



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 January 2022
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 and Collaborative updates are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)

- Briefing notes from the WHSSC meeting held on 11th January 2022, setting out the key areas of discussion.

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of EASC meeting held on 7th September 2021;
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 9th November 2021.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 18th November 2021.

NHS Wales Collaborative Leadership Forum (CLF)

- Approved minutes from the CLF meeting held on 2nd March 2021.

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

Mid Wales Joint Committee for Health and Care (MWJC)

- The MWJC has not met since the previous Board meeting.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Not applicable

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

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 Termau: Glossary of Terms:	Included within the body of the report
Partïon / 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

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 11 JANUARY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on 11 January 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

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

1.0 Managing Director's Report

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

- **Ty Llewellyn Medium Secure Unit** - The assurance review undertaken by the National Collaborative Commissioning Unit (NCCU) Quality Assurance Service in the Ty Llewellyn Male Medium Secure Unit at Betsi Cadwaladr University Health Board (BCUHB) and the future requirement for an action plan from the Health Board; and
- **System Resilience and the Local Options Framework Impact – Weekly Reporting** - As a consequence of challenges in achieving quoracy, linked to COVID-19 operational pressures at Health Board (HB) level, and the recent letter from Mrs Judith Paget CEO of NHS Wales suggesting NHS bodies step down any non-essential meetings, the panel have returned to the process previously adopted during the start of the pandemic to ensure business continuity. The full IPFR Panel meeting will be stood down for January 2022, and the Chair's action arrangement outlined in the Terms of Reference (ToR) will be used, strengthened by including the attendance of two WHSSC Clinical Directors and a lay member representative. Therefore, the strengthened Chair's Action option for Panel decisions will be used during January 2022 instead of the full Panel. Members **noted** that an update report will be presented to the Joint Committee on 18 January 2021.

Members **noted** the report.

2.0 Integrated Commissioning Plan (ICP) 2022-2025

Members received the WHSSC Integrated Commissioning Plan (ICP) 2022-2025 for approval and were requested to approve its submission to Welsh Government (WG) in line with the requirements set out in the WG Planning Guidance.

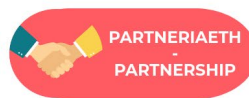
Members noted that:

- In November 2021 the Joint Committee (JC) had requested that an extraordinary JC meeting be held on 11 January 2022 to approve the WHSSC Integrated Plan (ICP) ahead of Health Board (HB) Integrated Medium Term Plans (IMTP's) being submitted to Boards for approval;
- The Management Group (MG) met on 6 December 2021 and were advised that it may be necessary for MG to convene an ad hoc meeting in early January 2022 for further discussion of the ICP once the HBs had received their financial allocation letters from Welsh Government (WG) and that they would contact the WHSS team with any issues arising from the allocation letters as required; and
- Following the December meeting no formal contact had been received from any MG members to request an ad hoc meeting, however informal feedback had been received from some HBs advising that they may not be in a position to provide final sign off of the ICP at present as they were still working on their own IMTPs.

Members **discussed** the challenges for HBs related to the allocation letter and the increasing levels of uncertainty regarding the recovery position and the risks that this posed. Members **noted** that HBs were still working through their own plans and may not be able to commit to fully approving the ICP at this point, and agreed that the ICP be approved in principle subject to further work being completed with the MG to further explore the risk appetite and specifically the potential for further financial slippage that could reduce the increase needed for the first year of the ICP whilst maintaining a prudent view of the recurrent position. The WHSSC team indicated that the potential for further slippage had already been identified by the team and would be shared in advance. The areas for risk appetite review include the time lag estimated for new developments to fully account for manpower shortages and recovery rate uncertainty, recognising that some new developments may need to be brought on more quickly than others. The scale of the potential reduction in the year 1 requirement was indicated to be a reduction to circa 5.11% from the current 6.57%.

Members (1) **Approved** the Integrated Commissioning Plan (ICP) 2022-2025 **in principle** as the basis of the information to be included in the Health Board IMTP's, and **agreed** to refer the ICP back to the

Management Group meeting on 20 January 2022 for further discussion on the financial allocation and tables, and that a special extraordinary JC meeting be scheduled in February 2022 to formally approve the plan in readiness for submission to Welsh Government by the end of February deadline.





**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
7 SEPTEMBER 2021 AT 13:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer (in part)	Chief Executive, Powys Teaching Health Board PTHB
Stuart Walker	Medical Director, Cardiff and Vale CVUHB
Steve Moore (in part)	Chief Executive, Hywel Dda HDdUHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Interim Chief Operating Officer, Velindre University NHS Trust
Roshan Robati	Senior Programme Advisor for Unscheduled Care, Betsi Cadwaladr BCUHB
Clare Williams	Deputy Director of Planning, Cwm Taf Morgannwg CTMUHB
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Richard Baxter	Project Manager, EASC Team (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/51	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p> <p>The Chair welcomed Clare Williams, Deputy Director of Planning from Cwm Taf Morgannwg University Health Board, Stuart Walker from Cardiff and Vale University Health Board and Roshan Robati, Senior Programme Advisor for Unscheduled Care, from Betsi Cadwaladr University Health Board to their first meeting of the EAS Joint Committee.</p> <p>The Chair thanked Len Richards in his absence for his sustained contribution to the Committee's work and wished him every success in his new role.</p>	Chair
EASC 21/52	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Jo Whitehead and Gill Harris (BCUHB), Paul Mears and Linda Prosser (CTMUHB) Len Richards, Mark Hackett and Steve Ham.</p>	Chair
EASC 21/53	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	Chair
EASC 21/54	<p>MINUTES OF THE MEETINGS HELD ON 13 JULY AND 20 JULY 2021</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 13 July and 20 July 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meetings held on 13 July and 20 July 2021. 	Chair
EASC 21/55	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 21 /42 Roadmap for the system service response Members noted that further discussion was required for the key design principles to be developed. An update would be provided at the next meeting.</p> <p>EASC 21/43 Emergency Department Quality and</p>	EASC Team

