

Bundle Public Board 30 July 2020

- 4.2 HDdUHB Joint Committees & Collaboratives / Cyd-bwyllgorau a Grwpiau Cydweithredol BIPHDd
Presenter: Steve Moore
SBAR Joint Committees and Collaboratives July 2020
HDdUHB Joint Committees and Collaboratives Reports



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 July 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 meeting held on 10th March 2020;
- Briefing notes from the WHSSC meetings held on 12th May and 14th July 2020 setting out the key areas of discussion.

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of EASC meetings held on 28th January and 10th March 2020;
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 12th May 2020.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 21st May 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 meeting scheduled for 23rd March 2020 was cancelled due to the COVID-19 pandemic. No date has been set for the next meeting.

NHS Wales Collaborative Leadership Forum (CLF)

- The meeting scheduled for 14th April 2020 was cancelled due to the COVID-19 pandemic. The CLF is next due to meet on 28th July 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 10 March 2020
at Charnwood Court Heol Billingsley,
Parc Nantgarw, Cardiff CF15 7QZ**

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 (part)
Paul Griffiths	(PG)	Independent Member/Audit and Risk Committee Representative
Sharon Hopkins	(SH)	Interim Chief Executive Officer, Cwm Taf Morgannwg UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay 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 Representing Members:

Glyn Jones	(GJ)	Deputy Chief Executive Officer, Aneurin Bevan UHB
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Apologies:

Simon Dean		Interim Chief Executive Officer, Betsi Cadwaladr UHB
Steve Ham		Trust Chief Executive, Velindre NHS Trust
Steve Moore		Chief Executive Officer, Hywel Dda UHB
Judith Paget		Chief Executive Officer, Aneurin Bevan UHB

In Attendance:

Kieron Donovan	(KD)	Affiliate Member/ Interim Chair, Welsh Renal Clinical Network
Andrew Doughton	(AD)	Wales Audit Office (Observer)
Rob Mahoney	(RM)	Assistant Director of Finance, Cardiff and Vale UHB
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 13:30hrs

APPROVED

JC19/083	<p>Welcome, Introductions and Apologies</p> <p>The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC19/084	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC19/085	<p>Minutes of the meetings held 28 January 2020</p> <p>The Joint Committee approved the minutes of the meetings held on 28 January 2020 as a true and accurate record.</p>
JC19/086	<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>
JC19/087	<p>Report from the Chair</p> <p>The Joint Committee received a report from the Chair.</p> <p>The Chair reported Kieron Donovan had been appointed as Chair of the Welsh Renal Clinical Network for three years commencing 1 April 2020. Members offered their congratulations to KD.</p> <p>The Chair reported that she would be asking Emrys Elias to become Vice Chair of the WHSSC Joint Committee with immediate effect.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the report.
JC19/088	<p>Report from the Managing Director</p> <p>The Joint Committee received a report from the Managing Director.</p> <p>Members noted the key recommendations set out in guidance issued by the Society of Cardiothoracic Surgeons on the management of thoracic trauma that would be reflected in both the Thoracic Surgery and Major Trauma Service Specifications that were due to go out to consultation.</p> <p>SL reminded Members that the Joint Committee had previously decided that the position, with regard to the additional two consultant posts for the running of the Thoracic Surgery Unit, would be reviewed prior to the appointment of those two surgeons and noted that the guidance would be one piece of evidence that would feed into that review and any subsequent decisions. KP noted that, through the Thoracic Surgery Implementation Board and with input from a number of consultants and the CVUHB Medical Director, a set of matrices to be used to assess the locum consultant position through the first year of operation of the Major</p>

	<p>Trauma Centre, as previously agreed by Joint Committee, had been agreed. SL noted both the Thoracic Surgery Implementation Board and the Major Trauma Network already had sight of the guidance.</p> <p>Members noted the original Joint Committee decisions regarding thoracic surgery cover for the Major Trauma Network had been made on the basis that there would be Thoracic Surgery on-site at CVUHB Monday to Friday during daytime hours and that there would be a Thoracic Surgeon call out facility available. SL and KP both emphasised that the implementation of the guidance would not change that decision.</p> <p>ACTION: It was agreed the detail of the original decisions made by Joint Committee around Thoracic Surgery cover to the Major Trauma Centre would be brought back to the May meeting for clarification.</p> <p>Members noted the Service Specification consultation process would allow for feedback from all stakeholders.</p> <p>JT confirmed the guidance had no impact on the operation of the relevant Standards or the ability of the Major Trauma Desk to send a Thoracic Surgeon to the Major Trauma Centre to treat a patient in person should it be required.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the report.
JC19/089	<p>Major Trauma Commissioning Assurance and Governance Arrangements</p> <p>The Joint Committee received a report providing a description of the proposed commissioning governance structure and interfaces with operational delivery for the South Wales Trauma Network.</p> <p>KP reported the Major Trauma Implementation Board had already had sight of the proposed assurance and governance arrangements and had discussed them at their last meeting. KP further reported that Stephen HARRY, Chief Ambulance Service Commissioner, was supportive of the proposed arrangements.</p> <p>Members were supportive of the arrangements and noted they would be kept under review. Members discussed the role of the Management Group in the proposed arrangements and noted that initially the scrutiny role, including operational performance and clinical governance, would sit with the Delivery Assurance Group but that resource requirements would remain within Management Group's remit.</p>

	<p>Members agreed further consideration would be given to the role of Management Group in the ongoing commissioning assurance and governance structure.</p> <p>Members noted the WHSSC Q&PS Committee was the only scrutiny committee in the commissioning governance structure with Independent Members as committee members and it was agreed consideration would be given to an Independent Member being appointed as Chair of the Delivery Assurance Group. Members agreed that whilst they supported the proposed arrangements they should eventually normalise and mirror those of other specialised services without a specific Network Board and fall under the scrutiny of Management Group.</p> <p>ACTION: It was agreed the proposed assurance and governance arrangements would be implemented but with a view to transitioning into normalised arrangements as soon as possible and a review undertaken at 12 months.</p> <p>It was noted the Operational Delivery Network ('ODN') Memorandum of Understanding would be considered by the Board of each individual affected Health Board.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the information presented within the report; and • Approve the proposed commissioning governance structure for the South Wales Trauma Network subject to a review at 12 months.
JC19/090	<p>Value Based Commissioning Plan (the 'Plan')</p> <p>The Joint Committee received a report advising them of the efficiency savings achieved in 2019-20, describing the approach and process WHSSC followed to develop the value based commissioning plan 2020-23 and outlining the priority initiatives within the value based commissioning plan identified for 2020-21 and how these initiatives would provide value to patients, families and the health service.</p> <p>EE joined the meeting.</p> <p>SD noted the report provided was a progress report to date and not the end result of the work being undertaken. SD further noted that the values presented for 2020-23 were at the low end of a potential range and that the WHSS Team had been extremely prudent in terms of stating minimum savings achievable.</p> <p>SD reported the Plan had been tested at a recent Management Group workshop and had been well received.</p>

	<p>Members discussed the possibility of expanding the Plan to look at entire pathways and agreed that seeking patient input would be important and would influence the direction of travel of the work. To that end SL reported that CB's team were supporting the process and developing Patient Reported Outcome Measures and Patient Reported Experience Measures.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the efficiency savings achieved in 2019-20; • Note the efficiency savings already incorporated within the ICP 2020-23; • Note the approach and process WHSSC has followed to develop the value based commissioning plan 2020-23; • Note that at this point only provisional highly prudent values have been assigned to these schemes pending further detailed examination by the WHSSC team; • Support the priority value based commissioning initiatives identified for implementation in 2020-21; • Support that the WHSSC team progress enabling actions including necessary contracting changes via the Finance Sub Group.
JC19/091	<p>Neonatal Transport Review Recommendations</p> <p>The Joint Committee received a report setting out the key recommendations from the Review of the South Wales Neonatal Transport Service and seeking support for the implementation process to commission a permanent 24 hour neonatal transport service.</p> <p>Members noted the final report had been discussed with both Management Group and the Neonatal Transport Sub-Group at the end of February. KP reported that Management Group had supported the Lead Provider proposal and had stressed the need for a sensible neonatal transport budget that would not destabilise the three neonatal intensive care units but had expressed concern over the single site model which they believed would potentially disenfranchise the workforce.</p> <p>KP reported that, given it would take nine months to implement a permanent solution, the Neonatal Transport Sub-Group had been asked to provide a proposal for an interim model solution, as required by Welsh Government, by the end of March 2020.</p> <p>KP informed Members that a combined paediatric intensive care / neonatal intensive care solution had not been recommended in the Report nor was it supported by the wider neonatal community.</p> <p>Members noted that Management Group had delegated authority to approve an interim model solution but it was agreed that if there was no</p>

	<p>clear consensus by Management Group the matter would be referred back to Joint Committee for consideration.</p> <p>Members noted that work on workforce implications, both current and future, was ongoing. JT reported that all neonatal intensive care units had the ability to stabilise patients on-site without having to rely on the mobilisation of consultants around the system and would have access to immediate advice while they waited for specialised transport to arrive.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the Independent Review of the South Wales Neonatal Services; and • Support the recommendations made by Management Group at the extraordinary meeting on 27 February 2020 (Appendix 2). <p>Specifically Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Support the requirement for a 24/7 neonatal transport service for south and west Wales, noting that residents from the BCU Health population already have a 24/7 service; • Support Management Group recommendations that the future model will be commissioned from a lead provider; • Support the establishment of a Task and Finish Group to develop a service specification for the service and implementation process for a 24/7 model; • Support further work to be undertaken by the Finance Sub Group to define and clearly set out the funding of the clinical components of a 24 hours service on the principle will be that the commissioning of a 24 hour service will not de-stabilise the current neonatal intensive care units; • Support the request that in parallel, the Maternity and Neonatal Network undertake demand and capacity modelling of both the number of maternity beds and cots required across the region; and • Approve delegated authority to Management Group to agree an interim solution on the basis that this will be within the resource identified within the 2020/21 Integrated Commissioning Plan (ICP).
JC19/092	<p>Annual Cycle of Business</p> <p>The Joint Committee received a report providing Members with the Draft Joint Committee Annual Business Cycle 2020-21.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note and support the content of the report, including the schedule of meetings for 2020-21.

