



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 May 2021
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 the WHSSC meetings held on 10th November 2020 and 15th December 2020;
- Briefing notes from the WHSSC meeting held on 11th May 2021 setting out the key areas of discussion.

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of EASC meeting held on 10th November 2020 (English and Welsh versions);
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 9th March 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 March 2021.

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 MWJC met on 25th May 2021, and will report to the 29th July 2021 Board meeting.

NHS Wales Collaborative Leadership Forum (CLF)

- The CLF is not due to meet until June/July 2021, and will report to the 29th July 2021 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:

Not Applicable

Datix Risk Register Reference and Score:	
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
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

**Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 10 November 2020
by MS TEAMS**

Members Present:

Kate Eden	(KE)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Interim Medical Director, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Paul Griffiths	(PG)	Independent Member
Sian Lewis	(SL)	Managing Director, WHSSC
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB (for part)

Deputies:

Hannah Evans	(HE)	Director of Transformation (SBUHB, deputising for Tracy Myhill)
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Apologies:

Jason Killens	(JK)	Chief Executive Officer, WAST
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive, Swansea Bay UHB

In Attendance:

Kieron Donovan	(KD)	Affiliate Member/ Chair, Welsh Renal Clinical Network
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Shane Mills	(SM)	Clinical Director for Collaborative Commissioning, NCCU
Adrian Tompkins	(AT)	Associate Director Of Healthcare Contracting Betsi Cadwaladr UHB
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

The meeting opened at 13:30 hrs.

JC20/051	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed Members in both Welsh and English to the meeting and reminded them that, due to the COVID-19 pandemic, the meeting was being held via MS Teams on a quorum basis with a consent agenda.</p> <p>The Chair welcomed ID to the meeting, his first Joint Committee meeting as Interim Medical Director, as Dr J Thomas was currently on secondment.</p> <p>It was noted that a quorum had been achieved.</p> <p>Apologies were noted as above.</p> <p>Written questions from members and answers had been published in advance of the meeting and embedded within the meeting papers.</p>
JC20/052	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC20/053	<p>Minutes of previous meeting</p> <p>The Joint Committee approved the minutes of the meetings held on 8 September and 13 October 2020 as a true and accurate record.</p>
JC20/054	<p>Action Log and Matters Arising</p> <p>Members noted there were no outstanding actions.</p> <p>In response to a written question from PG, KE asked Chief Executives present to confirm how their health boards were responding and recognising potential harm to patients as a result of COVID-19. Those health boards represented at the meeting confirmed that their Boards were aware of the heightened level of risk to patient harm brought about by the COVID-19 pandemic hindering patient access to specialised services and explained the various meetings and committees where these issues were discussed and noted.</p> <p>KE asked PG whether he was satisfied with the response and he confirmed that the response was acceptable and he was satisfied that specialised services were being treated with a similar level of priority to other services.</p> <p>No further matters arising were noted.</p>
JC20/055	<p>Chair's Report</p> <p>The Chair's Report referred members to a Chair's Action taken on 11 September 2020 to approve the commissioning of the All Wales Traumatic Stress Quality Improvement Initiative (AWTSQII) by WHSSC.</p>

	<p>The Joint Committee consented to the Recommendation set out in the report, namely to ratify the Chair's Action to approve the commissioning of the AWTSQII.</p>
JC20/056	<p>Managing Director's Report</p> <p>The Managing Director's report, updated members on Independent Hospitals Commissioning through to 31 December 2020.</p> <p>SL reported that all contracts had appropriate surge clauses. Health boards would be able to trigger the surge clauses when all of their non-urgent capacity was utilised. SD explained that 10 days' notice was required to trigger the surge clause. Members questioned whether there was any possibility of these contracts being extended beyond December 2020. SD confirmed that this would not be possible, as all new arrangements from 1 January 2021 would need to be fully competition compliant. SD recommended that all health boards incorporate a suitable surge clause into their post December 2020 arrangements through their local contracts with Independent Sector providers.</p> <p>SL reported that WHSSC would be undertaking a self-assessment of the Independent Sector contracts against the key themes identified in the review of the Field Hospitals.</p> <p>The Managing Director's report also noted that the WHSS Team would prepare a paper on all of the work streams currently under way to develop and enhance the Welsh Child and Adolescent Mental Health Service (CAMHS).</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to note the content of the report.</p>
JC20/057	<p>Neonatal Transport</p> <p>Members received a paper that provided an update on progress made in establishing a 24/7 neonatal transport service for south and west Wales in accordance with the agreement made by Joint Committee at its meeting in March 2020 and sought agreement on next steps.</p> <p>Members were advised that a proposal had been received from the three provider health boards for an interim 24/7 model and that a formal response was awaited from WAST in support of this model. It was anticipated that the interim model would commence from January 2021 and run for six months. An update would be provided to Management Group on the interim model at its meeting on 26 November.</p> <p><i>CS joined the meeting.</i></p>

	<p>KP explained that progress had been more challenging on the permanent solution. A number of members queried whether there was still a need for a lead provider as there appeared to be resistance to this from a number of clinicians. Members expressed concern that insisting on a lead provider model may result in a loss of support from the clinical teams and some of the issues may remain unresolved even if the lead provider model is adopted.</p> <p>KP repeated the rationale for a lead provider model. Concerns had been raised with the current model as there was no clear governance and there was a lack of standardisation in some procedures and processes leading to patient safety issues.</p> <p>SL reminded members that standardising processes and introducing standard operating procedures, which were identified as immediate actions at a previous meeting of the Joint Committee in Autumn 2018, had not been achieved to date. Clinical risks and concerns with the current model remained. SL reported that the progress on the interim model had alleviated some anxiety and there was now better engagement. After protracted discussion it was agreed that the preferred way forward was to reaffirm support for the lead provider model but alongside this to ensure there was collaborative work, undertaken at pace, to address the current concerns and clinical risks.</p> <p>The Joint Committee consented to the Recommendation to:</p> <ul style="list-style-type: none"> • note the information presented within the report and progress to establish a 24/7 neonatal transport service in both the interim and as a permanent solution; • reaffirm their support that the service should be delivered through a lead provider model; and • approve the next steps, that is for WHSST to write to the clinical leads of the current providers confirming the Joint Committee's continued support for a lead provider model and its desire for them to work collaboratively to resolve the clinical risks and concerns concurrent with utilisation of the interim model.
JC20/058	<p>Developing the Integrated Commissioning Plan 2021-22 and Beyond Principles and Priorities</p> <p>Members received a presentation that explored the principles and priorities to be applied to development of the ICP 2021-22 and beyond. It was noted that the ICP was scheduled to be developed in collaboration with Management Group and brought to Joint Committee in January 2021 for approval.</p> <p>KP asked members to provide their views and feedback on the key questions. Members confirmed their agreement at a strategic level that</p>