	<p>Delivery Framework An update of the work to be developed had been circulated to Members and the action was closed.</p> <p>EASC 21/43 Commissioning for Value programme An update on progress would be provided at the next meeting.</p> <p>EASC 21/27 Ministerial Ambulance Availability Taskforce Members noted that the Minister had requested that the work of the Taskforce to develop a modern ambulance service should continue but now as a Commissioner-led Taskforce</p> <p>EASC 21/26 Committee Effectiveness Members discussed whether training for new Members would be helpful and decided that a formal process would not be required. The Chair offered Members the opportunity of commenting outside of the meeting and reiterated the offer that individual discussions with the Chair and Committee Secretary would always be available to all Members.</p> <p>The Chair raised personal concerns in relation to being the only independent representative at the Committee and also raised the importance of the patient voice and how the EASC could facilitate a more inclusive approach. No formal proposals were made but this would be an ongoing issue for discussion.</p> <p>The Chair agreed to work with the Committee Secretary to ensure that progress would be made in all areas of the action log.</p> <p>Members RESOLVED to: NOTE the Action Log.</p>	<p>EASC Team</p> <p>CASC</p> <p>Chair and Committee Secretary</p>
EASC 21/56	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 21/57	<p>CHAIR'S REPORT</p> <p>The Chair's report was received.</p> <p>In presenting the report, Chris Turner explained that he had attended the Swansea Bay University Health Board meeting with the Chief Ambulance Services Commissioner on 19 August 2021 as part of the annual attendance at health boards across Wales. Members noted that a different approach had been taken to try and have more dialogue with</p>	

	<p>Board members regarding their local area. Jason Killens, Chief Executive of the Welsh Ambulance Services NHS Trust had also attended the meeting. Members noted that a helpful discussion had taken place with good feedback received. The Chair offered all Members the opportunity of shaping the local sessions to have as much meaningful discussion as possible with individual health boards.</p> <p>Members also noted that the Chair's end of year appraisal had also taken place. The Chair had been joined by the Chief Ambulance Services Commissioner during the second part of the session with the Minister and discussions had taken place in relation to the current issues, injecting pace into solutions and the importance of the ongoing action plan. The Chair explained that it was a different type of appraisal with a broad ranging discussion related to ambulance services and the place of those services within the Urgent and Emergency Care context across Wales.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 21/58	<p>FOCUS ON – Performance and Improvement</p> <p>An important and focused discussion took place on performance and improvement as the current position was judged to be unsustainable. Members noted that there was no single answer to the whole system problem. Issues discussed included:</p> <ul style="list-style-type: none"> • Needing to use the forecast position and match resources accordingly • Refreshing the work of ORH in relation to the Emergency Medical Services Demand and Capacity Review, noting the increased number of red calls from 5% to 10% • Further specific work on utilisation • High levels in the use of the Demand Management Plan • Potential harm to patients • Patients self-presenting at emergency departments not having received the right pre-hospital care and timeliness of some specific treatments for their conditions • Patient flow across the system and ensuring safe, effective and timely discharges • The management of risk within the community and the identification and mitigation of clinical risks • WAST had the only Demand Management Plan within the NHS Wales system and the need to identify key risks and impacts of this approach • Need to develop a joined-up escalation plan approach 	

	<p>across NHS Wales to involve health board operational teams as well as the clinical executives to manage clinical risk within localities</p> <ul style="list-style-type: none"> • Need to ensure a system wide approach undertaken for the whole patient pathway • Must use the opportunity to forecast and predict demand to match resources as best as possible • Needing to provide different and specific services within communities for common issues like falls and mental health and wellbeing matters • Important to have primary care information for whole system approach and for the 111 Service. <p>Summary: 3 key areas</p> <ol style="list-style-type: none"> 1. Capacity 2. Demand Management 3. Efficiency. <p>Following discussion, the CASC undertook to develop an urgent action plan which would be agreed with EASC Members before recommendations were formalised and implemented. The action plan had subsequently been developed and sent out for comment.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the discussion 	
EASC 21/58	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harrhy highlighted the following key items:</p> <ul style="list-style-type: none"> • Non-Emergency Patient Transport Services (NEPTS) – services at Cwm Taf Morgannwg University Health Board (CTMUHB) would now be transferred to the Welsh Ambulance Services NHS Trust (WAST) on 1 October and would then be in line with all other health boards in Wales • NEPTS Delivery Assurance Group had discussed the additional support required as part of the reset programme in view of the impact on NEPTS resources as a result of the Covid 19 pandemic. This included vehicles now used as single occupancy for patient safety reasons. <p>One composite request for interim financial support had been made for NHS Wales to the Welsh Government and it was anticipated that this would secure the additionality required and could also include private provider provision.</p> <ul style="list-style-type: none"> • Following discussion at the EASC meeting with the Minister for Health and Social Services on 20 July 2021, an action 	

	<p>plan had been developed and this had been further refined following the appraisal meeting in August with the Chair of EASC and the Chief Ambulance Services Commissioner (CASC) in relation to EASC priorities.</p> <ul style="list-style-type: none"> • The Ministerial Ambulance Availability Taskforce had been stepped down although the Members had agreed, at the request of the Minister, to be part of the ongoing Commissioner-Led Ambulance Availability Taskforce aiming to advise on, and contribute to, defining what a modern ambulance service should and could be developed. • Handover delays had increased to an average of 490 hours a day lost during August 2021; this had contributed to the need for WAST to raise the level of their Demand Management Plan in response. • WAST would consider over recruiting emergency medical technicians to provide additional capacity within the system, although the training requirements would need to be met, and the actual costs identified, in order to obtain EASC formal support. <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report. 	
EASC 21/59	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received.</p> <p>Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:</p> <ul style="list-style-type: none"> • Rising Covid19 related activity; rising “abstractions” for the emergency medical services; increasing pressure on services • The last month was the second worst month ever for patients waiting for ambulance response – over 500 people waited 12 hours or more; this was a significant and worrying development • Post-production lost hours – an important efficiency for WAST to deliver (in line with the ORH EMS Demand and Capacity Review) which would include rest breaks, standardisation of terms and conditions of employment and equalisation of development time for staff. Members noted a series of engagement meetings were taking place to discuss options with a view to finding a negotiated settlement with the staff side and trade unions at WAST. • NEPT service levels back to 70% of the pre pandemic 	