JC19/093	<p>Integrated Performance Report – December 2019</p> <p>The Joint Committee received a report which provided members with a summary of the performance of services commissioned by WHSSC for December 2019 and detailed the action being undertaken to address areas of non-compliance.</p> <p>KP reported CVUHB Cardiac Surgery outsourcing to Stoke was progressing well and that CVUHB surgeons had identified a potential cohort of patients suitable for outsourced procedures although some had already declined the offer made.</p> <p>KP reported that Plastic Surgery performance at SBUHB was still a cause for concern but that SBUHB had made three permanent and one locum appointments to support Major Trauma work. KP further reported there were very few outsourcing options for the service.</p> <p>Members noted the Lymphoma Standards had now been published and work was ongoing with CVUHB to assist them in achieving these.</p> <p>KP noted two services had been de-escalated since the report had been written – North Wales Adolescent Service and Thoracic Surgery at SBUHB.</p> <p>PG commented that the new style of summary at the beginning of the report was helpful.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note December 2019 performance and the actions undertaken to address areas of non-compliance.
JC19/094	<p>Finance Report Month 10 2019-20</p> <p>The Joint Committee received a report setting out the financial position for WHSSC for the tenth month of 2019-20.</p> <p>Members noted the financial position reported at Month 10 for WHSSC was a year to date underspend of £7,391k with a forecast year end underspend of £4,384k.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and year end forecast.
JC19/095	<p>Reports from the Joint Sub-Committees</p> <p>Management Group</p> <p>The Joint Committee received the 23 January and 27 February 2020 briefings.</p>

	<p>All Wales Individual Patient Funding Request Panel</p> <p>The Joint Committee received the report of the 22 January and 25 February 2020 meetings.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the content of the reports from the Joint Sub-Committees.
JC19/096	<p>Any Other Business</p> <p>There being no other business, the meeting closed.</p>
JC19/097	<p>Date and Time of Next Scheduled Meeting</p> <p>The Joint Committee noted the next scheduled meeting would take place at 09:30hrs on 12 May 2020 in the Conference Room, WHSSC, Unit G1 The Willowford, Treforest Industrial Estate, CF37 5YL.</p>

The meeting ended at 14:35hrs.

Chairman

Date.....

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – MAY 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 12 May 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.

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 10 March 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, including approval of appointment of the Vice Chair and ratification of two Chair's Actions, was taken as read.

Managing Director's Report

The Managing Director's report, including updates on the South Wales Major Trauma Network and ATMPs, was taken as read.

Commissioning Welsh Independent Sector Hospitals Capacity

A paper providing an update on the progress in commissioning Welsh independent sector hospitals capacity on behalf of Health Boards for the period of the COVID-19 situation was taken as read.

Commissioning Specialised Services during the COVID-19 Pandemic

The Director of Planning summarised a paper providing a description of the proposed WHSS Team approach to commissioning specialised services during the next phase of the COVID-19 pandemic that reflected the approach of 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. Members acknowledged that even the delivery of essential services would need to recognise a balance of risk for patients, where the risk of harm arising from COVID-19 infection would need to be understood and taken into account by all parties when taking decisions on clinical treatment. The proposed approach received support from members.

Adult Thoracic Surgery for South Wales – Consultant Workforce Cover for the Major Trauma Centre – Detail of Joint Committee Decisions

A paper providing 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 clarifying the agreed handling of the expected Society of Cardiothoracic Surgery Guidelines on the management of thoracic trauma was taken as read.

WHSSC Corporate Risk and Assurance Framework

A paper 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 was taken as read.

Financial Performance Report – Month 12 2019/20

A paper that set out the financial position for WHSSC for the 12th month of 2019-20, including a reported under spend of £6.5m for the year, was taken as read.

Other reports

Members also took as read the update reports from the following joint sub committees and advisory groups:

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



WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – JULY 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 14 July 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 12 May 2020 were taken as read and approved.

Action log & matters arising

Members noted there were no outstanding actions or matters arising.

Managing Director's Report

The Managing Director's report, including updates on the mother and baby unit, IVF, the Swansea mobile PET scanner, the PET international webinar and NCCU expenditure on mental health services for the COVID-19 period, was taken as read.

Paediatric Ketogenic Diet

A paper that set out the current concerns and risks associated with the implementation of the Integrated Commissioning Plan scheme for the Paediatric Ketogenic Diet service at CVUHB, as a result of a funding shortfall on one of the key posts for the service, was taken as read and the funding of the dietitian element to allow the service to be developed in NHS Wales was approved.

All Wales Traumatic Stress Quality Improvement Initiative

A paper setting out the commissioning arrangements for the All Wales Traumatic Stress Quality Improvement Initiative and informing members of the confirmation of funding from Welsh Government for the Initiative was taken as noted.

Integrated Commissioning Planning

The Director of Planning presented an overview of the suite of papers describing the WHSS Team approach to the Integrated Commissioning Plan for specialised services during the COVID-19 pandemic, acknowledging that priorities needed to be aligned between specialised and other services and that there was a need to remain flexible.

The content of the suite of papers was noted, particularly (1) the approach to new investment agreed for 2020-21 by Management Group and (2) the work underway regarding new interventions which may offer alternative treatment options for patients which reduce the risks of COVID-19 harm. Support was confirmed for (1) the revised process for the development of the WHSSC 2021-24 Integrated Commissioning Plan and (2) the revised process for the prioritisation of new interventions during the COVID-19 pandemic.

Risk assessment during the COVID-19 pandemic

A paper outlining the risk management approach being taken by the WHSS Team during the COVID-19 pandemic was taken as read and supported.

In particular, members noted (1) that the CRAF continues to be monitored, (2) that risk assurance was being undertaken on individual services, and (3) the additional strategic risks detailed in the paper and their link to the risk appetite statement.

Independent Hospitals Commissioning

The Director of Finance presented an overview of the paper that provided an update on the commissioning of independent hospitals in Wales for the initial three month period to 6 July 2020, funded by Welsh Government, and the extension period to 6 September 2020, funded by health boards. Six hospitals had been commissioned from the outset but the arrangement had only been extended with four of the hospitals. It would be for local health boards to contract direct with the independent hospitals beyond 6 September committing their own funding but the WHSS Team would be available to assist in the process. NHSE was extending similar English contracts for two months but for reduced capacity.

The content of the paper was noted.

Trauma Network “Go Live” Update

A paper that provided an update on the progress made to determine readiness of the South Wales Trauma Network and to recommend a ‘go live’ date of Monday 14 September 2020 was noted. Members received assurance that the Trauma Network is ready to go live and approved the proposed ‘go live’ date.

WHSSC Protocol for Dealing with Concerns

A revised version of the Protocol (previously approved in 2016) was presented 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. The revised version of the Protocol was approved.

WHSSC Sub-Committee 2019-20 Annual Reports

A suite of papers setting out the WHSSC Sub-committee 2019-20 Annual Reports was taken as read. It was noted that the WCRN Annual Report would follow.

WHSSC Annual Self-Assessment Exercise 2019-20

A paper that provided members with information and assurance relating to the WHSSC Annual Self-assessment Exercise for 2019-20, for the Joint Committee and its Sub-committees and Groups, was taken as read. The actions arising from the exercise, recorded in section 3.7 of the paper, were noted.

Financial Performance Report – Month 2 2020/21

A paper that set out the financial position for WHSSC for month 2 of 2020-21, including a forecast under spend of £2m at year end, was taken as read. The Director of Finance reported that, while the full month 3 report was not yet available, finance teams had been made aware that the month 3 forecast under spend at year end had increased to around £6m.