	<p>the principles detailed in the presentation were the right ones. The focus on outcomes, optimisation of benefit, minimisation of harm and the whole pathway approach were supported.</p> <p>Members questioned whether the principles were intended for all services or just for new investments. KP explained that the principles should apply to everything that WHSSC does but how that could be achieved was more challenging. It would be sensible to try the whole pathway approach on a specific area to test how this could be achieved. Members committed to discussing this and looking at areas to trial this at a later date.</p> <p>Members confirmed their support for the principles and priorities as described in the presentation.</p>
JC20/059	<p>Future of the All Wales Gender Identity Partnership Group (AWGIPG)</p> <p>Members received a paper that gave a brief overview of the work undertaken by the All Wales Gender Identity Partnership Group (AWGIPG) since its inception in April 2016 to date and detailed proposals for the next phase of service development.</p> <p>The Joint Committee consented to the Recommendations set out in the report, namely to:</p> <ul style="list-style-type: none"> • note the information presented within the report; • support the proposal to disband the AWGIPG; and • support the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC.
JC20/060	<p>Way Forward – All Wales Individual Patient Funding Request (IPFR)</p> <p>Members received a paper that sought approval of revised Terms of Reference (ToR) for the All Wales (WHSSC) IPFR Panel, a sub-committee of the Joint Committee. The paper explained how the frequency of IPFR meetings had increased due to an increase in volume of applications during the COVID-19 pandemic and explained that the only significant proposed changes were in terms of membership and quorum. These changes would not affect the overall decision making process and decisions would continue to be made in line with the policy criteria. It was noted that consultation on the changes had been through the IPFR Policy Implementation Group and that the WHSS Team had only recently received feedback on the consultation. Some members had not yet seen the feedback.</p> <p>KS explained to members that the governance arrangements for the WHSSC Panel remained with the Joint Committee and it is clear that Joint Committee retained overall responsibility for the All Wales (WHSSC) IPFR</p>

	<p>Panel, as it is a Sub-committee of the Joint Committee. Therefore approval of the ToR was reserved to the Joint Committee.</p> <p>Some members had been made aware of the feedback from the IPFR Policy Implementation Group and there was a request that all members have sight of this before approving the revised ToR.</p> <p>ACTION: SL to circulate the responses to the consultation exercise and the WHSS Team comments on those responses.</p> <p>Once this information had been circulated, subject to no objections being received, the revised ToR would be approved via Chair's Action.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to:</p> <ul style="list-style-type: none"> • receive assurance that there are robust processes in place to ensure that prompt individual patient funding decisions are made in line with the All Wales IPFR policy; and • support the proposed changes to the All Wales (WHSSC) IPFR Panel process including changes to the Terms of Reference, noting that once the responses to the consultation exercise and the WHSS Team comments on those responses had been circulated, and subject to no objections being received, the revised Terms of Reference would be approved via Chair's Action.
JC20/061	<p>Quality & Patient Safety Committee Terms of Reference</p> <p>Members received a paper that presented them with a revised version of the Terms of Reference (ToR) for the Quality & Patient Safety (Q&PS) Committee for approval. CB reported that these had been discussed at a recent Q&PS development day and the revised ToR had been presented at the October WHSSC Q&PS Committee meeting.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to:</p> <p>Approve the revised WHSSC Quality & Patient Safety Committee Terms of Reference.</p>
JC20/062	<p>NCCU – Continuation of Framework for Care Homes</p> <p>Members received a paper that set out the case for continuation of the NCCU National Framework Agreement for Care Homes (the Framework) after expiry of the current 'Invest to Save' scheme on 31 March 2021.</p> <p>This matter had been brought to WHSSC as a facilitator for recharging the cost of maintaining the scheme from 1 April 2021 through the WHSSC risk share mechanism and to seek approval of an annual budget of £480k for</p>

	<p>NCCU maintaining the Framework. The health board repayment schedule of the 'Invest to Pay' funds of £1.6m over three years from 1 April 2021 was also noted.</p> <p>The Joint Committee approved the following:</p> <ul style="list-style-type: none"> the £480k annual budget for NCCU maintaining the Framework; and utilisation of the WHSSC risk share mechanism to re-charge the funding to health boards.
JC20/063	<p>Financial Performance Report – Month 6 2020-21</p> <p>The paper that set out the financial position for WHSSC for month 6 of 2020-21, including a forecast under spend of around £10m at year end, was taken as read.</p> <p>SD reported that, while the full month 7 report was not yet available, the position had continued to improve with a forecast under spend at year end of around £13.7m. A financial recovery was also likely in relation to underperformance between M7-12 on certain English block contracts. It was agreed that consideration should be given to whether some of the forecast under spend should be deployed to support critical performance and sustainability issues in 2020-21.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the current financial position and forecast year end position.</p>
JC20/064	<p>Reports from the Joint Sub-Committees</p> <p>The Joint Committee received reports from the following Joint Sub-Committees.</p> <ul style="list-style-type: none"> Management Group; All Wales Individual Patient Funding Request Panel; and Quality & Patient Safety Committee. <p>The Joint Committee consented to the Recommendation to note the content of the reports from the Joint Sub-Committees.</p>
JC20/065	<p>Any other business - Standards of Behaviour Policy</p> <p>Members were advised that work was under way to adapt the all Wales model template developed by the Deputy Board Secretaries Group to suit the needs of WHSSC and that this would be taken forward by Chair's Action ahead of the next scheduled meeting.</p>

JC20/066	The Chair explained that PG was attending his last scheduled Joint Committee meeting and thanked him for his valuable contribution to the work of WHSSC over the last few years and wished him well for his retirement.
JC20/067	<p>Date and Time of Next Scheduled Meeting</p> <p>Members noted that the next scheduled meeting would take place on 26 January 2021.</p> <p>There being no other business other than the above the meeting closed.</p>

The meeting ended at 15.15 hrs.

Chairman

Date.....

**Minutes of the Extraordinary Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 15 December 2020
by MS Teams**

Members Present:

Kate Eden	(KE)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Iolo Doull	(ID)	Interim Medical Director, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Ian Phillips	(IP)	Independent Member
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB

Deputies:

Darren Griffiths	(DG)	Interim Director of Finance, Swansea Bay UHB (deputising for Tracy Myhill)
Sue Hill	(SH)	Finance Director, Betsi Cadwaladr UHB (deputising for Gill Harris)
Glyn Jones	(GJ)	Finance Director, Anuerin Bevan UHB (deputising for Judith Paget)
Nick Lyons	(NL)	Medical Director, Cwm Taf Morgannwg UHB (deputising for Paul Mears) (part meeting)

Apologies:

Kieron Donovan	(KD)	Affiliate Member/ Chair, Welsh Renal Clinical Network
Paul Griffiths	(PG)	Independent Member
Gill Harris	(GH)	Chief Executive Officer, Betsi Cadwaladr UHB
Jason Killens	(JK)	Chief Executive Officer, WAST
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay UHB
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB

In Attendance:

Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

The meeting opened at 15:30 hrs.