	<p>levels but constraints on number of patients carried as multi-occupancy vehicles had been used for single patient use.</p> <p>Members RESOLVED to: NOTE the WAST provider report.</p>	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 21/60	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received. In presenting the report Stuart Davies noted the current break-even position and highlighted the stable position of the 100% balanced plan.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and NOTE the report. 	Director of Finance
EASC 21/61	<p>EASC SUB GROUP MINUTES</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> • EASC Management Group – 24 June 2021 • NEPTS Delivery Assurance Group 8 June 2021 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
EASC 21/62	<p>EASC GOVERNANCE</p> <p>The EASC Governance report was received. In presenting the report Gwenan Roberts gave an overview of the work to complete the review of the Standing Orders.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • The Memorandum of Agreement had been updated in line with Standing Orders • The Hosting Agreement, this was last reviewed in November 2018 – no areas of concern were identified • The Draft Memorandum of Understanding with the Welsh Government Officials was received and further discussions would take place, it was last discussed in 2016 • The update on work to complete all of the requirements in the Standing Orders including the Standing Financial Instructions and the Scheme of Delegation and Schedule of Powers which are all interlinked. • Two specific areas of non-compliance with the Standing Orders relating to the time papers sent out to Members and also that Sub Group chairs should not normally be a member of the EASC Team were noted. Members supported the variance from the Standing Orders in 	CASC

	<p>relation to these two matters and noted that this would be raised at the host body Audit and Risk Committee.</p> <p>The EASC Risk Register was received. Members noted that all risks had been comprehensively reviewed by the EASC Team in August 2021 and the two risks related to performance against targets for the red and amber categories had been raised from 16 to 20.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the sections of the Model Standing Orders for EASC: Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government • APPROVE the risk register • NOTE the governance arrangements for the EASC. 	
EASC 21/63	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members noted that a comprehensive annual plan would be received at the next meeting in line with the requirements within the Standing Orders.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	CASC
Part 4. OTHER MATTERS		ACTION
EASC 21/64	<p>ANY OTHER BUSINESS</p> <p>There was none.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 21/65	<p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 9 November 2021 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed
Christopher Turner (Chair)

Date



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	9 November 2021

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

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meetings-and-papers/>

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

MINUTES

The minutes of the EASC meetings which took place on 7 September 2021 were approved.

PERFORMANCE REPORT

The EASC Performance Report was introduced and it was explained that this would become the first standing agenda item at each meeting of the EASC Joint Committee. The Committee noted:

- The clear deterioration in the 95th percentile call answering time but were re-assured around WAST recruitment to resolve this
- The volume of incidents resolved by 'hear and treat' is improving, noting that recent investment in both staff and technology should support further improvements in this as well as providing more granular data on the outcomes for patients and the impact on the wider system
- The increased response times for red and amber incidents, with particular concern around the Amber median and 95th percentile for both categories

The main focus of the discussion centred on the growing level of handover delays at hospital sites in Wales and it was recognised that over 18,000 hours were lost in October, which was an increase of 4,000 hours on September. Members had previously committed to delivering a maximum of a 150 hours lost a day, or circa 5,000 hours a month. The system has lost over 5,000 hours so far in November (at 9th November).

It is recognised that many of the solutions to the handover issue are not at the front door of the hospital and information was shared relating to patients medically fit for discharge. We also recognised that, as a committee charged with the provision of emergency ambulance services, we must draw a line at the level of handover hours we are prepared to tolerate.

We noted that a solution to mitigating the impact of handover delays could not be solely via WAST employing additional staff and delivering efficiencies that they have previously committed to.

As a joint committee we agreed to the following deliverables as the start point of our commitment to reducing handover delays:

- No ambulance handover will take more than 4 hours
- We will reduce the average lost time per arrival by 25% from the October 2021 level at each site (from 72 minute to 54 minutes at an all Wales level)

It was agreed that further work will need to be done locally with clinical teams to deliver this and also that there would need to be a consideration of the organisational implication for failure to achieve this requirement.

We recognised that the scale of this challenge would vary by site, and the EASC team agreed to work closely with Morriston, GUH and YGC, in particular, to support the improvements needed.

There was broad agreement that this requirement must be included in the wider system escalation plans that are in development and that we would have further discussions on this at the next NHS Leadership Board, as well as continuing discussions with COO's, Medical Directors and Directors of Nursing.

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

Chair's NOTE: A note of this item and the agreed deliverables, was circulated to members within 48 hours of the meeting and comments requested.

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harrhy presented an update on the following areas:

- **Non-Emergency Patient Transport Services (NEPTS)** – services at Cwm Taf Morgannwg University Health Board (CTMUHB) have now transferred to the Welsh Ambulance Services NHS Trust (WAST) in line with all other health boards in Wales. It was also noted that additional funding has also been secured from WG to support additional capacity within NEPTS for the remainder of this year.
- The **EASC Action Plan** details the key milestones as we work towards agreeing the vision of a modern high-performing emergency ambulance service, monthly performance meetings will now be held with Welsh Government officials.
- The new **Commissioning for Value Framework** was presented at the recent EASC Management Group meeting with the key principle of moving from a framework that reflects the an ambulance service where patients are predominantly conveyed to hospital to a framework that reflects the development of ambulance services in Wales and the extended offer already made including 'hear and treat' and 'see and treat' services. This framework will now be refined in line with the discussions held with stakeholders, working with WAST colleagues as we work to sign off via EASC ahead of 1 April 2022 implementation.
- An update was provided on the process of engagement undertaken during 2021 as part of the **commissioning intentions process**, including agreement of the commissioning cycle, a more timely and collaborative approach to development of next year's commissioning intentions including the receipt of feedback from organisations regarding the development of that these intentions. These commissioning intentions identify the strategic priorities as agreed by Health Boards and are not intended to include all work streams that will be undertaken by commissioned services during the period.

- The **Commissioner Ambulance Availability Taskforce** met in September and focussed on the future clinical workforce, the digital future of WAST and the revised commissioning for value framework that is being progressed.
- A proposed **system escalation process** has been developed for Health Boards to work alongside the WAST Clinical Safety Plan, enabling clinical and operational leaders within organisations to respond to areas of greatest clinical risk. This process involves an integrated approach that requires collaboration and response across health and social care and is supported by local operational delivery units. Engagement with relevant peer and stakeholder groups is currently being undertaken and the plan is being revised in response to these discussions.
- The **Adult Critical Care Transfer Service (ACCTS)** has now gone live in both North and South Wales. The team recently presented at the Welsh Government Critical Care Summit and Health Board critical care colleagues noted the significant impact already made.

PROVIDER ISSUES

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

- CoVID-19 and the impact of CoVID-19 is having a severe impact on WAST, in particular, very high EMS demand, high roster abstractions, high handover lost hours and social distancing on NEPTS transport
- WAST is at maximum escalation and expects to remain so for the foreseeable future and has stood up its' Pandemic Plan structures again
- There were 586 12 hour and over patient waits in Sep-21 (the third highest recorded), 48 patient safety incidents were referred to health boards under the Appendix B arrangements) over the last three months and 17 WAST SAIs were reported to Welsh Government
- The Red 8 minute 65% target has been missed for the last 14 months, with significant health board variation (almost 65% of Red incidents were responded to in 9 minutes)
- WAST remains concerned at the number of hours lost outside EDs, with 14,402 hours lost in Sep-21
- WAST continues to seek to efficiencies, in particular, the pan-Wales EMS Response roster review (temporarily paused) and modernising working practices (negotiations re-started with TU partners in Sep-21), in particular, PPLHs return to base meal breaks
- The ePCR programme is in delivery phase with initial go live in Nov-21.

FOCUS ON – UPDATE ON DEMAND AND CAPACITY

The 'Focus On' session provided the context in terms of the demand and capacity reviews previously undertaken and how the wider system environment has changed. The key areas of improvement that have already been delivered and a number of updated assumptions that will be included within the updated modelling were noted. Members noted the next steps in WAST's transformation journey aligned to the key principles of additional capacity, improved efficiency and demand management and the progress made against each of these areas to date including:

- recruitment
- increased 'hear and treat' rate and
- the work that has commenced on realigning rosters with demand

Members noted:

- the significant uplift in the number and proportion of red calls
- an increase in sickness levels and abstractions
- increased handover hours lost
- deteriorating response times leading to significant patient harm
- short term actions that include additional capacity (St John Ambulance, military and fire and rescue support), demand management (additional clinicians and mental health staff to increase the clinical support desk) and increased efficiency (working with TU partners to look at modernisation in key areas)

The next steps were noted to include a strategic outcome case to be developed by early December to start to realise the strategic ambition for the transformation of services, this will include recruitment deliverability, fleet and estates, capital and revenue, benefits and risks.

DRAFT FINANCIAL PLAN

Following the operational discussions regarding additionality held earlier in the meeting, a first draft financial plan was also presented to ensure early sight of the financial requirements for 2022-23. It was agreed that engagement would now be undertaken with appropriate peer groups including finance and planning to ensure inclusion in IMTPs and taken through the EASC Management Group. Members discussed the information within the report and noted that a final draft would be presented for ratification at the January meeting of the committee.

Members **RESOLVED** to: **NOTE** the draft financial plan.

FINANCE REPORT

The EASC Finance Report was received. Members approved the current financial position and forecast year-end.

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

EASC SUB GROUPS

The confirmed minutes were received and approved for the EASC Management Group – 26 August 2021, the NEPTS Delivery Assurance Group – 10 August 2021 and the EMRTS Delivery Assurance Group – 15 June 2021.

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The EASC Governance report was received. Members noted that the Risk Register had been reviewed by the EASC Team and two risks had been increased, namely the performance against the target for the Red and Amber categories.

Members **RESOLVED** to:

- **APPROVE** the risk register

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

- CoVID-19 and the impact of CoVID-19 is having a severe impact on WAST, in particular, very high EMS demand, high roster abstractions, high handover lost hours and social distancing on NEPTS transport
- WAST is at maximum escalation and expects to remain so for the foreseeable future and has stood up its' Pandemic Plan structures again

- Handover delays continue to increase with the number of hours lost outside EDs standing at 14,402 hours lost in Sep-21
- The Red 8 minute 65% target has been missed for the last 14 months, with significant health board variation (almost 65% of Red incidents were responded to in 9 minutes)

Matters requiring Board level consideration and/or approval

- Standing Orders would be forwarded as soon as documentation finalised

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	18 January 2022			

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Margaret Foster, Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 November 2021
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<p><u>Decarbonisation Agenda</u></p> <p>Chris Lewis, NWSSP, Specialist Estates, provided an update on the work being done within NWSSP, both internally and on behalf of NHS Wales, in terms of the decarbonisation agenda. The context is the global recognition of climate change, and the need to take action to minimise the extent of rising temperatures, as has been discussed recently by world leaders in the COP26 conference in Glasgow. The work that Chris and his team are doing is aligned to the Welsh Government agenda. There are a number of good examples where progress has been made in terms of improving the estate (e.g. through LED lighting and Solar Panels); reducing transport emissions through greater use of electric vehicles and the installation of charging points; and reducing waste, particularly in terms of single-use plastic. The Welsh Government target of 30% working from home should also contribute, although savings in commuting emissions might be partially offset by increased energy use in private homes. Procurement and the supply chain are also a big area of potential impact on NWSSP's carbon footprint, and one example of where a difference can be made is in changing the medical gases used by anaesthetists. How NHS Wales fits into the expected targets and associated timescales for Wales to be carbon-neutral were discussed by Committee Members.</p> <p>The presentation generated informed discussion. Lisa Wise, who heads the Climate Change Team for Health and Social Care in Welsh Government stressed the need for the programme to include adaptation to a changing climate to ensure continued resilience. Others commented on whether the programme was sufficiently ambitious and on how NWSSP could support the rest of NHS Wales. It was also stressed that this is not just a responsibility that can be delegated to Estates, but one which needs to be picked up across whole organisations. The costs associated with addressing climate change are huge, and it was therefore important that organisations acted in a joined-up way, partnering with local authorities and other bodies where appropriate, to take advantage of UK wide</p>	

initiatives and to avoid any unnecessary duplication. Obtaining a number of electric HGVs for the NWSSP fleet is one example of where UK-wide funding has been successfully accessed to date.

Managing Director Update

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

- A graphical representation highlighting how volumes of transactions have increased in recent years for Accounts Payable, Recruitment and Payroll functions and in particular over the previous 6 months. In recent months, the need for Health Boards and Trusts to increase expenditure and recruit significant additional members of staff to respond to and recover from the pandemic is undoubtedly placing great strain on the NWSSP Recruitment and Payroll teams in particular. Pressures have been compounded through the need to further respond to one-off issues such as payment of the COVID bonus, overtime arrears for annual leave, and implementing the pay award. NWSSP staff have responded admirably to these challenges, but the level of current demand is difficult to sustain within existing resource and systems and additional resources are required. Internal measures are being implemented to increase staff available where possible but the issues arising from this level of unprecedented and unplanned demand have been added as a risk on the Corporate Risk Register.

Function	Activity	2012/13 Baseline	2021/22 Forecast	% Increase
Accounts Payable	Invoices Processed	1,368,590	2,024,935	48%
Recruitment	FTE's Advertised	7,720	39,462	411%
Payroll	Payslips Processed	1,311,130	1,670,006	27%

- Continued progress has been made on addressing the issues that have been raised following health and safety audits undertaken by NWSSP within the initial three laundries that transferred, and this has been regularly reported to the NWSSP Senior Leadership Group. Although not secured yet, and subject to planning and changes outside of NWSSP control, the following sites are the All-Wales Laundry “preferred sites” that will be subject to scrutiny and business case approval:
 - **South West Region:** Millstream Way – land at Millstream Way, Swansea Vale, Swansea; and
 - **North Wales:** Tir Llwyd Employment Parc - land at Tir Llwyd Employment Parc, Kinmel Bay, Rhyl

- The major Oracle upgrade was carried out following the completion of a substantial testing programme and the system went live on 19 October, with all milestones achieved. There have been some issues with system stability and performance causing disruption since go-live which is to be initially expected for major upgrades. These now have now been addressed and the system is operating at pre-upgrade levels.

Items Requiring SSPC Approval/Endorsement

COVID-19 Inquiry Planning Update

The Committee was advised of the arrangements currently in place to prepare for the UK (and potentially Wales) COVID Public Inquiry. A task group has been established comprising a number of directors and the terms of reference for the group were shared with the Committee. Action Plans have been documented and additional resource is being recruited to help collate relevant evidence. There was some discussion on the large number of groups across NHS Wales who are responding to the likely needs of the Inquiry and the resultant need to minimise the potential for duplication. The Committee **ENDORSED** the approach.

Matrix House Business Case

An opportunity to purchase Matrix House in Swansea (NWSSP West Wales Regional Hub), which is currently occupied by NWSSP, PHW and WAST, as well as some private tenants, has arisen. All three NHS organisations have long leases remaining and are committed to utilising this building for the foreseeable future and in particular WAST have recently incurred significant capital expenditure to provide a comprehensive training centre at the site. The purchase of the property would generate revenue savings and is supported by both PHW and WAST. The Committee **APPROVED** the business case and endorsed NWSSP requesting capital funding from Welsh Government to facilitate the purchase of Matrix House.

SMTL Expansion

The Committee were presented with options for the expansion of the Surgical and Medical Testing Laboratory (SMTL) within IP5. SMTL were at the forefront of ensuring the efficacy of PPE equipment during the pandemic and generate substantial levels of income from both health bodies across the UK and the private sector. Expansion of the service within IP5 would reduce the need for certain types of equipment having to be sent to the US and Europe for specific testing. There were two options suggested for this expansion, a smaller expansion providing 325 square metres of additional space or a larger expansion delivering an additional 750 square metres. Funding for the smaller expansion has been agreed with Welsh Government and it was confirmed that the selection of this option does not preclude the larger expansion being undertaken in future. The Committee **ENDORSED** development of the smaller expansion at a cost of £572,600 including VAT.

Revisions to Standing Orders

The Committee **ENDORSED** some minor amendments to the Standing Orders. These included the removal of the temporary increase in expenditure limits and the increase in tenure for the Chair, both of which resulting from the need to respond to the pandemic.

IMTP – Emerging Themes

The Committee were provided with the initial emerging themes from the NWSSP IMTP process. Individual meetings between each Committee member and the NWSSP Director of Planning, Performance and Informatics will be held over the coming weeks, with the IMTP being brought back to the Committee in January for formal approval. The Committee **ENDORSED** the approach.

Finance, Workforce, Programme and Governance Updates

Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed.

Finance Report – The Committee reviewed the finance report and noted the additional savings that had been generated during the year to date. £2m of non-recurrent re-investments have been agreed within NWSSP to accelerate benefits and efficiencies and an additional £1.25m distribution confirmed to NHS Wales and Welsh Government in 2021/22 as approved at the last SSPC. The financial position will be continually reviewed over the coming months to inform any further funding and/or distributions. £4.5m of capital funding has been confirmed against the £10.5m included in the IMTP. £1.02m has been spent to date with plans in place to fully utilise the funding within the financial year. The outcome is awaited of the additional capital funding request of £11.5m to Welsh Government. Welsh Risk Pool expenditure to M7 is £32.7m, compared to £56m at this point last year. The M7 DEL forecast is £125m compared to the IMTP forecast of £123.5m. Welsh Government have locked the £16.5m risk share in September with UHBs/Trusts so any movement from forecast will be managed with WG. The forecast remains within a range which can be managed to meet the total Welsh Government resource available by the end of the year and cases are continually reviewed to identify if additional expenditure can be incurred in 2021/22 to ease pressure on the risk share agreement in future years.

Audit Wales – Copies of the Audit Wales NWSSP Management Letter and the review of Hosted Systems were provided to the Committee for information. Both provide positive assurance over the systems operated by NWSSP on behalf of NHS Wales which account for approximately 95% of total NHS expenditure .

People & OD Update – In-month sickness levels remain very low at 2.51% with the cumulative figure for the last 12 months at 2.92%. Headcount continues to grow with 4408 staff in post, and 1165 new starters in the last 12 months. Most of these relate to the Single Lead Employer, but significant numbers have also been recruited or transferred relating to new services such as the Laundry,

<p>Medical Examiner and TMU Services. Statutory and Mandatory training compliance has improved to 85.5%, but there is still room for improvement with completion of PADRs which are at 65%.</p> <p>Corporate Risk Register – there are currently no red risks on the register, as good progress is being made with the replacement of the NHAIS system which has seen the risk down-graded to amber. A new risk has been added relating to the impact of the significant pressures from increased activity being experienced within Recruitment and Payroll services.</p>	
Papers for Information	
<p>The following items were provided for information only:</p> <ul style="list-style-type: none"> • Wales Infected Blood Support Services Annual Report; • Quality and Safety Assurance Report; • Audit Committee Highlight Report; • Audit Committee Annual Report; • Counter Fraud Annual Report; and • Finance Monitoring Returns (Months 6 & 7). 	
AOB	
<p>The meeting was the last chaired by Margaret Foster, who retires as the NWSSP Chair at the end of November. Margaret has held the post for nine years and has overseen a substantial growth in the size, range, and complexity of the services provided by NWSSP. The Committee paid tribute to Margaret and provided her with a small gift to acknowledge her efforts and contribution. Professor Tracy Myhill commences as the new NWSSP Chair with effect from 1 December. Tracy was appointed following a very robust recruitment process that attracted some excellent candidates.</p>	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none"> • 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	20 January 2022



GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 2 March 2021

Author: Mark Dickinson

Version: 1 (Approved)

**Members
present**

Ann Lloyd, Chair, Aneurin Bevan UHB (Chair) (AL)
Maria Battle, Chair, Hywel Dda UHB (MB)
Tracey Cooper, Chief Executive, Public Health Wales (TC)
Richard Evans (for Mark Hackett), Medical Director,
Swansea Bay UHB (RE)
Vivienne Harpwood, Chair, Powys tHB (VH)
Charles Janczewski, Chair, Cardiff and Vale UHB (CJa)
Nicola Johnson (for Alex Howells), Director of Planning
(HEIW)
Chris Jones, Chair, HEIW (CJo)
Glyn Jones (for Judith Paget), Deputy Chief Executive,
Aneurin Bevan UHB (GJ)
Jason Killens, Chief Executive, Welsh Ambulance Service
NHS Trust (JK)
Donna Mead, Chair, Velindre NHS Trust (DM)
Mark Polin, Chair, Betsi Cadwaladr UHB (MP)
Carol Shillabeer, Chief Executive, Powys tHB (CS)
Martin Woodford, Chair, Welsh Ambulance Service NHS
Trust (MW)

**In
attendance**

Rosemary Fletcher, Director, NHS Wales Health
Collaborative (RF)
Rhys Blake, Head of Planning, NHS Wales Health
Collaborative (RB)
Mark Dickinson, Director, Clinical Networks, NHS Wales
Health Collaborative (MD)

Apologies

Mark Hackett, Chief Executive, Swansea Bay UHB
Steve Ham, Chief Executive, Velindre NHS Trust

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	<p>Marcus Longley, Chair, Cwm Taf Morgannwg UHB</p> <p>Paul Mears, Chief Executive, Cwm Taf Morgannwg UHB</p> <p>Len Richards, Chief Executive, Cardiff and Vale UHB</p> <p>Steve Moore, Chief Executive, Hywel Dda UHB</p> <p>Judith Paget, Chief Executive, Aneurin Bevan UHB</p> <p>Jo Whitehead, Chief Executive, Betsi Cadwaladr UHB</p> <p>Jan Williams, Chair, Public Health Wales</p> <p>Emma Woollett, Chair, Swansea Bay UHB</p>
Welcome and introduction	Action
AL welcomed colleagues to the meeting and noted apologies for absence.	
Approval of minutes of previous meeting (LF-2103-01)	Action
The minutes of the meeting held on 1 December 2020 were approved as a correct record.	
The minutes will be forwarded to the board secretaries of the 11 NHS Wales organisations for noting at board meetings.	MD
Matters arising	Action
<p><i>Precision Medicine</i></p> <p>RF provided an update, following the report on the rapid review at the last meeting. RF noted that the scope of the work included pathology, imaging, genomics and advanced therapies and that both pathology and imaging have been in the scope of the Collaborative since its establishment. Advanced therapies currently sits with Velindre and genomics with Cardiff and Vale.</p> <p>A draft implementation plan had been produced in January and feedback has been received from the clinical community and from other relevant staff. The plan contains a key recommendation that a new Precision Medicine Programme would be established by Cardiff and Vale. This proposal needed to be considered further by the Collaborative Executive Group, with feedback from a call between LR/SM/SH/RF which had taken place on 25 February. If agreed, Cardiff and Vale will appoint a programme director and undertake further work on governance and the detail on bringing together the component parts.</p> <p>RF highlighted that pathology and imaging are core programmes of work within the Collaborative and considerable work had taken place to join up the work of these programmes with those for endoscopy and cancer services, and work with partners in the Delivery Unit. RF</p>	

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<p>commented that she would be disappointed for the pathology and imaging programmes to move out of the Collaborative but would act on decisions of Collaborative Leadership Forum, as required.</p> <p>DM raised concerns regarding staff and the impact on them of the proposal, including the potential to go through a TUPE process twice given the direction of travel to the NHS Executive. CJo also raised concerns regarding staff.</p> <p>CS advised that the proposals were not fully endorsed as further discussion was required. If a virtual NHS Executive was likely to be in place soon, then the proposals would need to be considered in that context. CS noted the situation was unsettling for staff and it was important to get the process right.</p> <p>AL echoed the concerns raised by DM and CJo. AL also highlighted that she was unclear on the rationale for and the timing for the changes, and the governance arrangements. AL referred to discussion with AG who had indicated that he was keen to proceed with a virtual NHS Executive and would provide further information in this regard within the next week or two. As a consequence, and as chairs had not seen the implementation plan, AL noted it was not possible to endorse the plans and proposed that any major changes should be deferred pending further information from and discussion with AG. This was supported by Leadership Forum.</p>	<p>Action AL</p>
Collaborative Work Plan 2021-2024 (LF-2103-02)	Action
<p>RF presented the Work Plan. The plan is based on approach agreed with the Collaborative Leadership Forum in December. RF reported that the previous iteration of the plan had been tested with chief executives at the Collaborative Executive Group and further refined as a result of feedback received. Two separate plans, over different timescales have now been consolidated into a single document. Common strategic objectives across networks and programmes have also been consolidated into a single section in the plan.</p> <p>Actions in the plan have been identified and specified via network boards, and programmes, each of which has a lead chief executive or other executive lead. COVID recovery is very much at the forefront of the plan and a defining part of the environment and context. The Collaborative will take an</p>	

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<p>agile approach to the plan and there will be a need to adapt to changing circumstances. The plan is intended to support the plans of other bodies.</p> <p>RF commended the plan to the Collaborative Leadership Forum for approval.</p> <p>AL thanked RF and the Collaborative team for producing a clear and comprehensive document, albeit one that will be challenging to implement.</p> <p>NJ noted that at Collaborative Executive Group AH gave feedback on section 4.5 on work with HEIW on workforce plans. The descriptors and phasing in this section are all the same and a bit generic. It was agreed that the Collaborative plan should be amended to reflect the same language and phasing as in the HEIW plan.</p> <p>CJo commented on the recurring diagrams in the plan and asked where finance fits. CJo noted that work in support of some objectives will have a very long lead in phase, including the need to recruit and train workforce. He proposed the need to start some activities at a different pace to ensure delivery in a planned way. RF responded that resources (finance and workforce) are a ring wrapping round whole plan. There are two levels: Collaborative resource to deliver the work plan and system resource to deliver the services that are the outputs of much of that work. The latter will need to be subject to business cases and other appropriate processes within individual organisations and be subject to engagement. RF gave LINC as an example, which will result in an FBC for Boards to approve, respecting statutory responsibilities for decision making.</p> <p>CS referred to discussion at Collaborative Executive Group. Work stems from what happens locally, regionally and nationally. There is some tension about what happens at which level. There is a need to connect to the people in each organisation and at each level who are doing the collaborating. The plan provides an important platform for an NHS Executive and sets the Collaborative up well for that. CS noted, however, that a new government will have a new programme and there will be a need for flexibility from the solid base provided by the plan</p> <p>MP commented that the plan is a good document but some aspects are quite hard to follow. MP noted that COVID is</p>	<p>RF/RB</p>
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<p>referenced but sought and received assurance that everything is looked at in the COVID context. GJ observed that the plan provides clarity over the years and that parts are key to recovery and sustainability post COVID.</p> <p>Responding to a question from DM, RF reported that work is ongoing with the Delivery Unit over cancer diagnostics capacity and demand.</p> <p>TC agreed with the points made by others and stressed the need to ensure that the COVID lens is applied across all activities. There is a need to identify the innovation to fast-track and also what we should leave behind. TC stressed the need to take a 'burden of disease' approach to prioritisation, building up direct and indirect health harms. TC is looking to arrange a presentation on this for chief executives and could arrange the same for chairs.</p> <p>CJa congratulated RF on the plan and its focus on delivery, but observed that the emphasis in Section 2 on transformational initiatives was not fully followed through in the rest of the plan.</p> <p>MW comment that the plan is a good read providing a clear picture. MW understood that any plan will be more detailed for its first year but wondered whether the action is too 'front loaded' to be deliverable. MW welcomed the focus on mental health and crisis care, in particular, whilst noting that the size of the task emphasised the point about deliverability.</p> <p>RF thanked the group for the fresh look and noted that some of the comments reflected those at Collaborative Executive Group. RF commented that the mental health elements of the Collaborative have grown in terms of people and resources. CS agreed, adding that a lot of work has already been done on a once for Wales crisis care model. There was further discussion about the status of this work.</p> <p>AL reiterated that the plan is an excellent effort and CJo noted the need for more detailed underpinning plans, which are being put into place.</p> <p>AL thanked to RF and the Collaborative team. RF noted the key role of RB in the development of the plan.</p>	TC
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Sexual Assault Services - Programme Update (LF-2103-03)	Action
<p>RF noted that it had been reported at the previous meeting that, following a letter from Alun Michael, work to progress work on Sexual Assault Services/Centres (SARC) is temporarily transferring back to the Collaborative until it is ready to be handed back to health board led Operational Delivery Network (ODN).</p> <p>RF summarised the work to date and current issues:</p> <p>Work will be progress by the Collaborative, with partners on:</p> <ul style="list-style-type: none"> • the development of SARC hubs • the development of the ODN and its governance framework • the future commissioning of the network of SARC hub and spoke to be delivered via the ODN <p>There are new standards for forensic medical examiner provision and a lot of milestones to be met. Buildings and staffing must meet clear standards.</p> <p>A key area of concern has been programme governance and capacity. A Programme Director within the Collaborative has been advertised with interviews in the week commencing 15 March, with the Police and Stephen Harray on the panel.</p> <p>RF has spoken to all health board executive leads, has met with WHSSC and attended a joint meeting with police and PCC representatives. A further call has been scheduled.</p> <p>The National Collaborative Commissioning Unit will have the lead commissioning role but will work closely with WHSSC who are leading related work on vulnerable groups.</p> <p>Paediatric service provision is still a concern, with challenges around recruitment. There is a need for doctors with the right skills who are able to participate in rotas. All of the pressure is falling on C&V at the moment. To establish the hub in Swansea, workforce issues there must be addressed with support from HEIW.</p> <p>Information about standards and ISO accreditation is summarised in an appendix to the provided report. There are implications for both the Police and NHS partners. Full accreditation is required by October 2023, with a milestone in January 2022 for hubs in Aberystwyth and Swansea.</p>	

<p>Deadlines for accreditation do not fully align and there is a need for an interim model on a path towards a final model. The Risca site will be maintained to ensure capacity.</p> <p>There is an issue around the specified 'legal entity' and ownership. The PCCs and Police are looking at having one force as being the legal entity for all SARCs.</p> <p>AL thanked RF for the progress made and MB reiterating those thanks, noting the 'phenomenal progress' and the fact that RF has had the full confidence of the Police and PCCs. VH agreed, but commented on the need to establish some sort of ongoing support, particularly in the context of a fall in rape convictions.</p> <p>CJa thanked both MB for getting issues raised in right arenas and RF for doing so much so quickly. C&V is uncomfortable about bearing the burden for Wales but happy to do so. There are concerns about the single legal entity, but C&V will work towards right solution.</p> <p>RE noted that the third sector organisation New Pathways owns the SARC building in Swansea and queried whether they could be the legal entity for areas other than Cardiff. RE also agreed that the paediatric issues in Swansea are a difficult problem that needs to be resolved.</p> <p>RF responded that it is her understanding that the legal entity cannot be a third sector organisation. The Police are leading a working group. With a mixed model of ownership there is a need for a pragmatic answer.</p> <p>CJo committed HEIW to supporting the work on SARCs, noting that there will be a need to keep the 'wiring diagram' as simple as possible. RF responded that one of the reasons why the Collaborative had had to re-engage with the work was because the governance arrangements were becoming over complicated. The arrangements should only be as complicated as is needed to provide the required levels of assurance.</p> <p>AL asked how the work is linking with groups addressing violence against women in the former counties so that they understand progress. RF responded that she is still working on how those structures will work locally. There is a need for core programme governance and then wider connections and communications.</p>	
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Collaborative Update Report - March 2021 (LF-2103-04)	Action
<p>RF introduced the report which covers a range of issues already reported to Collaborative Executive Group</p> <p><i>Review of Essential Cardiac Services</i> This had been led through the WG/NHS Wales Essential Services Group but demonstrates links with the Collaborative's networks.</p> <p>AL noted that she had been struck by the stark language in the report and was glad to see such forthright clinical leadership.</p> <p><i>Laboratory Information Network Cymru (LINC) – Procurement of new Laboratory Information Management System</i> RF noted that the LINC team were very keen to have progress reported to the Collaborative Leadership Forum. Recommendation on a preferred supplier need to be reported to boards in May to facilitate approval of the FBC by end of May.</p> <p>RF highlighted the 90% ETR target and standardisation of ways of reporting across Wales.</p> <p>The next stage, post award of contract, is being prepared.</p> <p><i>Neonatal transport – Launch of 24 hour service for south and west Wales (CHANTS)</i> RF confirmed that the interim 24 hour service had commenced at the beginning of January and that this represents a significant milestone. Work on the establishment of a permanent model is being led by WHSSC.</p> <p><i>COVID-19 Critical care transfer service</i> RF praised the work done by the Wales Critical Care and Trauma Network in support of the COVID response.</p> <p><i>Collaborative website</i> RF reported that the new website is now live and growing and the links have been provided in the report. Teams in the Collaborative are very proud of it and are fully engaged in its development.</p>	

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<p><i>Hosting agreement extension</i></p> <p>RF reported that a further annual extension had been agreed, pending clarity over the NHS Executive function.</p>	
Terms of reference (LF-2103-05)	Action
<p>RF noted that these should be reviewed at least annually. They have been updated to reflect the current context. They already refer to SHAs generically. The Collaborative will be inviting the new chair and chief executive of Digital health and Care Wales to future meetings.</p> <p>The terms of reference were approved.</p>	
Other business	Action
<p>AL noted with regret that RF is to retire at the end of March and that, as a result, this is RF's last meeting of the Collaborative Leadership Forum. It was noted that MD will act up until a definitive solution is agreed.</p> <p>AL, on behalf of the group wished RF every success in future and hoped to see her working with NHS Wales again before too long. AL added that RF has done a fabulous job in leading and developing the Collaborative team and had undertaken some really excellent work. There has been huge reliance on RF and her team in some difficult areas. AL referred to RF's 'nice way of beating us up into doing the right thing'</p> <p>AL's sentiments were strongly endorsed and built on by other members of the group.</p> <p>RF responded with thanks and noted that she had always felt supported and constructively challenged by group.</p>	
Date of next meeting	
<p>It was noted that the next meeting of the Collaborative Leadership Forum has not yet been scheduled. A suitable date will be identified.</p>	