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**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
28 JANUARY 2020 AT THE WHSSC, UNIT G1, THE WILLOWFORD,
MAIN AVE, TREFOREST INDUSTRIAL ESTATE,
PONTYPRIDD CF37 5YL**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget (Via VC)	Chief Executive, Aneurin Bevan ABUHB
Gary Doherty	Chief Executive, Betsi Cadwaladr BCUHB
Len Richards	Chief Executive, Cardiff and Vale C&VUHB
Sharon Hopkins	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Tracy Myhill	Chief Executive, Swansea Bay SBUHB
In Attendance:	
Simon Dean	Deputy Chief Executive NHS Wales
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Julian Baker	Director, National Collaborative Commissioning Unit
Jo Mower	Clinical Director, National Programme Unscheduled Care
James Rodaway	Head of Commissioning & Performance Management
Ross Whitehead	Assistant Director of Quality and Patient Experience
Chris Moreton	Head of Finance, National Collaborative Commissioning Unit
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Andy Haywood	Director of Digital, Welsh Ambulance Services NHS Trust (Observing)
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Secretariat)
Jonathan Jones	Project Lead EASC National Collaborative Commissioning Unit (Observing)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/01	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee (EASC) and particularly Simon Dean, Deputy Chief Executive of NHS Wales.</p> <p>The Chair welcomed Andy Haywood, newly appointed Director of Digital from the Welsh Ambulance Services NHS Trust and Jonathan Jones, Project Lead for EASC, National Collaborative Commissioning Unit who were observing the meeting.</p> <p>Gwenan Roberts was also welcomed to the meeting in the new role of Committee Secretary to EASC.</p>	
EASC 20/02	<p>APOLOGIES FOR ABSENCE</p> <p>There were no apologies for absence received at the meeting.</p>	
EASC 20/03	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	Chair
EASC 20/04	<p>MINUTES OF THE MEETING HELD ON 12 NOVEMBER 2019</p> <p>The minutes were confirmed as an accurate record of the meeting held on 12 November 2019 subject to an amendment on the item for the Emergency Department Quality and Delivery Framework and the following discussion in relation to Unscheduled Care.</p>	Chair
EASC 20/05	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED progress as follows:</p> <p>EASC 18/06 & EASC 18/65 & EASC 19/21 Integrated Performance Dashboard Members noted that the development of local measures had been piloted at ABUHB and a report on progress would be provided as soon as possible to the EASC Management Group.</p> <p>EASC 19/08 & EASC 19/21 & EASC 19/23 Emergency Medical Retrieval Service (EMRTS) Refresh of the commissioning framework Members noted the progress in developing the framework and an update would be provided at the next meeting.</p>	<p>James Rodaway</p> <p>James Rodaway</p>

	<p>EASC 19/42 Ambulance Quality Indicators (AQIs) Members noted that the next release of the AQIs would take place on 29 January 2020 and they would be formally received at the next meeting.</p> <p>EASC 19/77 WAST Staff Pipeline Jason Killens explained that the provider had reviewed the number of resits and he had been reassured that, although a number of issues had been identified, there were no common themes or ongoing concerns.</p> <p>Handover Delays Jason Killens confirmed that the actions identified had been included in the WAST winter plan:</p> <ul style="list-style-type: none"> • Procuring services from 3rd sector / or provide more unscheduled care staff • Review the skill mix within the clinical control centres • Support emergency departments by making appropriate staff available. <p>Members noted that the pilot to safely cohort patients had started in the Princess of Wales Hospital and was due to start in Aneurin Bevan ABUHB on 3 February 2020. Local work was also taking place at Ysbyty Glan Clwyd and the scheme at the Morriston Hospital was currently being procured.</p> <p>RED improvement plan Jason Killens confirmed that a copy of the plan had been shared with health boards.</p> <p>EASC 19/78 Reference Document on the WAST Relief Gap Emergency Ambulance Service Information was provided as part of the WAST Provider update.</p> <p>EASC 19/82 & 19/99 Regional Escalation Jason Killens confirmed that a meeting had taken place and a head of terms developed and circulated. Members noted that an operational procedure based on the head of terms had been developed and the revised arrangement had gone live on 27 January 2020.</p> <p>EASC 19/97 Serious Adverse incidents (SAI) and red call categorisation Information was provided as part of the WAST Provider update.</p>	<p>Ross Whitehead</p>
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EASC 20/06	<p>MATTERS ARISING</p> <p>There were none.</p>	
EASC 20/07	<p>CHAIR'S REPORT</p> <p>The Chairs report was received by Members. In presenting the report, Chris Turner highlighted his key meetings which had taken place since the last meeting of the Committee. Members noted that the Chair's appraisal had been positive with the Minister and objectives agreed.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's Report. 	
EASC 20/08	<p>EASC INTEGRATED MEDIUM TERM PLAN (IMTP)</p> <p>The draft National Collaborative Commissioning Unit NCCU IMTP was received by the Committee. Stephen Harrhy gave an overview of the report and emphasised that the Members were asked to approve the EASC element of the plan and note any implications for EASC contained in the wider plan. Members were also informed of the financial discussions to date.</p> <p>In relation to the financial position, and following discussion, Members agreed:</p> <ul style="list-style-type: none"> • WAST IMTP figures for 2020/21 would be consistent with the details set out in the Welsh Government allocation letter • Health Boards agreed in principle to fund up to a maximum of £1.8m in additional revenue on a non-recurrent basis for 2020/21. This was the amount that Members would expect to be reflected in the WAST IMTP and presented as such. The draw down from this funding would be made conditional on the delivery of resources in line with the delivery plan and would be provided to WAST when the expenditure had been incurred. • The agreement in principle was subject to a detailed implementation/delivery plan being signed off which should include, at both a national level and by health board level, a suite of benefits measures / key performance indicators that demonstrated how the additional funding would be linked to improved outcomes. <p>James Rodaway provided Members with a high level overview of the content of the plan which had been developed in line with the commissioning intentions previously approved. Members noted that the supporting appendix had been developed for inclusion in health board IMTPs to ensure consistency and alignment.</p>	

	<p>James Rodaway was thanked for the work taken to prepare the plan.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the EASC element of the NCCU IMTP. • APPROVE the financial information, subject to the agreed principles above. 	
EASC 20/09	<p>DEMAND AND CAPACITY REVIEW (FINAL)</p> <p>The final version of the Demand and Capacity Review by ORH was received. Stephen Harray reminded Members of the work to date and thanked the team at WAST for the cooperation and commitment to work together to deliver the final report. Members noted the high quality of the report and the importance of the next steps in terms of the implementation stage as this would also be subject to the scrutiny of the Ministerial Ambulance Availability Taskforce.</p> <p>Members were aware that the information had been included in the IMTP and clear recommendations for implementation on a health board by health board basis. Members noted some minor adjustments needed to be made to local data and this would be resolved outside of the meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the ORH Demand and Capacity Review • NOTED that the implementation would be managed through the EASC Management Group and the work was included also in the terms of reference of the Ministerial Ambulance Availability Taskforce. 	CASC
EASC 20/10	<p>LETTER OF SUPPORT FOR THE WELSH AMBULANCE SERVICES NHS TRUST INTEGRATED MEDIUM TERM PLAN</p> <p>The Chief Ambulance Services Commissioner (CASC) informed Members that in relation to the WAST IMTP the content had been discussed and scrutinised; it was consistent with the previously agreed commissioning intentions. Members noted that they had received the latest version of the WAST IMTP by email on the morning of the meeting and Rachel Marsh suggested that Section 4 of the WAST IMTP provided a helpful two page overview of the key deliverables in terms of outcome measures for patients and staff.</p> <p>In line with the previous discussions related to finance Members noted that the CASC would formally write to support the WAST IMTP on behalf of EASC.</p>	

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE a letter be sent by the CASC to WAST and shared with Members as soon as possible. 	CASC
EASC 20/11	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that it would be helpful to have an annual report for the sub groups as well as the Committee itself.</p> <p>The Chair asked Members for their views regarding the Development Sessions and it was agreed that, unless urgent business required otherwise, an hour be set aside at each meeting for detailed discussions on a specific issue. Members noted that further work would take place to plan the agenda in line with the issues within the IMTP.</p> <p>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 for future meeting in line with the discussions held. 	<p>Sub Group leads</p> <p>Chair / CASC</p>
EASC 20/12	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</p> <p>The CASC report was received and in presenting the report Stephen Harray highlighted key areas which included:</p> <ul style="list-style-type: none"> • National Transfer Service for Critically Ill Adults – Members noted that the key issue would be ensuring medical cover was available for the service. • Ministerial Ambulance Availability Task Force – Members were aware of the work to date and noted the 5 key elements that had been included in the Ministers written statement <ul style="list-style-type: none"> - Implementation of recommendations from a recently commissioned independent "Demand and Capacity" review - rapid delivery of alternative pathways and community-based solutions to prevent avoidable conveyance to emergency departments - optimisation of the ambulance patient handover process - improvement in Red performance, and - build on progress made by the Amber Review Implementation Programme. 	

AGENDA ITEM 1.4

<ul style="list-style-type: none"> Members noted that work was underway to finalise the terms of reference for the Taskforce which would be shared as soon as possible. Members suggested that the communications in relation to the work of the Taskforce would be crucial for the service. It was confirmed that wherever possible existing governance mechanisms would be used. There was a specific discussion on clinical governance and whether a separate group was required. This was currently being considered and Members would be kept up to date on progress 	CASC
<ul style="list-style-type: none"> Ambulance Quality Indicators (AQIs) – Members noted that the next release of AQIs would take place on 29 January and an indication was given of the anticipated position in relation to lost hours at handover and the deterioration in red and amber performance. Performance dashboard – Members noted that work was continuing on extending the local measures. 	Ross Whitehead
<ul style="list-style-type: none"> EMRTS: Gateway Review and progress on review of commissioning framework – Members noted that the Air Ambulance charity was experiencing difficulties in recruiting additional pilots for 24/7 working due to a national shortage. The Chair of EASC and the CASC would be meeting with the charity to discuss the situation in the next few weeks and would report back at the next meeting. 	Chair & CASC
<ul style="list-style-type: none"> Mental Health update – Carol Shillabeer gave an update on progress in relation to working with the Police and the categorisation of mental health calls to its service. Members noted that the diversity of calls and that helpful data was being collected for further analysis. The work would continue to seek a Once for Wales solution and would be considered by the Ministerial Ambulance Availability Taskforce. 	Carol Shillabeer
<p>Jason Killens drew attention to section 2.3.3 of the report in relation to the altered practices in the Clinical Contact Centre. Members noted that the International Academies of Emergency Dispatch had worked with WAST to review the 'breathing problem – card 6' which had meant that some activity had been rebased from Amber to Red; the impact was approximately 2% from 5% to 7%.</p>	