JC20/068	<p>Welcome, Introductions and Apologies</p> <p>The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above. It was noted that a quorum had been achieved.</p>
JC20/069	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. There were no additional declarations to note.</p>
JC20/070	<p>Managing Director's Report</p> <p>The Managing Director's report included a report from the Operational Delivery Network and the Major Trauma Centre on the key highlights from the first six weeks of operation of the south Wales major trauma network, which was based on the report presented to the first South Wales Major Trauma Network Commissioning Delivery Assurance Group (DAG) meeting that was held on 25 November 2020.</p> <p>KP reported that DAG members were pleased with the level of repatriation achieved in the first six weeks of operation and that some aspects of the report were under development and/or subject to review. In addition, KP had asked for future reporting on benefits realisation. It was noted that participation in the UK-wide TARN system would drive outcome related performance data.</p> <p>Members resolved to note the content of the report.</p>
JC20/071	<p>Resource Utilisation for Value - Options 2020-21</p> <p>Members received a paper that provided an update on the improving financial position of WHSSC for 2020-21 and the options to deploy a proportion of the forecast surplus to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation.</p> <p>SD reported that the additional savings over the M7 forecast of £13.2m were likely to be in the range of £2-4m. In addition SD described some of the likely opportunities that could be deployed.</p> <p>[NL joined the meeting.]</p> <p>The importance of not committing to schemes that would incur recurrent expenditure beyond 31 March 2021 without full ICP scrutiny was noted; as was the importance of trying to achieve equality of access for Welsh patients.</p>

	<p>In response to questions, SL confirmed that work on risk stratification, mental health services and potential outsourcing to English providers were all within scope.</p> <p>Members resolved to approve authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction. Members agreed that in the interests of time these plans will be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.</p>
JC20/072	<p>Tavistock & Portman NHS Trust (T&P) – Legal decision</p> <p>CB gave an oral report on the recent Judicial Review involving T&P in relation to prescription of puberty suppressing drugs, sometimes referred to as 'puberty blockers' (PBs), for patients aged under 16 years, who were judged to lack competence to give consent for this type of treatment. T&P had until 22 December to appeal the Judgement. In the absence of an appeal, if a clinician understands that a child wishes to continue with PBs they will need to seek a Court order on a case by case basis.</p> <p>In the meantime all under sixteens on PBs will need a clinical assessment. The numbers affected weren't yet clear but it was estimated that there were around 6-10 in Wales.</p>
JC20/073	<p>Date and Time of Next Scheduled Meeting</p> <p>Members noted that the next scheduled meeting would take place on 26 January 2021.</p> <p>There being no other business other than the above the meeting closed.</p>

The meeting closed at 16:20hrs

Chair's Signature:

Date:

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – MAY 2021

The Welsh Health Specialised Services Committee held its latest public meeting on 11 May 2021. 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:

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

Minutes of Previous Meetings

The minutes of the meeting of 9 March 2021 were taken as read and approved.

Action log & matters arising

Members noted there were no outstanding actions or matters arising.

Chair's Report

The Chair's Report referred members to the forthcoming early retirement of Kevin Smith, Committee Secretary, on 31 May, and his return part time for around five weeks from 7 June, and the appointment of his successor, Jacqueline Evans, from 1 June 2021.

The Report also referred members to the Chair's Actions taken to approve the appointment of Professor Ian Wells as an Independent Member of the Joint Committee with effect from 1 May 2021 for an initial term of two years.

In addition, the Chair reported that Emrys Elias had tendered his resignation with effect from 31 May 2021 and that a nomination had been received for a successor, whose appointment would be dealt with later in the week by Chair's Action.

Members (1) noted the contents of the report; (2) ratified the appointment of Jacqueline Evans as Committee Secretary with effect from 1 June 2021; and (3) ratify the Chair's Action appointing Prof Ian Wells.

Managing Director's Report

The Managing Director's report, including updates on:

- Opening of the interim Mother & Baby Unit at Tonna Hospital;
 - The south Wales Thoracic Surgery Strategic Outline Case (SOC);
 - The PET Programme Business Case;
 - The status of the audit of the 2020-21 Accounts;
 - De-escalation the SBUHB TAVI service from level 3 to level 2;
 - Removal of the CVUHB Paediatric Intensive Care service from escalation; and
 - Removal of the SBUHB Soft Tissue Sarcoma service from escalation,
- was taken as read.

It was agreed that SBUHB would circulate the Thoracic Surgery SOC to members.

South Wales Major Trauma Network (SWMTN) Update

Members received a presentation on the work of the SWTN from its opening in September 2020 to March 2021, which included a summary of the Delivery Assurance Group report. Members noted the content of the presentation and discussed elements of it in detail.

A further update will be provided to the Joint Committee meeting in six months' time.

Neonatal Transport Service for South and Mid Wales

Members received a paper that proposed a project structure and governance assurance framework as requested following Joint Committee's decision regarding the establishment of an Operational Delivery Network Transport Service for mid, west and south Wales in April 2021. It was noted that the proposed structure borrowed many features from the SWMTN model, which was regarded as exemplary.

Members noted (1) the proposed project management process and associated timeline; and (2) the draft commissioner assurance process, recognising that this would be subject to further discussion in the 'In Committee' section of the meeting and with the programme team.

Revised Risk Management Strategy

Members received a paper that presented the revised Risk Management Strategy (RMS) for WHSSC for approval and shared the latest version of the Corporate Risk Register for information.

Members (1) approved the revised Risk Management Strategy; (2) noted the latest version of the Corporate Risk Register; and (3) noted that further work is on-going to develop risk reporting in line with the RMS.

Activity Reports for Months 11 and 12 2020-21

Members received papers that highlighted the scale of the decrease in activity levels during the COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

The Month 12 report been restructured from previous format to deal with specialties/areas on an all-Wales basis and would be developed further based on feedback received.

Members noted the information presented in the reports.

Financial Performance Report – Month 12 2020-21

Members received a paper the purpose of which was to provide the final outturn for the financial year. The financial position at was an under spend of £12.03m after making prudent provisions.

The under spend relates mainly to months 1-12 under spend on the pass through elements of NHS Wales provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at >20% below agreed baseline and Q1 – Q4 2020-21 development slippage. Owing to uncertainty regarding the pace of activity, recovery and timing of information flows from NHS England providers, WHSSC has adopted a prudent approach to providing for expenditure reductions that may arise from under-performance.

Members noted the content of the report.

Other reports

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

- Management Group;
- All Wales Individual Patient Funding Request Panel;
- Quality & Patient Safety Committee; and
- Integrated Governance Committee

Standing Orders (SOs) and Standing Financial Instructions (SFIs)

The Committee Secretary reported that revised Model SOs and SFIs had recently been received from Welsh Government and that work was underway to review the WHSSC SOs and SFIs to propose any necessary changes. It was agreed that these would be the subject of a Chair's Action.



Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team





**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
10 NOVEMBER 2020 AT 09:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Carol Shillabeer	Chief Executive, Powys PTHB

In Attendance:

Steve Ham	Chief Executive Officer, Velindre NHS Trust
Hannah Evans	Director of Transformation, Swansea Bay SBUHB
Gavin Macdonald	Interim Chief Operating Officer, Betsi Cadwaladr UHB
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Shane Mills	Director of Nursing and Quality, National Collaborative Commissioning Unit

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/86	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. Paul Mears was welcomed to his first meeting.	Chair
EASC 20/87	APOLOGIES FOR ABSENCE Apologies for absence were received from Gill Harris, Tracy Myhill, Tracey Cooper and Gwenan Roberts.	Chair
EASC 20/88	DECLARATIONS OF INTERESTS There were no additional interests to those already declared.	Chair

EASC 20/89	<p>MINUTES OF THE MEETING HELD ON 8 SEPTEMBER 2020</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 8 September 2020.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Minutes of the meeting held on 8 September 2020. 	Chair
EASC 20/90	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED specific progress as follows:</p> <p>EASC 20/45 & 20/57 Learning Lessons of working during a pandemic To be received at the next meeting (added to the Forward Look).</p> <p>EASC 20/57 Unscheduled Care Dashboard Stephen Harrhy updated Members by explaining that progress had been made in the work to develop the Unscheduled Care Dashboard. Specification has been developed following work with health boards which would be circulated (added to the Action Log) and external funding had been confirmed. A tender process would soon commence.</p> <p>EASC 20/57 Healthcare Inspectorate Wales (HIW) Report The report has been circulated.</p> <p>EASC 20/60 Governance Update A report would be received at the next meeting (added to the Forward Look).</p> <p>EASC 20/70 CASC as Co-Chair Task and Finish Group Members noted the ongoing work with the Fire and Rescue Services in relation to their work as first responders. Stephen Harrhy agreed to provide an update on the work at the next meeting (added to the Action Log).</p> <p>EASC 20/73 EASC allocation letters for Major Trauma Services and Critical Care Transfer Services Stephen Harrhy confirmed that the allocation letters had been received for Major Trauma and Critical Care Transfer Services from the Welsh Government and discussions had commenced with providers. Information related to potential slippage would be included in the next finance report.</p>	<p>CEO WAST</p> <p>CASC</p> <p>Completed</p> <p>Ctte Sec</p> <p>CASC</p> <p>CASC & Director of Finance</p>

	<p>EASC 20/74 Serious Adverse Incidents (SAIs)</p> <p>In relation to the benchmarking information requested, Jason Killens confirmed that the National Quality Group of UK Ambulance Services are developing a snapshot across all Ambulance Services in the UK which will be shared when received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	CEO WAST
EASC 20/91	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 20/92	<p>CHAIR'S REPORT</p> <p>The Chair's report was received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report. 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 20/93	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harray highlighted the following key items:</p> <ul style="list-style-type: none"> • Ministerial Ambulance Availability Taskforce Members noted that letters were in the process of being sent to the Taskforce Members outlining the approach being taken and the plans for the production of the Interim Report which would be submitted to the Minister at the end of the year. The Taskforce would be asked to critique the key documents and reviews which have been completed on ambulance services. The aim will be to update the EAS Joint Committee and its sub groups as often as practicable (Added to the Action Log). • Ambulance Quality Indicators (AQI) Members noted that the AQIs were now being published again following the pause due to the pandemic and they were backdated to cover the whole year. • Emergency Medical Retrieval and Transfer Service (EMRTS) Capital funding was being sought to support the service direction, particularly for 24/7 working and additional vehicle requirements. Some revenue slippage has been utilised to lease vehicles which would then need to be resolved in 2021. No issues were raised by Members concerning this approach. 	<p>CASC</p> <p>CASC / Director of Finance</p>

	<ul style="list-style-type: none"> • Non-Emergency Patient Transport Service (NEPTS) Members noted that the timescales for transfers had been brought forward for Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards and Powys Teaching Health Board, with the expectation that all transfers would be completed by mid-2021. Stephen Harrhy thanked the health boards for their support in moving forward the agreed collective approach. • Revising EASC Integrated Medium Term Plan The EASC IMTP was discussed at the EASC Management Group and a summary had been provided to Members to ensure that the revised priorities were supported. WAST explained that they welcomed the new approach and were working closely with the EASC Team on the detail. The key deliverables were clarified in order to lead to a balanced approach. No issues were raised by Members to this approach. • Ministerial Ambulance Availability Taskforce Further progress had been made on arrangements for the Taskforce. An interim report was planned for submission before the end of the year. The report would be shared with Members and would be discussed in detail at the meeting in January 2021 (Added to the Action Log). • Beyond the Call Shane Mills was invited to present the findings of the work commissioned by the Welsh Government through the Mental Health Crisis Care Concordat – National Review of Access to Emergency Services for those experiencing mental health and or welfare concerns, report title 'Beyond the Call'. <p>Members noted the importance of language and how mental health services were described. Mental health was referred to as those with a diagnosed mental health disorder and welfare concerns such as social issues and housing, which has an impact on mental health. The review would be published in November and would be shared widely in the system. Members noted the barriers to access to services which were compounded by mental health, including the stigma attached to it.</p> <p>The review involved all agencies across health and social care and also wider public services such as the police and fire and rescue services. Opportunities were highlighted such as the 111 service as well as a range of other "in hours" and "out of hours" services.</p>	CASC
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	<p>The Review recommended further work to enhance the 111 service in Wales which has also been supported by the 111 service board. The Review captured the missed opportunities, supported by data, although this was more difficult in social care. The role of the Police within mental health was also captured and this constituted 9-15% of their daily calls. A bespoke data collection was created and 10,000 calls used which were broken down into 17 index areas. The Review was also supported by an expert reference group.</p> <p>Shane Mills gave an overview of the findings of the data and the inter-connectedness in terms of how and when people accessed services. Members noted the breakdown of information by gender and age, type of caller (self-callers or public), time spent on the phone and the overall time spent. There were 10 recommendations made by the Review which included ensuring real time data and effective multiagency collaboration. Members noted other areas of ongoing work included an access review with MIND and also a conveyance review.</p> <p>Carol Shillabeer added the key drivers in terms of the work identified by the Police and it was important to work closely with them to develop the Review, which has led to a generally better understanding with the Police. In terms of services across Wales there is variability in provision but work to streamline the model in Wales, and potentially a once for Wales approach, can be progressed.</p> <p>Members discussed the prevalence of mental health demands during the pandemic and whether a once for Wales approach could be achieved and how to simplify access for people. Jason Killens also shared WAST's findings that having mental health practitioners in the call centres had been very well received during the pandemic. The link between drug and alcohol use was discussed and it was confirmed that a strong relationship had been identified in the Review.</p> <p>Members were keen to have actions to take forward in each area to ensure that the findings of the review were acted on. Members noted that the Review would be formally presented to the Minister with responsibility for Mental Health services and Mental Health Crisis Care Concordat. The recommendations had been discussed with the 111 service board and further opportunities would be progressed. Mental health practitioners would be available in the WAST control centres over the winter.</p>	
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	<p>Members noted that further work to clarify the next steps and the governance routes would take place and further information would be shared at the NHS Wales CEO group. Shane Mills was warmly thanked for the helpful presentation and he agreed to share the final version of the document with Members (Added to the Action Log).</p> <ul style="list-style-type: none"> Commissioning Intentions <p>Members noted a more streamlined approach would be taken and this had been discussed at the EASC Management Group. The approach would take account of the emerging context and a further iteration would be taken to the EASC Management Group for further development before being presented at the next EASC meeting (Added to the Forward Look).</p> <p>The Chair thanked Stephen Harrhy for his report and Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the Chief Ambulance Services Commissioner's report 	<p>Carol Shillabeer Ctte Sec</p> <p>CASC</p>
EASC 20/94	<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>Members noted:</p> <ul style="list-style-type: none"> Covid Pandemic <p>Abstractions had risen, slightly less than the peak of the first wave and had triggered the tactical approach to production. This included using staff from 3 Fire and Rescue Services on a regular basis to support production for the front line. Jason Killens offered to bring forward the lessons learned from the first wave to the next meeting (added to the Action Log).</p> <ul style="list-style-type: none"> Health and Safety Executive (HSE) <p>Members noted the update which related to the wearing of personal protective equipment (PPE). As a result policies had been updated and the dialogue with the HSE had been helpful with a number of meetings held. Progress was being made and the approach by WAST had been appropriately adjusted.</p> <ul style="list-style-type: none"> Clinical Indicators / Clinical Outcomes <p>Jason Killens gave an overview of the work related to the electronic case card (moving away from the digital pen). A supplier has been identified and capital funding secured for implementation towards the end of next year. This would enable a greater understanding related to outcomes and over time this will allow informed adjustments to the service.</p>	CEO WAST

<p>Members noted that there was a training requirement, some could be undertaken on line and some would also need to be face to face. Some modifications and testing would be also required. The issues of interoperability with emergency department systems was also raised and Members were assured that this was a function of the system. This would happen in a phased way and linking to the Welsh Clinical Portal and other different systems across NHS Wales in due course.</p>	
<ul style="list-style-type: none"> • Non-Emergency Patient Transport Services (NEPTS) In keeping with the requirement for social distancing this was having an impact on the service because vehicles were restricted in the number of patients they could accommodate. This issue was being discussed at the NEPTS Delivery Assurance Group. • Emergency Medical Services Demand and Capacity Review Members were reminded that the staff growth had been planned for a further 136WTE this year and good progress had been made with the expectation that this target would be met by the end of year. This was having a positive impact in the unit hours of production (UHP) which was very encouraging. 	<p>NEPTS DAG</p>
<p>Members asked:</p> <p>In terms of production hours and the impact of the investment in line with the Demand and Capacity Review Members asked regarding the forecasting and the impact over the winter months. Members noted that 100% of the rosters equated to 119,000-120,000 hours. The figures in October were similar to earlier in the year due to various reasons. The forecasting into the winter used various scenarios including normal winter demand and high levels of Covid. The aim would be to get to 107% of roster fills (113% would be the maximum fill due to vehicle availability).</p>	
<p>In terms of the urgent care system and the inter-operability opportunities, Members noted that the unscheduled care dashboard work was currently at the tender process stage and further information would be available in due course (Added to the Action Log).</p>	<p>CASC</p>
<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the WAST provider report. 	

<p>EASC 20/95</p>	<p>FOCUS ON – SYSTEM PRESSURES</p> <p>Stephen Harray introduced the session and provided some context in relation to the purpose of the session.</p> <p>A presentation had been shared with Members which concentrated on the commissioner perspective on planning and securing sufficient ambulance services for the population of Wales within the context of severe system pressures.</p> <p>In terms of the WAST Demand Management Plan (WAST DMP) at level 5 or 6 Members noted that this would mean that WAST would not be able to send a resource to any caller. This was felt to be an extreme position and that every opportunity should be taken to try and avoid such occurrences.</p> <p>The aim of the session was to:</p> <ul style="list-style-type: none"> • Ensure ambulance availability - actions to take over handover delays and WAST actions to maximise resources available • Understand the impact of escalation across the system as a whole – on both health boards and WAST. • How health boards and WAST work together and the regional solution • Align escalation plans with Covid learning • Capacity for alternatives for demand management • Find the tolerances • Identify actions to take. <p>Members agreed to this approach.</p> <p>Ross Whitehead gave the presentation, again highlighting the commissioner perspective to plan and secure sufficient ambulance services for Wales. On a few occasions recently, the WAST DMP had been triggered and these system pressures challenged the ability of the Committee to meet with its statutory obligation. Members noted that WAST had undertaken modelling forecasts in line with the expectations of the Welsh Government in relation to the impact of the pandemic and many forecasts indicated that WAST would not reach the 65% performance target for red calls.</p> <p>An overview of incident demand, attended scene, attended hospital and lost hours was provided. Members noted the specific impact of the pandemic on service provision as well as the data and the actions already taken in terms of recruitment, establishing the Operational Delivery Unit, the doubling of handover delays since August and the WAST DMP level 6 triggered on more than one occasion.</p>	
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<p>Members noted the modelling and scenario plans for worst case, most likely in high covid levels and most likely in low covid levels.</p> <p>In terms of the collective position and the actions required to deliver the statutory requirements this winter, Members noted the key areas of efficiencies, investment and additionality opportunities for the operational delivery unit and handover delays. The modelling that had been undertaken had assumed 90% of the handover delays experienced in 2019.</p> <p>Members discussed the ongoing system pressures, and in particular for health boards, with regard to handover delays at emergency departments. Stephen Harrhy also confirmed that the work undertaken by Improvement Cymru would also inform the process going forward.</p> <p>Members supported the requirements to maximise the availability of ambulances this winter, the need to have a focus on reducing harm and improving quality and patient outcomes and the need to act in a proactive way starting from a Health Board footprint but to engage collectively on a regional basis where this was needed by exception. Members committed particularly to the following actions:</p> <p>Ambulance Resource – Central funding has been provided to support WAST to staff rosters up to the fleet maximum of 113%. Funding for this would come centrally from the winter protection fund and WAST should maximise available resource with immediate effect. Stephen Harrhy agreed to circulate a report on securing additional NEPTS capacity as part of the Q3 and Q4 winter protection plan (Added to the Action Log).</p> <p>Resource Efficiency – Members agreed that WAST should effectively target this additional resource to times of the day, dates and regions where there was currently a mismatch between demand and capacity.</p> <p>Safe cohorting of patients / patient offload Department (POD) staffing and operating model – Members recognised the role that the safe cohorting of patients would have this winter in enabling the timely release of ambulances and Stephen Harrhy agreed to work with WAST and the relevant health boards to find a solution to staffing and agreeing the operating model for these areas for this winter (Added to the Action Log).</p>	<p>CASC</p> <p>CASC</p>
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<p>Operational Delivery Unit (ODU) – Members recognised the role of the ODU in supporting system level information flow and recognised it needed to develop further to support the system. Members agreed that Health Boards should proactively maximise their own capacity prior to requiring regional support. Stephen Harrhy agreed to continue to work with the Chief Operating Officers (COOs) on this to agree scope and responsibilities and to develop the operating model for the ODU (Added to the Action Log).</p>	<p>Health Boards</p> <p>CASC</p>
<p>Information – Members recognised the opportunities that were currently available for sharing information between WAST and Health Boards and the additional opportunities that an expanded unscheduled care dashboard and ‘signals for noise’ present us with.</p> <p>Jason Killens agreed to review and enhance the data provided regularly to Health Boards with a focus on a range of the Ambulance Quality Indicators (AQIs) (Added to the Action Log), Stephen Harrhy agreed to work with the NHS Wales Informatics Service (NWIS) to provide an immediate Business Intelligence based solution and to move forward the on-going procurement of a dashboard and supporting data infrastructure to have a single view in health boards and WAST (Added to Action Log).</p>	<p>CEO WAST</p> <p>CASC</p>
<p>Handover Levels – Members discussed the importance of minimising patient handover lost hours and the requirement to maintain levels below 150 hours per day as any level above this would be challenging from a resource availability perspective (Added to the Action Log). Members also discussed the importance of turning vehicles around quickly and adopting a ‘no tolerance’ approach to delays over 1 hour.</p> <p>Escalation – Members agreed that a standardised approach to escalation (and the level within organisations) with a focus on proactive actions, quality improvement and harm reduction would be necessary and helpful for providing clarity on responsibilities and actions at all levels of escalation, both at Health Board level and in WAST. Stephen Harrhy agreed to take this work forward and would circulate a draft proactive proposal to Members (Added to the Action Log).</p>	<p>Health Boards and WAST</p> <p>CASC</p>
<p>Post Production Lost Hours – Members agreed that quick progress was required on the understanding and reduction of post-production lost hours particularly those associated with rest breaks. Members discussed the need to provide WAST with support and cover for this, recognising that it would be a challenging ask.</p>	

	<p>Jason Killens agreed to respond to Stephen Harrhy on this issue and clarify his thoughts on potential ways forward (and learn from other services and reviews) which would be shared with all Members (added to the Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the presentation and action the areas agreed above. 	CASC & CEO WAST
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 20/96	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received.</p> <p>Members noted the stable position. Further work would be undertaken to include critical care and for the Emergency Medical Retrieval and Transfer Service. Work continued to monitor the additional funding provided for additional staff in WAST, out of hospital care and winter planning.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and NOTE the report. 	Director of Finance
EASC 20/97	<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 - 27 Aug 2020 • NEPTS Delivery Assurance Group – 18 Aug and 29 Sept 2020 • EMRTS Delivery Assurance Group – 16 June 2020. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	CASC
EASC 20/98	<p>EASC GOVERNANCE INCLUDING THE RISK REGISTER</p> <p>The EASC Governance report was received. In presenting the report Stephen Harrhy explained that two risks had been escalated on the risk register namely the performance in the red and amber categories.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • NOTE the governance report and the requirement for the effectiveness survey. 	CASC

EASC 20/99	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members noted that further work was required on the Emergency Medical Service (EMS) Framework. Further work would take place outside of the meeting to suggest the next Focus on topic.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	Chair
Part 4. OTHER MATTERS		ACTION
EASC 20/100	<p>ANY OTHER BUSINESS</p> <p>One further item of business was raised at the meeting. Jason Killens suggested that the NEPTS Delivery Assurance Group could discuss discharge planning across the winter. Ross Whitehead suggested as time was a major factor in this matter as well as access to providers and offered to write to WAST with some proposals which was agreed by Members.</p>	CASC

DATE AND TIME OF NEXT MEETING		
EASC 20/101	<p>A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 9 March 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



**CYFARFOD O'R CYD-BWYLLGOR
GWASANAETHAU AMBIWLANS BRYs**

**COFNODION 'A GADARNHAWYD' O'R CYFARFOD A GYNHALIwyD
10 TACHWEDD 2020 AM 09:30
AR LEIN TRWY MICROSOFT TEAMS**

YN BRESENNOL

Aelodau:	
Chris Turner	Cadeirydd Annibynnol
Stephen Harrhy	Prif Gomisiynydd Gwasanaethau Ambiwylans
Judith Paget	Prif Weithredwr, BIP Aneurin Bevan
Paul Mears	Prif Weithredwr, BIP Cwm Taf Morgannwg
Carol Shillabeer	Prif Weithredwr, Bwrdd Iechyd Addysgu Powys
Eraill yn Bresennol	
Steve Ham	Prif Swyddog Gweithredol, Ymddiriedolaeth GIG Felindre
Hannah Evans	Cyfarwyddwr Trawsnewid, BIP Abertawe
Gavin Macdonald	Prif Swyddog Gweithredu Dros Dro, BIP Betsi Cadwaladr
Jason Killens	Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru
Stuart Davies	Cyfarwyddwr Cyllid, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru a Chydbwyllgor EASC
Ross Whitehead	Cyfarwyddwr Cynorthwyol Ansawdd a Phrofiad y Claf
Ricky Thomas	Pennaeth Gwybodeg, yr Uned Gomisiynu Gydweithredol Genedlaethol (NCCU)
Rachel Marsh	Cyfarwyddwr Cynllunio, Strategaeth a Pherfformiad, Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru
Shane Mills	Cyfarwyddwr Nyrsio ac Ansawdd, yr Uned Gomisiynu Gydweithredol Genedlaethol

Rhan 1 MATERION RHAGARWEINIOL		CAM GWEITHREDU
EASC 20/86	CROESO A CHYFLWYNIADAU Croesawodd Chris Turner (Cadeirydd) Aelodau i gyfarfod ar lein (gan ddefnyddio Microsoft Teams) o'r Pwyllgor Gwasanaethau Ambiwylans Brys. Croesawyd Paul Mears i'w gyfarfod cyntaf.	Cadeirydd
EASC 20/87	YMDDIHEURIADAU ABSENOLDEB Derbyniwyd ymddiheuriadau am absenoldeb gan Gill Harris, Tracy Myhill, Tracey Cooper a Gwenan Roberts.	Cadeirydd
EASC 20/88	DATGANIADAU O FUDDIANNAU Ni ddatganwyd unrhyw fuddiannau ychwanegol ar wahân i'r	Cadeirydd

Eitem 1.4 ar yr Agenda

	rhai a ddatganwyd eisoes.	
EASC 20/89	<p>COFNODION Y CYFARFOD A GYNHALIWDYD AR 8 MEDI 2020</p> <p>Cadarnhawyd bod y cofnodion yn gofnod cywir o gyfarfod y Cydbwyllgor a gynhaliwyd ar 8 Medi 2020.</p> <p>PENDERFYNODD aelodau:</p> <ul style="list-style-type: none"> GYMERADWYO cofnodion y cyfarfod a gynhaliwyd ar 8 Medi 2020. 	Cadeirydd
EASC 20/90	<p>COFNODION GWEITHREDU</p> <p>DERBYNIODD yr Aelodau y cofnodion gweithredu a NODWYD cynnydd penodol fel a ganlyn:</p> <p>EASC 20/45 a 20/57 Dysgu gwersi o weithio mewn pandemig I'w derbyn yn cyfarfod nesaf (eitem wedi ei hychwanegu at y Rhagolwg).</p> <p>EASC 20/57 Dangosfwrdd ar gyfer Gofal Heb ei Drefnu Rhoddodd Stephen Harrhy y wybodaeth ddiweddaraf i'r Aelodau drwy esbonio bod cynnydd wedi'i wneud wrth ddatblygu'r Dangosfwrdd Gofal Heb ei Drefnu. Mae manyleb wedi ei datblygu yn dilyn gwaith gyda Byrddau Iechyd, a fyddai'n cael ei dosbarthu (ychwanegwyd at y Cofnodion Gweithredu), a nodwyd bod cyllid allanol wedi'i gadarnhau. Byddai proses dendro yn dechrau cyn bo hir.</p> <p>EASC 20/57 Adroddiad Arolygiaeth Gofal Iechyd Cymru Mae'r adroddiad wedi'i ddosbarthu.</p> <p>EASC 20/60 Diweddariad Llywodraethiant Byddai adroddiad yn cael ei dderbyn yn y cyfarfod nesaf (ychwanegwyd at y Rhagolwg).</p> <p>EASC 20/70 CASC fel Cyd-gadeirydd Grŵp Gorchwyl a Gorffen Nododd yr Aelodau y gwaith sy'n mynd rhagddo gyda'r Gwasanaethau Tân ac Achub mewn perthynas â'u gwaith fel ymatebwyr cyntaf. Cytunodd Stephen Harrhy i roi'r wybodaeth ddiweddaraf am y gwaith yn y cyfarfod nesaf (ychwanegwyd at y Cofnodion Gweithredu).</p>	<p>Prif Weithredwr WAST</p> <p>CASC</p> <p>Cwblhawyd</p> <p>Ysg. y Pwyll.</p> <p>CASC</p>

	<p>EASC 20/73 Llythyrau dyrannu EASC ar gyfer Gwasanaethau Trawma Mawr a Gwasanaethau Trosglwyddo ar gyfer Gofal Critigol</p> <p>Cadarnhaodd Stephen Harrhy fod y llythyrau dyrannu wedi'u derbyn ar gyfer Gwasanaethau Trawma Mawr a Gwasanaethau Trosglwyddo ar gyfer Gofal Critigol gan Lywodraeth Cymru, a bod trafodaethau wedi dechrau â darparwyr. Byddai gwybodaeth am ddiffyg cynnydd posibl yn cael ei chynnwys yn yr adroddiad cyllid nesaf.</p> <p>EASC 20/74 Digwyddiadau Niweidiol Difrifol</p> <p>Mewn perthynas â'r wybodaeth feincnodi y gofynnwyd amdani, cadarnhaodd Jason Killens fod Grŵp Ansawdd Cenedlaethol ar gyfer Gwasanaethau Ambiwylans y DU wrthi'n creu ciplun o'r holl Wasanaethau Ambiwylans yn y DU, a fydd yn cael ei rannu pan ddaw i law.</p> <p>PENDERFYNODD aelodau:</p> <ul style="list-style-type: none"> • NODI'R Cofnodion Gweithredu. 	<p>CASC a Cyfarwyddwr Cyllid</p> <p>Prif Weithredwr WAST</p>
EASC 20/91	<p>MATERION SY'N CODI</p> <p>Ni chodwyd unrhyw faterion eraill.</p>	
EASC 20/92	<p>ADRODDIAD Y CADEIRYDD</p> <p>Derbyniwyd adroddiad y Cadeirydd.</p> <p>PENDERFYNODD Aelodau:</p> <ul style="list-style-type: none"> • NODI adroddiad y Cadeirydd. 	
Rhan 2 EITEMAU I'W TRAFOD		CAM GWEITHREDU
EASC 20/93	<p>ADRODDIAD PRIF GOMISIYNYDD GWASANAETHAU AMBIWLANS</p> <p>Derbyniwyd adroddiad Prif Gomisiynydd Gwasanaethau Ambiwylans (CASC). Wrth gyflwyno'r adroddiad, tynnodd Stephen Harrhy sylw at yr eitemau allweddol canlynol:</p> <ul style="list-style-type: none"> • Tasglu Argaeledd Ambiwylansys y Gweinidog <p>Nododd yr Aelodau fod llythyrau wrthi'n cael eu hanfon at Aelodau'r Tasglu yn amlinellu sut y byddai gwaith yn mynd rhagddo a'r cynlluniau ar gyfer llunio'r Adroddiad Interim i'w gyflwyno i'r Gweinidog ar ddiwedd y flwyddyn. Gwaith y Tasglu fydd trafod y dogfennau a'r adolygiadau allweddol sydd wedi'u cwblhau ar wasanaethau ambiwlans. Y nod fydd diweddarau Cyd-bwyllgor EAS a'i is-grwpiau mor aml ag y bo'n ymarferol (ychwanegwyd at y Cofnodion Gweithredu).</p>	<p>CASC</p>

	<ul style="list-style-type: none"> • Dangosyddion Ansawdd Ambiwylans (AQI) Nododd yr Aelodau fod yr AQIs bellach yn cael eu cyhoeddi eto yn dilyn yr oedi oherwydd y pandemig, a'u bod bellach yn cynnwys gwybodaeth ar gyfer y flwyddyn gyfan. • Y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS) Roedd cyllid cyfalaf yn cael ei geisio i gefnogi datblygiad y gwasanaeth, yn benodol ar gyfer gweithio 24/7 a'r angen am gerbydau ychwanegol. Roedd rhywfaint o lithriant refeniw wedi ei ddefnyddio i brydlesu cerbydau, y byddai angen delio ag ef yn 2021. Ni chodwyd unrhyw faterion gan Aelodau ynghylch y penderfyniad i wneud hynny. • Gwasanaeth Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys (NEPTS) Nododd Aelodau fod yr amserlenni ar gyfer trosglwyddiadau wedi cael eu dwyn ymlaen ar gyfer Byrddau Iechyd Prifysgol Aneurin Bevan, Betsi Cadwaladr a Chwm Taf Morgannwg ac i Fwrdd Iechyd Addysgu Powys, a'r disgwyl oedd y byddai pob un wedi ei gwblhau erbyn canol 2021. Diolchodd Stephen Harrhy i'r Byrddau Iechyd am eu cymorth ac am fwrw ymlaen â hyn ar y cyd. • Diwygio Cynllun Tymor Canolig Integredig (IMTP) yr EASC Trafodwyd IMTP yr EASC yng Ngrŵp Rheoli'r EASC, a rhoddwyd crynodeb i'r Aelodau i sicrhau bod y blaenoriaethau diwygiedig yn cael eu cefnogi. Esboniodd WAST eu bod yn croesawu hynny a'u bod yn gweithio'n agos gyda Thîm EASC ar y manylion. Eglurwyd y nodau allweddol er mwyn sicrhau cytbwysedd. Ni chodwyd unrhyw faterion gan aelodau mewn perthynas â hyn. • Tasglu Argaeledd Ambiwylansys y Gweinidog Gwnaed cynnydd pellach o ran trefniadau ar gyfer y Tasglu. Y bwriad oedd cyflwyno adroddiad interim cyn diwedd y flwyddyn. Bydd yr adroddiad yn cael ei rannu â'r Aelodau a bydd yn cael ei drafod yn fanwl yn y cyfarfod ym mis Ionawr 2021 (ychwanegwyd at y Cofnodion Gweithredu). • Tu Hwnt i'r Alwad Gwahoddwyd Shane Mills i gyflwyno canfyddiadau'r gwaith a gomisiynwyd gan Lywodraeth Cymru drwy'r Concordat Gofal Mewn Argyfwng Iechyd Meddwl i Gymru – Adolygiad Cenedlaethol o Fynediad i Wasanaethau Brys i'r rhai sy'n profi pryderon iechyd meddwl a lles, teitl yr adroddiad yw 'Tu Hwnt i'r Alwad'. 	<p>CASC / Cyfarwyddwr Cyllid</p> <p>CASC</p>
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	<p>Nododd yr Aelodau bwysigrwydd iaith a sut y disgrifiwyd gwasanaethau iechyd meddwl. Diffiniwyd pobl â phroblem iechyd meddwl fel y rhai a sydd wedi cael diagnosis o anhwylder iechyd meddwl ac sydd â phryder lles, megis materion cymdeithasol a thai, sy'n effeithio ar iechyd meddwl. Byddai'r adolygiad yn cael ei gyhoeddi ym mis Tachwedd a byddai'n cael ei rannu'n eang yn y system. Nododd yr Aelodau y rhwystrau sy'n atal pobl rhag defnyddio gwasanaethau, sefyllfa a oedd yn cael eu gwaethygu gan iechyd meddwl, gan gynnwys y stigma sy'n gysylltiedig ag ef.</p> <p>Roedd yr adolygiad yn cynnwys pob asiantaeth ar draws iechyd a gofal cymdeithasol a hefyd wasanaethau cyhoeddus ehangach fel yr heddlu a'r gwasanaethau tân ac achub. Tynnwyd sylw at gyfleoedd megis y gwasanaeth 111 yn ogystal ag ystod o wasanaethau "yn ystod oriau" a "y tu allan i oriau" eraill.</p> <p>Argymhellodd yr Adolygiad waith pellach i wella'r gwasanaeth 111 yng Nghymru, ac mae Bwrdd Gwasanaeth 111 hefyd wedi cefnogi'r gwaith hwn. Trafododd yr Adolygiad y cyfleoedd a gollwyd, a darparodd ddata i gefnogi hynny, er bod hyn yn anos ym maes gofal cymdeithasol. Cafodd rôl yr Heddlu o fewn iechyd meddwl ei thrafod hefyd ac roedd hyn yn cyfateb i 9-15% o'u galwadau dyddiol. Crëwyd casgliad data pwrpasol a defnyddiwyd 10,000 o alwadau a oedd wedi'u rhannu'n 17 ardal fynegai. Cefnogwyd yr Adolygiad hefyd gan grŵp cyfeirio arbenigol.</p> <p>Rhoddodd Shane Mills drosolwg o ganfyddiadau'r data a'r cysylltiadau rhwng sut a phryd y defnyddiodd pobl wasanaethau. Nododd yr Aelodau sut yr oedd y wybodaeth wedi ei dadansoddi yn ôl rhyw ac oedran, y math o alwr (hunan-alwyr neu'r cyhoedd), yr amser a dreuliwyd ar y ffôn a'r amser cyffredinol a dreuliwyd. Gwnaed 10 argymhelliad gan yr Adolygiad a oedd yn cynnwys sicrhau data amser real a chydweithio effeithiol rhwng asiantaethau. Nododd yr Aelodau feysydd gwaith eraill sydd ar y gweill, yn cynnwys adolygiad o fynediad at wasanaethau gyda MIND a hefyd adolygiad o sut mae cleifion iechyd meddwl yn cael eu cludo.</p> <p>Soniodd Carol Shillabeer am yr hyn a arweiniodd at y gwaith gan yr Heddlu a nododd ei bod yn bwysig gweithio'n agos gyda nhw i ddatblygu'r Adolygiad, sydd wedi arwain at well dealltwriaeth yn gyffredinol ymhlith yr Heddlu. O ran gwasanaethau ledled Cymru mae amrywiaeth yn y ddarpariaeth, ond gellir datblygu gwaith i symleiddio'r model yng Nghymru, ac o bosibl gellid defnyddio dull 'unwaith i</p>	
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	<p>Gymru' hefyd.</p> <p>Trafododd yr Aelodau y galw am wasanaethau iechyd meddwl yn ystod y pandemig, y posibilrwydd o ddefnyddio dull 'unwaith i Gymru', a sut i'w gwneud yn haws i bobl ddefnyddio gwasanaethau. Rhannodd Jason Killens ganfyddiadau WAST hefyd fod sicrhau bod ymarferwyr iechyd meddwl yn y canolfannau galwadau wedi bod yn boblogaidd iawn yn ystod y pandemig. Trafodwyd y cysylltiad rhwng defnyddio cyffuriau ac alcohol, ac fe'i cadarnhawyd bod perthynas gref wedi'i chanfod yn yr Adolygiad.</p> <p>Roedd yr Aelodau'n awyddus i nodi camau i'w cymryd ym mhob maes i sicrhau bod canfyddiadau'r adolygiad yn arwain at weithredu. Nododd yr Aelodau y byddai'r Adolygiad yn cael ei gyflwyno'n ffurfiol i'r Gweinidog sy'n gyfrifol am wasanaethau Iechyd Meddwl a'r Concordat Gofal mewn Argyfwng Iechyd Meddwl. Trafodwyd yr argymhellion â Bwrdd Gwasanaeth 111 a byddai cyfleoedd pellach yn cael eu datblygu. Byddai ymarferwyr iechyd meddwl ar gael yng nghanolfannau rheoli WAST dros y gaeaf.</p> <p>Nododd yr Aelodau y byddai gwaith pellach i egluro'r camau nesaf a'r llwybrau llywodraethu yn digwydd ac y byddai rhagor o wybodaeth yn cael ei rhannu yng ngrŵp Prif Weithredwyr GIG Cymru. Diolchwyd yn gynnes i Shane Mills am y cyflwyniad defnyddiol a chytunodd i rannu fersiwn derfynol y ddogfen ag Aelodau (ychwanegwyd at y Cofnodion Gweithredu).</p> <ul style="list-style-type: none"> • Bwriadau Comisiynu <p>Nododd yr Aelodau y byddai dull symlach yn cael ei roi ar waith a bod hyn wedi'i drafod yng Ngrŵp Rheoli EASC. Byddai'r dull yn ystyried y cyd-destun sy'n dod i'r amlwg a byddai'n cael ei ddwyn gerbron Grŵp Rheoli EASC i'w ddatblygu ymhellach cyn ei gyflwyno yng nghyfarfod nesaf EASC (ychwanegwyd at y Rhagolwg).</p> <p>Diolchodd y Cadeirydd i Stephen Harrhy am ei adroddiad a PHENDERFYNNODD yr Aelodau:</p> <ul style="list-style-type: none"> • NODI adroddiad Prif Gomisiynydd Gwasanaethau Ambiwylans 	<p>Carol Shillabeer</p> <p>Ysg. y Pwyll</p> <p>CASC</p>
EASC 20/94	<p>ADRODDIAD DARPARWR YMDDIRIEDOLAETH GIG GWASANAETHAU AMBIWLANS CYMRU (WAST)</p> <p>Derbyniwyd yr adroddiad diweddar gan Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST).</p> <p>Nododd yr Aelodau y canlynol:</p>	

	<ul style="list-style-type: none"> • Pandemig Covid Roedd y nifer o absenoldebau wedi codi, er eu bod ychydig yn llai nag yr oeddent ar uchafbwynt y don gyntaf, ac roedd hyn wedi sbarduno bod yn dactegol o ran llenwi sifftiau. Roedd hyn yn cynnwys defnyddio staff o'r 3 Gwasanaeth Tân ac Achub yn rheolaidd i lenwi sifftiau ar gyfer y rheng flaen. Cynigiodd Jason Killens gyflwyno'r gwersi a ddysgwyd o'r don gyntaf i'r cyfarfod nesaf (ychwanegwyd at y Cofnodion Gweithredu). • Awdurdod Gweithredol Iechyd a Diogelwch Nododd yr Aelodau y wybodaeth ddiweddaraf am wisgo cyfarpar diogelu personol (PPE). O ganlyniad, roedd polisiâu wedi'u diweddarau, roedd trafodaethau â'r HSE wedi bod o gymorth ac roedd sawl cyfarfod wedi ei gynnal. Roedd cynnydd yn cael ei wneud ac roedd WAST wedi newid sut mae'n delio â hyn fel y bo'n briodol. • Dangosyddion Clinigol / Canlyniadau Clinigol Rhoddodd Jason Killens drosolwg o'r gwaith sy'n gysylltiedig â'r cerdyn achos electronig (i'w ddefnyddio'n raddol yn lle'r pen digidol). Mae cyflenwr wedi'i ganfod a sicrhawyd cyllid cyfalaf i weithredu hyn tua diwedd y flwyddyn nesaf. Byddai hyn yn hwyluso gwell dealltwriaeth o ran canlyniadau, a thros amser bydd hyn yn caniatáu addasiadau gwybodus i'r gwasanaeth. Nododd yr Aelodau fod gofynion o ran hyfforddi, ac y gellid gwneud rhai elfennau o'r hyfforddiant hwn ar-lein a rhai eraill wyneb yn wyneb. Byddai angen rhai addasiadau a phrofion hefyd. Codwyd materion o ran y gallu iddo weithio ar systemau mewn adrannau achosion brys hefyd, a sicrhawyd yr Aelodau mai un o swyddogaethau'r system oedd hyn. Byddai hyn yn digwydd fesul cam ac yn cysylltu â Phorth Clinigol Cymru a systemau gwahanol eraill ar draws GIG Cymru maes o law. • Gwasanaeth Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys (NEPTS) Yn unol â'r gofynion i gadw pellter cymdeithasol, roedd hyn yn effeithio ar y gwasanaeth oherwydd bod cerbydau wedi'u cyfyngu o ran y nifer o gleifion y gallent eu cadw ynddynt. Roedd y mater hwn yn cael ei drafod yng Ngrