice provided confirmed that such a service falls within the definitions of shared services within the regulations. Welsh Government approached NWSSP in April to provide project management expertise and to design and implement an operational Temporary Medicines Unit in South Wales. Options papers regarding the proposed service model were presented by the Project Team to the Chief Pharmacists Group (CPG) in the following weeks. Various options were considered and the preferred option is to use the space at the National Distribution Centre (IP5) with a 'Pop-up' Cleanroom.</p> <p>The build period is assessed as being four weeks from award of contract, followed by two weeks of validation. The service could therefore become operational by early July 2020 and would form an additional service offering from NWSSP to Health Boards and Trusts in line with the existing governance and risk sharing mechanisms. Both options in delivering a section 10 or fully licensed Unit will be taken forward as part of the set up process as</p>	

Item		Action
	<p>agreed by the Committee and it is expected that the associated funding will be confirmed by Welsh Government in the next couple of days. The primary focus of this investment is meeting the expected second peak in demand for COVID medicines. The investment in the site at IP5 has been scoped such that the “pop up” facility does not obstruct the identified candidate site for the main TRAMS medicines hub.</p> <p>Questions were raised on whether this was a clinical service, but NF reiterated that this was a technical service which could therefore fall into the remit of NWSSP to supply. Discussions took place in respect of the governance of the TMU operation, and these were acknowledged by NF who highlighted that work was already underway to support these arrangements to meet any regulatory requirements. He also emphasised that the drugs in question would only be used at this point within the Health Boards as they related to mainly intensive care environments and all clinical decisions would be made outside of the TMU. NF emphasised that Welsh Government were eager for the facility to be established as quickly as possible as it was directly related to preparedness for COVID and a possible second wave. It was agreed that any perceived operational governance matters would be addressed in tandem with the build and in place prior to any drugs being supplied to patients.</p> <p>The Committee were therefore content to approve the setting up of the TMU service, subject to:</p> <ul style="list-style-type: none"> • Funding being received as expected from Welsh Government; and • CPG endorsement of the governance arrangements, prior to any medicine being supplied. 	
4.2	<p>Updated SOs and SFIs</p> <p>AB presented the paper detailing a number of proposed changes to SOs and SFIs for NWSSP. These amendments also included some temporary increases in delegated limits of senior staff to incur expenditure in relation to COVID-19. The proposals also included introducing a higher delegated limit of £1million for expenditure incurred in respect of All Wales contracts.</p> <p>The Committee approved the suggested amendments to the SOs and SFIs.</p>	
4.2.1	Change to Scheme of Delegation - Existing Liabilities GMPI	

Item		Action
	<p>AR presented the paper which recognises the instruction from Welsh Government for NWSSP to take on responsibility for the function of oversight of the Existing Liabilities Scheme (ELS) and certain claims handling responsibilities to be undertaken by the Medical Protection Society and Medical and Dental Defence Union of Scotland.</p> <p>The Committee approved the proposed change to the Scheme of Delegation.</p>	
4.2.2	<p>Declarations of Interest - Single Tender Actions</p> <p>The Committee approved a paper setting out revisions to the process for seeking declarations of interest in the case of direct awards of contract to suppliers. This is relevant in terms of where contracts have been placed with suppliers under direct award due to extreme urgency, in line with Regulation 32(2)(c) of Public Regulations 2015 and Cabinet Office Procurement Policy Note – Responding to Covid-19.</p>	
4.3	<p>Once for Wales Concerns Management Database - Funding Split</p> <p>The Committee approved a paper setting out proposals for the recharging of the additional costs associated with the upgraded database.</p>	
5. Project Updates		
5.1	<p>Laundry Services</p> <p>A report produced by the Programme Management Office was provided to the Committee. The purpose of the report was to update the SSPC on the All Wales Laundry Services Programme.</p> <p>NF informed the Committee that an agreement is in place to extend the consultation agreement, due to delays as a result of COVID-19. The consultation process will now run to 30 June 2020 with an intention to transfer the staff into NWSSP on 1 April 2021 to take into account COVID, possible second waves and winter pressures.</p> <p>The Committee noted the progress made to date within the business case process and endorsed the extension to the timescales as outlined in the supplied paper and approved the extension to the possible TUPE of staff to April 2021</p>	

Item		Action
5.2	<p>Single Lead Employer</p> <p>The paper supplied by Workforce updates Committee members on the progress in expanding the Single Lead Employer Model.</p> <p>The Committee agreed the proposal that pending the development and finalisation of an agreed contractual and governance framework for all medical trainees employed in the NWSSP Single Lead Employer model, the existing arrangements, principles, Service Level Agreements and governance framework agreed for Speciality GP Trainees employed by NWSSP can apply.</p>	
5.3	<p>NHAIS</p> <p>An update was provided confirming that development of the new or upgraded systems for GMS (payments to GPs), GOS (payments to Opticians) and PCRM (the Primary Care Registration Module) remain on track for completion within required timescales.</p>	
6. Governance, Performance & Assurance		
6.1	<p>Finance & Performance Report</p> <p>The Committee noted that NWSSP had achieved a surplus of £11k after redistributing savings of £2m to Health Bodies and Welsh Government. The capital expenditure limit of just over £3m was also met. All other financial targets had been met. It was also highlighted that the vast majority of key performance indicator targets had been achieved during the year in spite of COVID</p>	
6.2	<p>Annual Governance Statement</p> <p>The Committee endorsed the final statement for approval at the June Audit Committee. The statement is positive, with a reasonable Head of Internal Audit rating, and includes the suggested wording from Welsh Government relating to COVID-19.</p>	
6.3	<p>Corporate Risk Register</p> <p>The Committee noted that there were two red risks on the register relating to the replacement of the NHAIS system and to the need to replace the Ophthalmic Payments system by September 2020 where work is on-going to develop an in-house system but contingency arrangements are in place to cover any delays. The Committee were also provided with the separate COVID-19 Risk Register, detailing a number of specific risks relating to the</p>	

Item		Action
	pandemic. All of these risks are currently being successfully managed.	
6.4	Issues and Complaints Annual Report The Committee noted a small rise in the overall number of complaints and in the time taken to respond to them. However, the Committee were reassured that overall performance in this area is closely monitored by the SMT on a quarterly basis.	
7. Items for Information		
7.1	Finance Monitoring Reports The reports for January, February and March 2020, were provided for information.	
7.2	Audit Committee Highlight Report The report for the April 2020 Audit Committee was provided for information.	
8. ANY OTHER BUSINESS		
8.1	No issues were raised.	
DATE OF NEXT MEETING: Thursday, 23 July 2020 from 10:00-13:00 NWSSP Boardroom HQ, Charnwood Court, Nantgarw / By Skype (As appropriate)		

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	23 July 2020

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

The full agenda and accompanying reports can be accessed on our website.

1. Managing Director's Update

The Managing Director updated the Committee on:

COVID-19 – Since the start of the COVID-19 crisis, NWSSP have been able to deliver over 200m items of PPE to front line staff in NHS Wales and in Social Care. Staff across NWSSP have worked extremely hard to keep sufficient stocks of PPE available to meet demand and this is continuing as we move towards a potential 2nd wave of COVID 19 combined with the usual winter pressures. In anticipation of this, over 600m additional items of PPE are currently on order and, when delivered, will put us in a very strong position to be able to continue to meet demand going forward.

SSPC members and other key stakeholder groups are shortly to be surveyed on their views of NWSSP's performance across all services during the crisis so that lessons can be learnt so we can understand what can be improved upon in future.

IP5 - The establishment of specialist laboratories in IP5 continues and NWSSP have been working with Public Health Wales, Welsh Government and the Department of Health & Social Care to support the construction of the laboratories on the 1st floor. The principles behind these developments have been agreed by the IP5 Project Board. Leases and memoranda for the occupation are currently being drawn up and implemented to govern the arrangements that cover the occupation of the building for this purpose.

Audit & Assurance - All 2019/20 annual opinions have been issued and presented to Audit Committees. Revised plans for 2020/21 have been agreed by Audit Committees and work is underway at all health bodies. Plans are likely to change again depending on the continued impact of COVID-19 and Audit & Assurance will continue to be flexible and work with health bodies to agree any

further changes that will need to be made.

Employment Services – the recent announcement of the retirement of the Director of Employment Services, Paul Thomas, with effect from 31 October, has provided the opportunity to strategically realign the Employment Services portfolio formally under the direction and leadership of our Workforce Director Gareth Hardacre.

2. Items for Approval

Quarter 2 Plans – Alison Ramsey introduced the paper on the Q2 Plans. The key messages in our submission were:

- We have not stood down any of our core services during the period and performance levels have been maintained.
- We have adapted quickly to the needs of the NHS in Wales; solution focussed and dynamic in our response.
- We continue to forecast a breakeven outturn for 2020/21; this includes a significant increase in the level of income and expenditure in 2020/21 compared with our IMTP.
- We have adopted a number of new ways of working. The most significant of which in terms of scale, risk and cost has been providing PPE supplies to the wider healthcare areas: social care, funeral directors and the four family practitioner areas.
- We revised our Scheme of Delegation to facilitate rapid decision making and maintain sound governance, particularly to secure supplies of priority stocks including oxygen, PPE, ventilators and beds.
- We moved the majority of our workforce to a home working model within a few weeks, and our ICT infrastructure has proved to be resilient. This was facilitated through the provision of additional capital provided by Welsh Government.
- We have brought forward a number of planned initiatives that were included in our IMTP: roll-out of Office 365, adoption of agile working and a review of our contact centres.
- We have extended the consultation process and postponed the TUPE process for the Laundry service programme until April 2021 to avoid disruption to planning for winter pressures and a potential second peak of COVID-19.
- We paused the Medical Examiner service programme, but this has resumed from 1 July.

Q2 continues to be a challenge as we aim to evaluate the new ways of working we have adopted quickly, re-focus on our planned service improvements for 2020-21, enable our staff to take a well-earned break, whilst planning with our customers for a potential second peak to COVID-19. We are well placed to meet the challenge but we are seeking confirmation on a number of revenue and capital funding streams to help us achieve our aims for the year ahead.

The Committee **APPROVED** the Q2 Plan for submission. The Committee separately **NOTED** two papers on the Planning and Recovery Group, and its successor, the Adapt and Future Change Group, which were provided in support of this item.

All-Wales Laundry Programme Business Case – the agenda item was introduced by the Capita consultant who has been engaged on the Programme. She reminded Committee members of the progress achieved thus far and outlined the specific elements of the Business Case. There was a detailed discussion on the report and she outlined the detailed information that was required by Welsh Government to satisfy their initial feedback on the initial OBC. She also highlighted the further information that would be required as part of the next stage. The Committee **APPROVED** the Business Case for submission to Welsh Government.

Temporary Medicines Unit – An update was provided on progress with the Unit which is governed by a Project and Service Management Board. The build of the facility is well advanced within IP5 with completion expected at the end of July. Validation work is being programmed for August with the aim of declaring the unit functionally ready to use from September onwards, if the COVID situation should require. A Technical Agreement has been drawn up, in consultation with the Chief Pharmacist Group and other key stakeholders, covering the respective responsibilities of the TMU Service and the Health Boards in the supply of medicines. In summary:

- The TMU is a Technical & Professional Service;
- All Clinical responsibilities and decisions lie with the Health Boards; and
- The TMU will only make and supply the products which the Health Boards request.

The Chief Pharmacist Group have now endorsed the agreement, and the Committee were therefore content to **APPROVE** the Technical Agreement.

Single Lead Employer - The Committee received an update on progress with the project and also a request to approve a set of revised operating and management governance framework documents required to support the expansion of the current SLE Model from 30 July 2020. The Committee **APPROVED** the documents and also noted that if there were any further minor changes or amendments required, they were happy to delegate these to the Project Board. Any significant changes would however need to be brought back to the SSPC in September 2020

Amendments to Standing Orders - The Committee:

- **NOTED** the extension of the increased financial limits for COVID-19 expenditure to 30 September 2020 which was approved by the June Velindre Trust Board; and
- **ENDORSED** the amendments directed by Welsh Government relating to the temporary disapplication of tenure of office of the Chair prior to formal approval by the Velindre University NHS Trust Board.

Service Level Agreements 2020/21

The Committee **APPROVED** the core Service Level Agreements for 2020/21

noting that there were no significant amendments from the prior year.

4. Items for Noting

Medical Examiner Update – the impact of COVID 19 meant that the implementation timeframe had to be suspended in March, with Medical Examiner Service capacity at that point diverted to support Health Boards manage the impact of the disease on the death certification process.

Finance & Workforce Report - NWSSP had achieved a small surplus of £11k for the 2019/20 financial year. The accounts have now been formally audited by Audit Wales and the position confirmed. This has been separately reported to the NWSSP Audit Committee. The current forecast position for 2020/21 remains break even on the assumption that we are fully funded by Welsh Government for COVID related expenditure. The forecast outturn for the risk pool is consistent with that set out in the IMTP which will the risk sharing agreement to be invoked. Staff sickness is currently at very low levels, which may at least in part be due to a large number of staff being able to work from home.

Corporate Risk Register – The Register now contains the COVID-related risks that were previously reported separately. There are three red risks on the register relating to:

- the replacement of the NHAIS system which has had some technical difficulties but is still on-track to go live in October;
- the need to replace the Ophthalmic Payments system by September 2020 where work is on-going to develop an in-house system but contingency arrangements are in place to cover any delays;
- we have yet to receive confirmation of COVID funding from Welsh Government

6. Items for Information

The following papers were provided for information:

- Finance Monitoring Reports (April, May, June 2020); and
- Audit Committee Highlight Report (June 2020).

7. Any Other Business

There were no further items discussed.

Matters requiring Board/Committee level consideration and/or approval


- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting

17 September 2020

 <div> GIG CYMRU NHS WALE </div> <div> Cydwethrediad Iechyd GIG Cymru NHS Wales Health Collaborative </div>	
<h1 style="text-align: center;">NHS Wales Collaborative Leadership Forum</h1> <h2 style="text-align: center;"><i>Minutes of Meeting held on 15 January 2020</i></h2>	
Author: Mark Dickinson Version: 1 (Approved)	
Members present	Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL) Maria Battle, Chair, Hywel Dda UHB (MB) (part of meeting) Tracey Cooper, Chief Executive, Public Health Wales (TC) (part of meeting) Sharon Hopkins, Interim Chief Executive, Cwm Taf Morgannwg UHB (SHo) Charles Janczewski, Interim Chair, Cardiff and Vale UHB (CJ) (CJa) Chris Jones, Chair, Health Education and Improvement Wales (CJo) Gary Doherty, Chief Executive, Betsi Cadwaladr UHB (GD) Vivienne Harpwood, Chair, Powys tHB (VH) Sian Harrop-Griffiths, Director of Planning, Swansea Bay UHB (for Tracy Myhill) Donna Mead, Chair, Velindre NHS Trust (DM) (part of meeting) Judith Paget, Chief Executive, Aneurin Bevan UHB (JP) Martin Woodford, Chair, Welsh Ambulance Service NHS Trust (MW)
In attendance	Mark Dickinson, NHS Wales Health Collaborative (MD) Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)

Apologies	Steve Ham, Chief Executive, Velindre NHS Trust Alex Howells, Chief Executive, Health Education & Improvement Wales Jason Killens, Chief Executive, Welsh Ambulance Service NHS Trust Marcus Longley, Chair, Cwm Taf Morgannwg UHB Tracy Myhill, Chief Executive, Swansea Bay UHB Steve Moore, Chief Executive, Hywel Dda UHB Mark Polin, Chair, Betsi Cadwaladr UHB Len Richards, Chief Executive, Cardiff & Vale UHB Carol Shillabeer, Chief Executive, Powys tHB Jan Williams, Chair, Public Health Wales Emma Woollett, Interim Chair, Swansea Bay UHB	
Welcome and introduction		Action
AL welcomed colleagues to the meeting and noted apologies for absence.		
Approval of minutes of previous meeting (LF-2001-01)		Action
The minutes of the meeting held on 17 September 2019 were approved as a correct record.		MD
The minutes will be forwarded to the board secretaries of the 11 NHS Wales organisations for noting at board meetings.		
Action log (LF-2001-02)		Action
The action log was reviewed. RF reported that all actions agreed to have been completed at the previous meeting had been removed from the action log and that: <ul style="list-style-type: none">• action LF/A/114 (circulation of minutes) had been completed• actions LF/A/116 to LF/A/119 (major trauma) would be addressed later in the meeting under the relevant agenda item• action LF/A/120 (peer review) remained open pending reviewing the Act in its final form• action LF/A/122 (risk register) will be addressed through the development of the Collaborative Work Plan for 2020/21		
Matters arising from minutes (LF-2001-01)		Action
<i>River House</i> The previous minutes record that “the letter [from WG] confirms that River House is to be the main hub of the Executive and that the ground floor is being acquired”.		

	Paper Ref: LF-2007-01
NHS Wales Health Collaborative Leadership Forum	Minutes 15/01/20

<p>RF reported that this is now on hold, pending further decision making in WG. This has been communicated to the landlord. It was noted that this constraint on accommodation represents a significant risk and challenge to the Collaborative. Staff numbers have approximately doubled over the last 18 months in response to demands, particularly from WG, to undertake additional work and functions. Contingency plans are being revised, including through liaison with other NHS bodies, and RF has emailed Andrew Goodall to raise concerns</p> <p>It was agreed that there is a need to look after the wellbeing of staff and that chief executives should discuss this matter further at the next meeting of the Collaborative Executive Group and follow this up with Andrew Goodall.</p> <p><i>Funding for Implementation Groups</i></p> <p>AL reported that she and Jan Williams had arranged to meet with the Chief Medical Officer (CMO) and will be requesting a clear statement of intent in relation to the £1M per annum allocations for major conditions implementation groups. This follows a letter from the Deputy CMO that was not sufficiently clear about the future arrangements.</p> <p>There was a brief discussion about the potential for the Collaborative to have an increased role in the management and allocation of all the £1m allocations. AL noted that, as Chair, her preference was to keep the overall management of the allocations at arm's length.</p>	JP/CEs	
	AL/JW	
Major Trauma Programme Update (LF-2001-03)		Action
<p>AL introduced this item, thanking Dr Dindi Gill, Network Clinical Lead, for his recent briefing for Boards, Sian Lewis for the support from WHSSC and members of the Collaborative team for the huge amount of work on the development of the business case.</p> <p>RF presented the update report, which summarised the current situation following board discussions in November. RF highlighted the following points:</p> <ul style="list-style-type: none"> • Draft minutes of the discussion are awaited from some Boards • The importance of workforce planning and the need for new staff, which has resulted in a strengthening of this work stream 		

<ul style="list-style-type: none"> • The importance of ensuring appropriate and responsive rehabilitation • The need for assurance around operational readiness • Ongoing concerns about value for money continue to be expressed • The budget allocation (section 3 of the report) does not include specific figures but the wording confirms that funding will be provided for specified aspects • As part of the move to the implementation phase, a final meeting of the existing network board will be held in late January, prior to the transition to the new network implementation board. The new board will be leaner, made up of executive leads, who will, in turn, lead local implementation groups • All organisations have been asked for information about readiness for 'go live', including appropriate mitigations where required. This feedback will be collated with the results of readiness assessment visits to health boards and WAST, and reported to the implementation board. The implementation board will make recommendations to inform a formal decision by WHSSC Joint Committee on when to 'go live' • Independent support to Cardiff and Vale, in preparation for 'go live' is being provided by Chris Moran, National Clinical Director for Trauma, for NHS England • A desk top exercise on repatriation will be held at the end of February, with operational input from health boards and WAST. This will also inform the 'go live' readiness assessment • Work is ongoing on the development of the Memorandum of Understanding for the Operational Delivery Network (ODN) • A further briefing will be provided for Boards in March • Swansea Bay UHB need to identify the SRO for the ODN <p>[TC and MB joined the meeting during the above summary]</p> <p>CJa extended an invitation to other organisations to attend the Cardiff and Vale readiness assessment meeting for the Major Trauma Centre.</p> <p>CJo commented on the importance of transport and suggested that the desktop exercise needs to simulate repatriation, transport timescales and communications challenges in times of escalation. It was agreed that this</p>	<p>RF</p>
---	------------------

<p>should be considered in the design of the exercise. SH-G highlighted the need for medical director involvement in the desk top exercise.</p> <p>CJ asked if there is clarity about 'go/no go' parameters for a 'go live; decision. RF responded that this is informed by the standards and which needs to be supported by clinical engagement via medical directors informed by readiness assessment visits.</p> <p>AL asked how WG is scrutinising the request for central funding. RF replied that WG had reviewed the programme business case and had come back for some clarifications, which had been provided. There are also regular monthly trauma policy meetings, chaired by the Deputy CMO, and involving WG policy and capital leads, and other key interests.</p> <p>RF reported that the next Gateway review is expected in March 2021 after the network is fully operational, as both Gateway 3 and 4 requirements had been assessed as having been met at the time of the last review in October 2019.</p>	
Single Cancer Pathway (SCP) Update (LF-2001-04)	Action
<p>TC introduced the report and highlighted the following points:</p> <ul style="list-style-type: none"> • An SCP Strategic Leadership Group had been established, with LR, SM and AH involved and with links to diagnostic programmes and other key stakeholders. • Work is continuing on a 'case for investment' in improving cancer outcomes in Wales. The £3m allocated in support of the implementation of the SCP is only a starting point and is not considered sufficient to transform cancer outcomes in Wales • The emerging evaluation, by Swansea University, of the pilot Rapid Diagnostic Centres (RDCs) had attracted significant media interest and consideration of scaling up this service would be considered by the Cancer Implementation Group • Issues with the high threshold for referral from primary care in Wales for cancer diagnostics • The need for further consideration of the contribution that AI could make to cancer diagnostics and the role the Life Sciences Hub could play in this <p>[DM joined the meeting during the above summary]</p>	

<p>SH noted the unbalanced communications regarding the Swansea Bay RDC in comparison with the equivalent in Cwm Taf Morgannwg and suggested there is a need for better join up. SH-G responded that the media interest had been instigated by the local lead clinician, a GP. DM queried whether the RDCs had generated the significant increase in referrals to Velindre. TC responded that this was the result of a range of factors that were driving up referrals across the country.</p> <p>The fact that Wales has only one PET scanner at the moment was noted by CJo. TC commented that the number of PET and CT scanners per head of population in Wales is amongst the lowest in Europe.</p> <p>SH noted the recent seminar on AI held at the Imaging Academy.</p> <p>RF noted that the development of a robust 'case for investment' is challenging, including as a result of issues with data availability and robustness. The work on demand and capacity in endoscopy was noted.</p>	
Informatics Projects Update (LF-2001-05)	Action
<p>RF introduced the update report on three projects.</p> <p><i>LINC (Pathology)</i> RF reported that the LINC Outline Business Case had been considered by individual Boards about a year ago. Progress had been delayed by discussions over the appropriate length of contract that should be entered into. WG had proposed '3+2' years and a revised position of '7+2' years has been agreed as a basis on which to test the market. The programme board has agreed to proceed to procurement on this basis.</p> <p>It was noted that health boards have agreed to support the achievement of 90% electronic test requesting by 2022</p> <p><i>RISP (Radiology)</i> RF reported that this was a new project, which incorporates a new PACS system as a part of a wider 'end to end' informatics solution for radiology. Work was behind schedule, with a Strategic Outline Case currently under development, informed by experience in the LINC project.</p>	

	Paper Ref: LF-2007-01
NHS Wales Health Collaborative Leadership Forum	Minutes 15/01/20

<p>CJo queried whether there was the potential to combine the radiology and pathology systems. RF agreed to seek advice on this.</p> <p><i>CC-CIS (Critical Care)</i></p> <p>MD provided an update on post-procurement attempts to agree a funding package, using revenue and capital, that is affordable and compatible with accounting regulations and the terms of the procurement.</p> <p>CJo comment on the need to ensure staff education in the use of a new critical care system. MD responded that the implementation will be managed as a change management programme, facilitated by an informatics solution, rather than as an informatics implementation project.</p>	RF
New work commissioned from the Collaborative Team (LF-2001-06)	Action
<p>RF introduced a discussion of new work that the Collaborative is being asked to undertake. RF noted that some requests are clearly in keeping with the overall role and remit of the Collaborative and can often be incorporated within existing programmes of work. Other requests are clearly in addition to existing responsibilities and need additional resources. New functions and roles have led to a significant expansion in staffing and additional corporate support and management is also needed. Constant ad hoc and incremental expansion is not helpful and it would be better if the development of the Collaborative could be planned and implemented in a more strategic way.</p> <p>In relation to the specific requests being reported on, RF noted that work on Inflammatory Bowel Disease and childhood surgery did not require major resource, but that some additional clinical capacity was required.</p> <p>The Collaborative role suggested in relation to Allied Health Professionals would represent a more significant change. WG want to put a team into the Collaborative, with a senior programme lead and a budget of approximately £0.5m per annum. It was agreed that there was a need for further discussion with WG as to whether this was the best approach.</p> <p>AL noted the need to assess whether new areas of work are in line with collective NHS Wales priorities. CJo observed that</p>	RF

	Paper Ref: LF-2007-01
NHS Wales Health Collaborative Leadership Forum	Minutes 15/01/20

<p>many emerging technological developments will require staff under the broad category of AHPs and there is a need to join up the key themes, including how innovative new roles will be regulated.</p> <p>It was noted that the direct commissioning of Collaborative work by WG is incompatible with the current governance arrangements for the Collaborative, with accountability to the Collaborative Executive Group and Collaborative Leadership Forum. It was agreed that the Collaborative Executive Group should discuss this matter further.</p> <p>It was noted that there had been no significant recent developments relating to the planned establishment of the NHS Wales Executive function.</p>	JP/RF
Recording language preference of members	Action
Members of the Forum were reminded of the need to inform the Collaborative of their language preference, Welsh or English, for Forum related papers and correspondence.	All
Date of next meeting	
It was noted that the Forum is scheduled to meet next on Tuesday 14 April 2020 from 9am to 12 noon.	