	<p>Members noted that two triage tools were available on the market and the vast majority of ambulance services used the Medical Priority Dispatch System as opposed to the NHS Pathways tool. WAST were an accredited centre of excellence for the MPDS.</p> <p>It was confirmed that from a governance point of view the correct actions had been taken. Members asked about the impact on patient outcomes and whether these had improved as a result. Jason Killens agreed to provide the research from the provider and explore this matter further. Members suggested that the EASC Management Group receive the information in the first instance.</p> <p>Jason Killens also updated Members on the quantum of post-production hours lost (e.g. relating to meal breaks) and the ongoing work within WAST, where a group were due to report to a Committee of the NHS Trust. A pilot scheme was planned for the Swansea area and success criteria had been developed to measure the change. This was an integral part of the implementation of the Demand and Capacity review. Members also noted that the fleet mix would need to be changed.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chief Ambulance Services Commissioners update report. 	<p>EASC Mgt Group</p>
<p>EASC 20/13</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the WAST was received and in presenting the report Jason Killens highlighted key areas which included:</p> <ul style="list-style-type: none"> • Performance – it was expected that red performance in January would be slightly higher than the All Wales target of 65% which would be an improvement from the previous two months. Members noted that red call demand was less in January than December 2019. • Serious Adverse Incidents (SAIs) – Members were concerned to note that increased levels of harm had been recorded primarily in two health board areas. A small team from EASC was meeting with staff from WAST to further review SAIs and applying thresholds across Wales and this would be considered further at the EASC Management Group. 	<p>EASC Mgt Group</p>

	<ul style="list-style-type: none"> Recruitment – WAST were aiming in their IMTP to increase staffing levels by a minimum of 136 with the vast majority being in post by the end of quarter 3. Members noted that service changes, such as the commissioning of the new Grange University Hospital, potential changes to A&E departments and vascular services within NHS Wales, would potentially raise the number beyond 136 and that this would require extra training capacity being secured by WAST. However, the difficulties that had been experienced in recruiting staff in the numbers planned to date were noted. Commissioning Intentions – Members received the report and noted that the EASC Management Group would be developing a detailed delivery plan for the commissioning intentions and the recommendations from the Demand and Capacity Review. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the WAST Provider Report NOTE the WAST response to the Commissioning Intentions and the work at the EASC Management Group 	EASC Mgt Group
EASC 20/14	<p>NON-EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS) PROGRESS REPORT</p> <p>The progress report in relation to the NEPT service was received. James Rodaway presented the report. Members noted that the Quality and Delivery Framework had been in place since October 2019 and that good representation from all health boards had been seen at the NEPTS Delivery Assurance Group which monitored the progress against the Framework and the commissioning intentions.</p> <p>Work was continuing on improving efficiency in terms of the operational practice. Members noted that a quarter of bookings were still being sent by Fax and a large number of appointments were booked on the day. Members noted that every provider was quality assured and Members felt it was a positive improvement and noted that plans were in place for the roll out across all health board areas.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the update on the NEPT Service. 	
EASC 20/15	<p>FINANCE REPORT</p> <p>Members received the Finance Report which was presented by Stuart Davies and indicated a breakeven position.</p>	

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	Members were informed that a possible underspend on 'A Healthier Wales' 1% allocation had been identified and would be quantified by the end of February. Members RESOLVED to: NOTE the report.	Stuart Davies
EASC 20/16	EASC GOVERNANCE UPDATE The governance update report was received and presented by Gwenan Roberts. Members NOTED the following: <ul style="list-style-type: none"> • A new format for the reports had been received by the Members which mirrored the approach of the host body • The Risk Register would be reviewed in detail in line with the changing arrangements at the host body and progress would be presented at the next meeting • The evaluation of the sub groups would be presented at the next meeting; Members felt that the Committee itself should also receive an annual report in order to assess efficiency of the arrangements and assist in planning for the future. Members RESOLVED to: <ul style="list-style-type: none"> • NOTE the Governance Update 	Committee Secretary Sub Group leads Committee Secretary

ANY OTHER BUSINESS

EASC 20/18	There was none.	
EASC 20/19	Private Session Members held a private session to receive the minutes from the In Committee meeting held on 12 November 2019. Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the minutes of the In Committee meeting held on 12 November 2019. 	

DATE AND TIME OF NEXT MEETING

EASC 20/19	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 10 March 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary
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Signed
Christopher Turner (Chair)

Date



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
10 MARCH 2020 AT THE NATIONAL COLLABORATIVE
COMMISSIONING UNIT (NCCU) UNIT 1, CHARNWOOD COURT
HEOL BILLINGSLEY, NANTGARW, CF15 7QZ**

PRESENT

Members:	
Chris Turner	Independent Chair
Glyn Jones	Deputy Chief Executive, Aneurin Bevan ABUHB
Sharon Hopkins	Chief Executive, Cwm Taf Morgannwg CTMUHB
Tracy Myhill	Chief Executive, Swansea Bay SBUHB
In Attendance:	
Shane Mills	Deputy Chief Ambulance Services Commissioner
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
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) (Secretariat)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/20	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee. Members noted that the Chair had written to Gary Doherty to thank him for his support for the Committee's work and to wish him well for the future and a positive response had been received.</p>	
EASC 20/21	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Stephen Harrhy, Simon Dean, Carol Shillabeer, Steve Moore, Len Richards, Steve Ham and Tracey Cooper. Despite best efforts, Karen Miles was unable to join the meeting due to difficulties in connecting to the video conferencing site.</p>	

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EASC 20/22	DECLARATIONS OF INTERESTS There were no additional interests to those already declared.	Chair
EASC 20/23	MINUTES OF THE MEETING HELD ON 28 JANUARY 2019 The minutes were confirmed as an accurate record of the meeting held on 28 January 2019.	Chair
EASC 20/24	<p>ACTION LOG Members RECEIVED the action log and NOTED progress as follows:</p> <p>Emergency Medical Retrieval Service (EMRTS) Gateway Review The Chair requested that work to complete this item take place before the next meeting.</p> <p>EASC 18/06 & EASC 18/65 & EASC 19/21 Integrated Performance Dashboard Members noted that the dashboard would now be developed by the EASC Management Group and this would be removed from the action log.</p> <p>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.</p> <p>EASC 19/12 Risk Register An overview of the risks would be provided in the governance report and would be developed in line with the host body arrangements for the next meeting.</p> <p>EASC 19/55 & 19/92 Mental Health An overview would be provided in the Chief Ambulance Services Commissioner Report.</p> <p>EASC 19/78 Reference document on the WAST Relief Gap Emergency Ambulance Service Jason Killens explained that returning to the 2013/4 percentage in terms of levels of spending on front line staff was linked to providing the baseline position which he felt would need to be discussed with Stephen Harrhy further. Members noted that a small part had been agreed through the process of approving the Integrated Medium Term Plan (IMTP), although it would need to be agreed how this could be measured. Members agreed to keep this action open.</p>	<p>CASC</p> <p>Ross Whitehead</p> <p>James Rodaway</p> <p>Gwenan Roberts</p> <p>CASC</p> <p>Jason Killens</p>

	<p>EASC 19/79 WAST Service Transformation Jason Killens explained that this was part of the work related to pathway access and development and suggested this would be an important element for the Taskforce to consider shortly.</p> <p>EASC 19/97 Serious Adverse Incidents (SAIs) Members noted that SAIs would be discussed at the forthcoming Quality and Delivery meeting. More detail would need to be provided and Shane Mills confirmed that the reasons for incidents would be analysed over the next year.</p> <p>EASC 19/100 Emergency Department Quality and Delivery Framework An update would be provided at the next meeting.</p> <p>EASC 19/103 Governance Members noted that the Directors of Finance were developing Standing Financial Instructions across Wales for Health Boards and NHS Trusts. A version of the SFIs would be developed for the Welsh Health Specialised Services and, for the first time, for EASC. A further update would be provided when the draft SFIs had been received.</p> <p>EASC 20/12 Ministerial Ambulance Availability Taskforce Members noted that the membership of the Taskforce had been confirmed and invitations sent for the first meeting. Members noted that a draft Terms of Reference had been developed and would be shared for information.</p> <p>Emergency Medical Retrieval and Transfer Service A meeting was planned to take place before the end of March with the Air Ambulance Charity.</p> <p>Research related to triage tools Jason Killens gave an update on the 'breathing card' and also the work of the Academy in a further audit involving a larger group of patient calls. Once received the final information would be shared with the EASC Management Group.</p> <p>EASC 20/15 Finance Report Stuart Davies reported that 'A Healthier Wales' allocation had not quite been finalised. A further report would be provided in the next finance report.</p>	<p>Jason Killens</p> <p>Ross Whitehead</p> <p>Jo Mower/ Julian Baker</p> <p>Stuart Davies</p> <p>CASC</p> <p>Chair and CASC</p> <p>Jason Killens</p> <p>Stuart Davies</p>
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	EASC 20/16 EASC Governance Update <p>Gwenan Roberts explained that the current risks had been identified and had been included in the Governance update report.</p> <p>Annual Reports for the Committee and Sub Group Members noted that plans were in place for the sub Group to develop annual reports to assist the Committee in assessing and evaluating its impact. In line with the Standing Orders the reports would be received during the summer.</p>	Gwenan Roberts
EASC 20/25	MATTERS ARISING <p>There were none.</p>	
EASC 20/26	CHAIR'S REPORT <p>The Chairs report was received by Members. In presenting the report, Chris Turner highlighted his key meetings which had taken place since the last meeting of the Committee. Members noted the change in the way information was presented to health boards which was being perceived as being helpful and informative.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's Report. 	
EASC 20/27	FORWARD PLAN OF BUSINESS <p>The forward plan of business was received. Members discussed the arrangements for the Committee and suggested that arrangements for the approval of the IMTP would need to be brought forward to meet the timescales set by Welsh Government.</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 for future meeting in line with the discussions held. 	Gwenan Roberts Chair and CASC
EASC 20/28	CONFIRMED ACTION NOTES FROM EASC SUB GROUPS <p>Members received the following items:</p> <ul style="list-style-type: none"> • EASC Management Group meeting 9 January 2020 • Non-Emergency Patient Transport Delivery Assurance Group meeting date • Emergency Medical Retrieval and Transfer Service Delivery Assurance Group 	

	<p>Further discussion took place in relation to the:</p> <ul style="list-style-type: none"> • Highlight Report EASC Management Group 21 February 2020 <p>Members noted that this was the first highlight report received from an EASC Sub Group with the aim of providing a brief summary of the key issues in the most recent management group. Members felt it was a useful summary and this approach would be adopted across all of the EASC Sub Groups. The highlight report would be additional to and not in place of the full minutes/notes (Action log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the action notes • APPROVE the highlight report for use by all Sub Groups. 	
EASC 20/29	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report Shane Mills, Deputy CASC highlighted the following:</p> <ul style="list-style-type: none"> • National Transfer Services including critical care – Members noted that work was ongoing with the Emergency Medical Retrieval and Transfer Service to take forward the work with a clinical lead and working closely with WAST to ensure that sufficient clinical teams were available which was considered key. • Ministerial Ambulance Availability Taskforce – Members noted that the membership had been confirmed and arrangements were underway to finalise the meeting dates; the draft terms of reference would be shared with Members • Escalation – the revised arrangements for the coordination and chairing of the daily regional escalation calls had progressed and WAST had established an Operational Delivery Unit which was fully operational on 2 March 2020. The detail of the arrangements would be discussed at the next meeting of the EASC Management Group. • Emergency Medical Retrieval and Transfer Service - the EMRTS Service Expansion Review was a key focus for the service and would commence from 1 April 2020, with the introduction of a 24-hour operation based at Cardiff Heliport. Further discussions would need to take place regarding infrastructure and the capital requirements (action log). • Urgent Mental Health Access and Conveyance Review – Members were pleased to note that 10,000 responses had been received. Shane Mills explained that the information was fascinating and work had commenced on writing the report which was due to be published in May 2020. The aim was to try and provide health board and regional level information. The Report would be discussed at the Mental Health Crisis Concordat meeting and would be shared with members of the committee in due course (action log). 	<p>CASC</p> <p>Jason Killens</p> <p>CASC</p> <p>Shane Mills</p>

	<ul style="list-style-type: none"> Co-Chairing a Task and Finish Group to explore opportunities for fire and rescue and NHS services to collaborate – Members noted that Stephen HARRY had been asked to co-chair the group to optimise the clinical outcomes and experience for the people of Wales. Ministers would like to explore the potential role of fire and rescue services in providing emergency medical service support. <p>It was expected that the task and finish group would include representation from Directors of Primary, Community and Mental Health; Public Health; and Therapies peer groups in addition to relevant representatives of the Welsh Ambulance Services NHS Trust. Members discussed that health boards had been asked to respond to the Minister on this matter. A further update would be provided at the next meeting (Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the Chief Ambulance Services Commissioner's report. 	CASC
EASC 20/30	<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"> Performance – Members noted an improving position in January and the organisational data suggested that this had been maintained in February. Ambulance quality indicators would soon be provided on a monthly basis (Action Log) Demand and Capacity Review – progress continuing with the work to recruit the additional 136WTE and an additional number of staff for the new Grange hospital expected to be approximately 100. Members noted that there was currently a difference of opinion regarding the model being developed and Jason Killens would write to Judith Paget to outline his concerns. Members noted that when the turnover rates of staff were added this would equate to the requirement to recruit over 300 staff this year. The Chair asked how feasible this would be in view of previous information. Jason Killens reassured members that the type of staff required, such as urgent care staff, would be relatively quicker, easier and cheaper to recruit and train (Action log). Aneurin Bevan University Health Board (ABUHB) – Members noted that the ABUHB wanted to commission a service from the WAST and it was described as a huge requirement. 	Ross Whitehead

	<ul style="list-style-type: none"> Members felt that if the service required a significant number of additional paramedics this would be an issue for the committee. It was agreed that the model choice may be beyond the local health board if this impacted on the wider system and any additional service would need to be presented to the Committee for consideration. Members wanted to understand the collective benefit and impact; in addition to work force requirements the fleet impact would also need to be clear. Recruitment – Members noted that WAST were now seeking to recruit 350 staff this year. The EASC Management Group would be asked to monitor the numbers of staff recruited. Coronavirus – ongoing work to reconfigure the organisation to prepare for Covid 19. This would likely delay other matters in the previously agreed plans. Major Trauma Network go live – Members noted that concerns had been raised at health board level and following discussion at the EASC Management Group this was now a standard item on its agenda. Readiness for WAST major trauma - Jason Killens explained that there were two aspects of the work, developing the desk and ensuring the awareness of the wider staff. Members noted that the staff had been recruited for the desk and training was taking place. Jason Killens agreed to inform the CASC of the numbers of staff recruited to date; the plan was to go live at the end of March 2020 although there was a slight risk relating to the training of staff, although a senior decision maker would always be available on the desk Safe cohorting of patients – Jason Killens was asked how the impact of this work would be measured – Members could understand the hard measure of lost hours but more difficult to quantify whether the patient experience was better. Members agreed it was important to learn lessons to share across NHS Wales; staff morale had significantly improved. EASC Management Group would be asked to coordinate the impact of safe cohorting of patients and share any learning. Internal communications were also considered to be important and positive for staff (Action Log). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the provider report and the actions agreed. 	
EASC 20/31	<p>STRATEGIC COMMISSIONING INTENTIONS</p> <p>The Report on Strategic Commissioning Intentions was received; presented by James Rodaway the report highlighted the commissioning plan for the Integrated Medium Term Plan and the aim to develop the Emergency Ambulance Services Committee influence across NHS Wales in line with the quadruple aim of the Institute of Healthcare Improvement.</p>	

	<p>Members noted that meetings were taking place between the planning teams to develop the action plan and would be discussed in detail at the EASC Management Group. The key underpinning actions would be to develop a detailed delivery plans which were aligned with national programme plans and the Welsh Ambulance Services NHS Trust. Workstreams would be developed which would also identify key resourcing requirements.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the approach and work programme to deliver EASC Strategic Commissioning Intentions. 	
EASC 20/32	<p>FINANCE REPORT</p> <p>Members received the Finance Report which was presented by Stuart Davies and provided the monitoring report for Month 10 and 11 showing the breakeven position.</p> <p>Members were informed that a possible underspend on 'A Healthier Wales' 1% allocation had been identified and would be quantified by the end of March (Action Log).</p> <p>Members RESOLVED to: NOTE the report.</p>	Stuart Davies
EASC 20/33	<p>EASC GOVERNANCE UPDATE</p> <p>The governance update report was received and presented by Gwenan Roberts.</p> <p>Members discussed the risks identified and suggested that further work was required to distinguish between issues and risks and ensure that risks are clearly identified and articulated. The updated risk register would be presented to the next EASC Management Group for further discussion and development (Action Log).</p> <p>Members noted that the work had commenced with the sub groups to ensure a consistent style and approach. The confirmed action notes had been received by the Committee and the highlight report welcomed to share information more easily. Members noted that each sub group would present an annual report for the Committee's approval during the summer months.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Governance Update 	<p>Committee Secretary</p> <p>Sub Group leads Committee Secretary</p>

<p>EASC 20/34</p>	<p>INTEGRATED PERFORMANCE DASHBOARD</p> <p>The Integrated Performance Dashboard report was received; in presenting the report Ross Whitehead apologised to members that the interactive demonstration was not available. However, Members noted the progress made in developing the dashboard which followed improved access to source data across the 5 step ambulance pathway and which would also provide health board specific information. The aim would be to provide a broader understanding of flow through the system. Members noted the work and asked that the EASC Management Group oversee the ongoing development and refinement of the dashboard (Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Integrated Performance Dashboard and the plan that the EASC Management Group oversee the further development. 	<p>Ross Whitehead</p>
<p>EASC 20/35</p>	<p>AMBULANCE QUALITY INDICATORS</p> <p>The latest Ambulance Quality Indicators (AQI) published on Wednesday 29 January 2020 were received. The AQIs were for the period: 1 October 2019 to 31 December 2019 and described performance across the 5 Step Ambulance Care Pathway.</p> <p>In presenting the report, Ross Whitehead highlighted the following:</p> <ul style="list-style-type: none"> • The agreement to publish the AQIs monthly which would allow better access to information in a more timely way to start in April 2020 (Action Log) • Members were asked to reconsider the AQIs and whether any needed to be added, amended or removed • The key aim is to make the AQIs more visual for members and generally more public facing • More work to be undertaken to focus on quality and less on performance and activity which would be included in the integrated performance dashboard. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Ambulance Quality Indicators and the plans for monthly report and public facing information. 	

ANY OTHER BUSINESS		
EASC 20/36	<p>CORONAVIRUS</p> <p>Members noted that the CASC had written to WAST and the Emergency Medical Retrieval and Transfer Service to seek assurance regarding the pandemic plans for dealing with the coronavirus. In relation to WAST, Jason Killens explained that work was moving at pace to ensure readiness to respond to the requirements as far as possible.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • Triggered plan two weeks ago • Pandemic flu plan and mechanisms this week • Using the evidence that Covid 19 coming and triggered across organisation • Workforce sustainability - risk of increase in level • Personal protective equipment strand – logistic cell • Security – points of contact re 999/ 111 and controlling access • Considering size of control centres – maybe reduce to smaller sections to protect service • Home work for non essential staff • Redeploying and re training staff for 111 service • Decoupling 111 service and the clinical control centre service to start week after next • Emergency medical service (EMS) perspective developed and how decisions will be made about the resources deployed • Shared with Andrew Goodall's team in Welsh Government • Will discuss the deployment of resources at the Board meeting at the end of the month • Range of cells / groups working together – looking at weekly and daily matters • Emergency planner coordinating key issues • Also part of the UK response • Will need a position when demand far outstrips capacity and how decisions will be made • Will need a pre approved mechanism • Plans include need for communication including social media messages <p>Members discussed at length in relation to plans which included:</p> <ul style="list-style-type: none"> • If WAST declaring major incident need to discuss the impact on health boards and how we co-ordinate actions • Need therefore to develop a coordination mechanism with health boards 	

	<ul style="list-style-type: none"> • Need to use the Welsh Government arrangements for severe pressures; CEO calls • Meeting re impact on patient experience to be discussed by the Director of Nursing and CASC • Need a way of ensuring health boards are triggered to respond and the mechanism which can be used • Major incident information - discussion and pre agreed actions • Importance of gold command arrangements <p>Actions agreed:</p> <ul style="list-style-type: none"> • We will raise issues of service pressure in WAST with the national team at the Welsh Government • Health Board and WAST plans will need to link using an agreed mechanism • EASC Team role to identify the key issues which will have an impact more widely on health boards • More important than ever to be joined up and ensure collective decision making <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE and thank the WAST Team for their work to date. 	
DATE AND TIME OF NEXT MEETING		
EASC 20/19	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 12 May 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	12 May2020

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/may-2020>

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

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.

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. 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.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- **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.
- **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.
- **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.

- **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.

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:

Pandemic and response

- Members noted that the team at WAST had aimed to double their capacity across key operational areas. Areas highlighted included
 - the 111 service which had seen a 350% increase in the number of calls received, additional staff had been recruited and the online symptom checker was operational.
 - More call handling capacity had been developed in Swansea and Cwmbran (2) with the potential to open an area 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.

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 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.
- 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.

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. A further opportunity to discuss recruitment, for example of paramedics, across NHS Wales would be considered.
- 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.
- 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.

- 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.
- 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.

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

- Handover delays and red performance
- WAST staff recruitment

Matters requiring Board level consideration and/or approval

-

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	14 July 2020			

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	21 May 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. COVID-19 Update

Update papers were provided and presented by the Director of Finance & Corporate Services, and also the Director of Workforce & OD. In summary, NWSSP had been able to continue to provide the vast majority of services to Health Boards and Trusts, supported by an accelerated roll-out of laptops, VPN tokens and Office365. The majority of NWSSP staff were therefore able to work remotely, whilst all offices had remained open for those staff unable to work from home. While there was an initial spike in absence levels due to the pandemic, the numbers of absent staff has been falling for a number of weeks, and was now below the rate of absence compared to the previous year. The response to the pandemic across NHS Wales has seen key roles for Procurement and Health Courier Services staff and also those from the Surgical Materials Testing Laboratory, in obtaining, delivering and testing medical consumables and equipment, and in particular PPE. At the same time, payrolls have continued to be run, and suppliers and independent contractors paid. All Committee members present expressed their gratitude to NWSSP staff for their performance in supporting NHS Wales in responding to the pandemic.

2. Reappointment of Chair

The Chair excused herself for this item, and the Vice Chair took over the Chair. The Chair'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, COVID-19 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. A paper was therefore presented 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.

3. Managing Director's Update

The Managing Director updated the Committee on:

COVID-19 – In addition to the updates provided above, thanks were also due to the Velindre Board and Welsh Government colleagues in working with NWSSP to ensure that very significant orders for PPE and field hospital equipment, were processed both promptly and appropriately. The PPE market in particular has been very challenging over recent weeks with worldwide demand significantly outstripping supply leading to shortages and significantly inflated prices. NWSSP staff have played a key role in not only ensuring that NHS Wales was provided with sufficient PPE, but also in a number of cases the rest of the UK as well. An infographic, setting out the major achievements within NWSSP since the outbreak of the pandemic, was presented to the Committee and is included as an attachment to this report.

Financial Position – The year-end position was a surplus of £11k. An additional £1.25m was distributed to NHS Wales and Welsh Government to bring the total NWSSP 2019/20 distribution up to £2m. The Welsh Risk Pool outturn was in line with the target agreed with Welsh Government and for the first time the risk sharing agreement needed to be invoked. The 2019/20 Capital Expenditure Limit of £3.068m was utilised in full.

Medical Examiner Service – While progress on the appointment of Medical Examiners has been temporarily stalled, the existing appointed team have diverted their skills and knowledge to develop and provide a different but related facility, the Shared Services Death Certification Central Hub which contains all the relevant information relating to death certification, coroner guidance, cremation regulation etc. in one web site. Advice is also available to Health Boards by email and telephone.

Recovery Group – NWSSP have established a Recovery Group, chaired by the Deputy Director of Finance. While the purpose of the Group is to set out and manage a roadmap to some degree of normality, there is also a recognition that a number of positives have been achieved through the pandemic, not least the flexibility of working that has been facilitated through substantial investment in technology. The Group will therefore consider the lessons learned from recent weeks and look at how NWSSP can benefit and adapt to further support its staff and stakeholders in delivering the best possible service to NHS Wales in the most effective way.

3. Items for Approval

Temporary Medical Unit – The Committee were asked to approve establishment of a Temporary Medicines Unit to respond to the increased demand for injectable medicines due to the impact of COVID-19. 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. 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. 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, would be taken forward as part of the set up process as agreed by the Committee and confirmation of full funding from Welsh Government was anticipated shortly. 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. After appropriate discussion on this proposal, including the operational governance arrangements, the Committee noted that that work was already underway to ensure regulatory requirements were met and to clarify that the drugs in question would, at this point, only be used within the Health Boards. It was also noted that all clinical decisions would be made outside of the TMU and that operational governance matters would be addressed in tandem with the build and in place prior to any drugs being supplied to patients.

The Committee were content to **approve** the setting up of the TMU service, subject to:

- Funding being received as expected from Welsh Government; and
- CPG endorsement of the governance arrangements, prior to any medicine being supplied.

Updated Standing Orders & Standing Financial Instructions – The Committee **approved** some suggested changes to the SO's and SFIs. These amendments include some temporary increases in delegated limits of senior staff to respond to COVID-19.

Change to Scheme of Delegation - Existing Liabilities GMPI – The Committee **approved** the proposed change to the Scheme of Delegation This 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.

Declarations of Interest - Single Tender Actions – 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

Once for Wales Concerns Management Database - The Committee **approved** a paper setting out proposals for the recharging of the additional costs associated with the upgraded database.

4. Items for Noting

Laundry Services Update – the consultation process was officially launched on 17th February 2020, with a view to this concluding on 15th May 2020 in line with the required 90 day consultation period. Plans had been made for further roadshows with staff and Trades Unions to take place to aid the consultation process. However as a result of the COVID-19 pandemic, it has not been possible for the consultation process to progress in a meaningful way. Following a proposal by the All Wales Laundry Workforce subgroup (which includes staff side representation), the Programme Board agreed to an extension of the consultation time line to 30th 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. The Committee **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.

Single Lead Employer – The Committee received an update on the progress in expanding the model to include:

- Interim Foundation Doctor Year 1 Trainees from May 18th 2020 to support the COVID 19 Pandemic;
- Pre-registration Pharmacist and Foundation Year 1 Doctors with effect from August 2020;
- Foundation Dentist, Speciality and Core Medical Trainees currently not subject to an existing SLE arrangement commencing from September 2020;

The Committee agreed to the proposal that pending the development and finalisation of an agreed contractual and governance framework for all medical trainees employed in the Single Lead Employer model, the existing arrangements, principles, Service Level Agreements and governance framework agreed for Speciality GP Trainees employed by NWSSP can apply.

NHAIS – 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.

Finance & Workforce Report - The Committee noted that NWSSP had achieved a surplus of £11k after redistributing savings achieved of £2m. The capital expenditure limit of just over £3m was also met. All other targets had been met.

Annual Governance Statement – 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.

Corporate Risk Register – There are 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 pandemic. All of these risks are currently being successfully managed.

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.

6. Items for Information

The following papers were provided for information:

- Finance Monitoring Reports (January, February, March 2020); and
- Audit Committee Highlight Report (April 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	23 July 2020
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HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



PRIMARY CARE SERVICES

Primary Care Services have **continued** to maintain primary care payments and introduced COVID-19 support payments to Primary Care contractors including:

- Community Pharmacy
 - Payments made to **715** pharmacy contractors and **4** appliance contractors - **£60,927,435**
 - Plus an additional one-off advance payment to **715** pharmacy contractors - **£47,149,661**
- General Medical Services –
 - Payments made to **411** GP practices - **£37,571,088**
- General Ophthalmic Services
 - Payments made to **410** ophthalmic accounts - **£4,177,621**
- General Dental Services –
 - Application of **521** dental contract adjustments

WE HAVE

supported the delivery of

105,000

patient letters with Welsh Government

Reviewed

and **tested** IT solutions that has enabled staff to maintain prescription processing requirements whilst working from home

This has enabled Primary Care Services to maintain business as usual to successfully process

3,155,876

prescription forms and priced

6,405,465

items within the last month to ensure there was no compromise to contractor cash flow

Developed an emergency on-boarding pathway for **250** GP returners to apply for re-inclusion to the Medical Performer list

Over **80%** of our staff have remained in the service, working diligently to support Health Boards and contractors in ensuring 'Business As Usual' principles are maintained

These staff have worked within government guide lines to accommodate social distancing whilst retaining an office presence and have also supported Primary Care Services with home working and changes to normal hours and routines thus ensure we continue to provide necessary services

Supporting Aneurin Bevan University Health Board to manage a surgery closure and dispersal of **4,000** patients to surrounding practices

Ophthalmic

survey - developed a survey to allow Welsh Government to understand the workforce profile of Ophthalmic Practices across Wales to inform its response to the COVID-19 pandemic

The survey was distributed electronically to all contractors and **313** responses were received

Primary Care Services then worked with Welsh Government and HEIW to interpret the responses and cleanse the data.

This involved direct contact with **56** contractor representatives to clarify and cleanse the data for **120** of the practices' responses

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



SURGICAL MATERIALS TESTING LABORATORY

OUR BUSINESS AS USUAL

We are continuing to provide medical device testing and technical services regarding medical devices to the Welsh NHS, enabling Procurement Services and others in the NHS to undertake evidence based purchasing.

We are also continuing to provide commercial testing services to the international medical device industry, who use the test reports to tender for new business, submit to notified bodies and to develop new medical devices and technologies.



WE ARE
supporting
procurement
through
certification
and test report
checks for **PPE**
and **devices**

Ensuring that fraudulent applications are dealt with **appropriately**

We have had **222** submissions, **38** fraudulent documents from **28** submissions, **19** suspected fraudulent documents from 16 submissions

In total: **57** documents which are either confirmed as fake or are suspect from **222** submissions, **40** submissions that contained suspected fraudulent documents

Primary focus on ensuring that purchased products provide the appropriate level of **protection** to staff

Partnership working with **CERET** (COVID-19 Emergency Response Engineering Team), **Welsh Government, CEDAR** and **HTW**

Turning submissions around within hours for **urgent cases** and within the day for others



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



SPECIALIST ESTATES SERVICES



WE ARE supporting the creation of up to **50** surge hospital and COVID-19 testing facilities across NHS Wales

Produced an **Advisory Note** for Welsh Government and NHS Wales on framework contractual issues in relation to COVID-19

Integral to the development and validation of surge hospital engineering solutions

Advised on the provision of oxygen, medical gases, fire safety, legionella, clinical waste and the safety and adequacy of electricity systems

OUR BUSINESS AS USUAL

Our chartered architects, engineers, surveyors and other specialists, are continuing to use their expertise to advise the Welsh Government and NHS Wales organisations on a wide range of building, estates and facilities matters.

In addition, Specialist Estates Services continues to deliver specialist engineering services to NHS Wales – such as the provision of Authorising Engineers for a range of disciplines including: decontamination, high voltage, low voltage, ventilation, water, medical gases and fire safety.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



LEGAL & RISK and WELSH RISK POOL SERVICES

The **Personal Injury** team have been providing **advice** and **assistance** across Wales regarding the use / availability of PPE and Public liability and employers liability for temporary premises/new sites

The **Property Team** have been advising Health Boards about the agreements that they have entered to establish **field hospitals**

The **Putting Things Right** team has dealt with queries including the issue of **documenting** consent where there are complaints by third parties

The **GP/GMPI team** has managed a high volume of queries, including cluster working and setting up COVID-19 treatment hubs

Indemnity Issues

There have been a number of queries in respect of NHS indemnity, particularly due to the new and evolving NHS workforce including the provision of advice on the following:

NHS **engaging** private providers; **Staff** carrying out different roles; Staff working in different **premises**; Staff working for different

organisations; **Volunteers**;

PL/EL temporary premises / new sites;

Military personnel driving ambulances etc; **Medical students**;

Prescribing **oxygen** at home

WE HAVE worked with and provided **advice** to **Health Boards** and **Trusts**, **Directors of Workforce & OD, HR teams** and **Director of NHS Confederation** to support the **First Minister, Welsh Government**



Worked collaboratively with **Local Authorities** and **private enterprises**

The **Clinical Negligence** teams have focused on litigated cases and have been fielding queries in respect of: Issues re consenting **patients** remotely; Using anaesthetic machines for long term ventilation; Vicarious liability/indemnity

A COVID-19 **strategy** group and **Hub** has been established to manage staff and client issues at a high level and to guide the directorate and to provide a panel of experts from each practice area to decide how best to manage new queries arising from the pandemic and to advise on **best practice** respectively

Court of Protection / Medical Ethics has been providing clear advice to clinicians and managers, including: End of life disputes re COVID-19; Decision making around allocating ventilators; Debunk fake news on social media

The **Employment team** have provided advice to NHS Wales and NHS Confederation; assisted with All Wales FAQs; Agreements on Mutual Aid; Advised on potential discriminatory issues regarding rotas and PPE; COVID-19 specific employment contracts; Engaging staff on furlough from their substantive employers; Advice on the Working Time Directive, junior doctor rotas and breaks

Commercial and regulatory advising on: Contracts for field hospitals; Contractual staff arrangements between the NHS and Local Authorities; Procurement issues; GP cluster hubs; Managing non-compliant patients; Judicial review of treatment decisions; Detention of prisoners with COVID-19 due to be released; Children's Continuing Care Contract; Provisions of the Coronavirus Act

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

OUR BUSINESS AS USUAL

Student Awards Services continues to implement the NHS Wales Bursary Schemes, which provides funding for healthcare students on NHS funded courses in Wales and Welsh domiciled medical and dental students within the UK.



STUDENT AWARDS SERVICES

WE HAVE
have maintained a
'business as usual'
service



Innovative
options to continue
maintaining service
levels have been
made in order to
support our service
users during these
challenging times and
to continue to
provide an
essential
Student Awards
Service

Bursary Applications and Disabled Student's Allowance (DSA)
applications undertaken as normal within the 20 working day time frame

Student Award Services Helpdesk
the helpdesk has been operating an **urgent enquiries** line in order to provide the best support to service users

Practice Placement Expenses
assessment of PPE applications undertaken as normal (Medical and Dental students only)

Childcare Claims
students contacted directly as a result of the closure of some childcare facilities

Revised **procedure** for submitting PPE Claims and extension to the current six month submission deadline, in the event of a university having a backlog of claims, in place

Students currently in receipt of Childcare Allowance expenses contacted to establish if service users are still accessing childcare provisions and therefore require continued access to these payments



MEDICAL EXAMINER SERVICE

Ongoing work with Hywel Dda University Health Board to assist in their planning for management of excess death

Work started with Hensol Venue Field Hospital to develop a service of death certification



WE HAVE
implemented a
'Qualified Death Certifier' role within Cwm Taf Morgannwg Health Board to ease the burden on front line doctors

Developed and coordinated a central advice service for the changes to death certification and cremation regulations

Developed a central web page for a **Death Certification Advice Hub** which has collated guidance from England and Wales to provide an up to date source of information and guidance

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

OUR BUSINESS AS USUAL

We are continuing to provide audit assurance through the independent and objective assessment of governance, risk management and internal control.



AUDIT AND ASSURANCE SERVICES



WE ARE supporting **effective governance** across NHS Wales

Working with health bodies to ensure annual opinions delivered to **support effective governance**

Providing **ongoing advice and support** as NHS bodies revise governance and control arrangements

Chairing the Finance NWSSP Group to ensure effective governance over major procurement contracts

Planning for 2020/21 to provide the **right level of assurance and consultancy** during the recovery phase

Providing **resources to support** other NHS bodies and NWSSP Directorates



COUNTER FRAUD SERVICES



WE ARE supporting NHS Wales by providing **specialist guidance** in relation to the current Recruitment, Procurement and Supply Chain processes to help prevent fraud during COVID-19

Established key working partnership with NWSSP Head of Sourcing - Medical / Clinical to help identify fraudulent approaches of those taking advantage of the COVID-19 uncertainty and taking **positive** action in the ongoing fight against fraud

Maintaining a **robust** operational presence to swiftly investigate all ongoing cases of economic crime against NHS Wales and continue to provide **guidance** to the network of Local Counter Fraud Specialists at health bodies in Wales

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



FINANCE ACADEMY



WE HAVE

applied our project management expertise into an **alternative focus** providing direct support to staff working on the front line

Supported Aneurin Bevan University Health Board set up and manage temporary accommodation for staff during COVID-19

Worked with **public health, finance and workforce** colleagues in the Health Board to develop a robust yet flexible process to meet individuals' needs whilst ensuring their safety, and that it provides strong financial governance

The Academy team covered the 8am to 8pm **Accommodation Team** shifts 7 days a week during the initial set up period

We are now **supporting** a smooth handover of the day-to-day process back to Health Board



CENTRAL TEAM eBUSINESS SERVICES



WE ARE

providing **24-7 support** for our Supply Chain, Procurement and Finance enterprise systems across NHS Wales, this includes setting up **urgent** COVID-19 suppliers

In **partnership** with health organisations and key suppliers, we have fast tracked and implemented a development to notify keys users of COVID-19 related orders that require urgent approval

As a **BACS Bureau Service** for NHS Wales, we have continued to ensure payments are processed for suppliers

Working with other NWSSP divisions to deliver simplified and **accurate** stock reporting

Worked in **collaboration** with ICT departments to address remote access to our enterprise systems

OUR BUSINESS AS USUAL

Central Team eBusiness Services continues to ensure a centrally coordinated, strategic and corporate approach is taken to manage, support as well as enhance a number of core national enterprise systems for the Finance and Procurement communities across the NHS in Wales.



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ADDING VALUE THROUGH PARTNERSHIP, INNOVATION AND EXCELLENCE

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

OUR BUSINESS AS USUAL

Procurement Services continues to deliver a high quality, customer focused professional service to the Health Boards and Trusts in NHS Wales – through Sourcing, Frontline, Supply Chain, eEnablement and Accounts Payable functions

Health Courier Service continues to support front line services across Wales, operating where required 24 hours a day, 365 days a year including providing vital Clinical Logistical Support services for Primary and Unscheduled Care in Hospitals, Clinics, Surgeries, GP Practices, Pharmacies, Schools (Flu Vaccines).



PROCUREMENT SERVICES & HEALTH COURIER SERVICES

Supporting

coordinated mutual aid transport and distribution responses for Northern Ireland and Scotland for NHS Wales

Working

collaboratively as part of a **Four Nations** approach on a wide range of issues associated with COVID-19

WE ARE providing **sourcing, procurement, distribution and transport services** across Wales to help NHS Wales meet COVID-19 surge capacity demands



Sourcing and distributing **50 million** items of PPE to Health and Social Care sites across Wales -not only to hospitals but also **Primary Care** sites, **optometrists**, **GP Covid Hub** and **dental clinics** providing **emergency** order same day delivery

Actively involved in procurement, storage, distribution and logistics support for **key equipment** to allow for rapid expansion of **Critical Care** capacity as well as equipment and consumables for Field Hospitals

Working in **partnership** with **CERET** to identify and bring to market new manufacturing capacity within Wales for PPE and equipment

Providing **24/7 cover** as a transport contact co-ordinator centre for Health Boards across Wales through a **National Transport Hub**

Distributing palliative care CD packs across Wales as part of a **24/7 Palliative Care Response Service** Distributed within **120 minutes anywhere in Wales** to support the sickest patients when needed via a single point of contact using approved Apps in full compliance e.g. Hospify

Working with **Public Health Wales** and the **Military** on the Mass COVID-19 testing programme, for national roll out



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HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



WALES INFECTED BLOOD SUPPORT SERVICE

OUR BUSINESS AS USUAL

Wales Infected Blood Support Scheme (WIBSS) continues to provide support to people who have been infected with Hepatitis C and/or HIV following treatment with NHS blood, blood products or tissue.



WE ARE
operating a
"Business As Usual" service
for WIBSS except
that we cannot
currently offer home
visits

We are **regularly** updating our website with information from Government about COVID-19 that is relevant to our **beneficiaries** including links to information from Public Health England and Public Health Wales

We have issued a **newsletter** providing advice and guidance on all the benefits/grants etc. that are currently available from Government

We are **accepting** referrals and offering assessments and interventions in a timely fashion

We have moved from offering face to face interventions to **telephone** and **video** calling with regards to our psychology and counselling **service**

Those who had been accessing these services have been very **understanding** about the need to change and a high proportion have wanted to **continue** the support

Staff have relocated (with their agreement) to **facilitate** the above changes



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HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:

WORKFORCE AND ORGANISATIONAL DEVELOPMENT

DIGITAL WORKFORCE HAVE:

Developed guidance to standardise COVID-19 related absence in both ESR and rostering systems to support central reporting

Developed a dashboard to effectively report from ESR

Supporting Velindre University NHS Trust in the procurement of Allocate Health Roster System

Progressing the pilot of the NHS Wales Collaborative Bank – go live date 20th April 2020

Supporting the accelerated roll-out of Office365 and Microsoft Teams, liaising with the PMO for controlled release of communications

Supporting the procurement of additional COHORT licences on behalf of NHS Wales in line with the current All Wales contract



WE ARE

an interconnected set of solutions to meet digital and employment needs to positively influence and develop staff and organisational success

Operational Workforce

have

200+ staff on deployment register

26 deployed

11 ready to start deployment

Other key statistics

60+ key worker letters issued

375 risk assessments processed

850 calls responded to, including bank (average is

300 a month)

4 additional retire and returners

Organisational Development

Developed **well-being support** services

Developing a **Peer Support Network**

Bank

12 new bank roles advertised for COVID-19 support

177 applications

66 interviewed

29 offers processed to date

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



WORKFORCE AND ORGANISATIONAL DEVELOPMENT

DIGITAL LEARNING TEAM HAVE:

Create training section for Dental workers being redeployed to access training on Learning@wales.

Scheduled webinars with Local Authorities across Wales to highlight available resources to support COVID-19

Working with Employment Services Covid Hub for temporary workers to access training prior to commencing work

Increase of activity on Learning@Wales by 334%
(68,374-297.385)



WE ARE

an interconnected set of solutions to meet digital and employment needs to positively influence and develop staff and organisational success

Digital Learning

Team have streamlined access to key courses in ESR for identified staff groups: COVID-19 Additional Training, Redeployment training for AHP staff, - Redeployment training for registered nurses being redeployed

Local Induction sites built with training for **mass volunteers** for Health Boards: Aneurin Bevan, Cardiff & Vale, Hywel Dda, Betsi Cadwaladr, Velindre, and Swansea Bay on Learning@Wales for **c6,000** users via streamlined process

Supported **HEIW** with update of patient care assistant training

Update and launch of **HCSW** Code of Conduct Training

Developed a Medical Gases Module

Increase in calls to helpdesk by **50%**

Piloted **key elearning**

programmes to support COVID-19 with Nursing /Residential Homes in Swansea Bay

Subsequent rollout of these programmes to rest of Wales

c1450 users

Supported Welsh Government in opening access to Violence Against Women module due to rise in incidents

c1800 users accessed in 10 days

Support users from public/private/voluntary to access the above module

Create training section for **Dental workers** being redeployed to access training on Learning@wales

Update of the Nutritional Skills module to support COVID-19

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



EMPLOYMENT SERVICES

OUR BUSINESS AS USUAL

Employment Services continues to deliver a high quality, customer focused professional service to the Health Boards and Trusts in NHS Wales – through the full range of Hire to Retire Services to NHS Wales including Payroll, Pensions, Student Awards, Recruitment, Staff Expenses and Lease Car Administration.



WE ARE continuing to deliver a full range of **Hire to Retire Services to NHS Wales** using innovation and new processes to provide a '**business as usual approach**' to our customers

Our **Recruitment** and **Payroll** teams have **redesigned** the workflows within the department to ensure **business continuity** has been maintained despite the significant impacts of COVID-19 on staff

Home working for Employment Services teams has been facilitated by a **fast-tracked** implementation of laptops, Office 365 and VPN functionality

Our **Pension teams** are reacting to the sad loss of Health Board staff by liaising with the employing Health Boards to calculate and fast track any death in service awards

We have **supported** the COVID-19 requirements through the development and management of a COVID-19

Recruitment Hub which has been launched to support with recruitment and deployment of re-registrants and students

The Recruitment Hub is currently supporting the process of on-boarding **1,948 Nursing Students** and **1,240 Re-registrants**

Payroll teams are currently working through the enrolment of additional ad-hoc staff to meet COVID-19 requirements including the students and re-registrants being recruited through the **COVID-19 Hub**

HOW NWSSP IS SUPPORTING NHS WALES DURING COVID-19

Aligned with continuing to deliver our main 'business as usual' services to our customers we have:



EMPLOYMENT SERVICES



WE ARE continuing to deliver a full range of **Hire to Retire Services** to NHS Wales using innovation and new processes to provide a 'business as usual approach' to our customers

Recruitment Services to support the NHS Wales COVID-19 response has enhanced during this period through:

Virtual Pre-Employment check meetings implemented and being carried out across all NHS Wales organisations

Standard processes redesigned to meet new **Disclosure** and **Barring** service parameters and virtual face to face ID checks

Engaging with Health Boards and offering a flexible approach to the recruitment process in terms of supporting their needs

Recruitment activity has included **1,360** booked Pre-employment checks in April which include over almost **500** COVID-19 related appointments

Engagement with the Trac Recruitment management developers to ensure revised functionality supports COVID-19 recruitment within NHS Wales

Payroll Services has had to maintain business continuity during April despite the impact of COVID-19 on Payroll staff and additional pressures such as implementation of the **AfC pay award**, revised **Tax Codes** and inputting requests for **Annual Leave** purchase

Measures taken to maintain service have included:

Introduction of **shift working** to assist us to distance staff

Payroll staff working overtime, weekends and bank holidays to meet additional **demand**

Regular weekly virtual meetings with **Health Boards** to work through how the payroll service will deal with the additional requirements they are putting in place to react to COVID-19

Processing batches of additional temporary staffing, additional overtime for Health Boards and internal redeployment of Health Board staff into clinical areas

Some staff working from home to enable social distancing for staff working within the office, staff **alternating** one week home and one week office



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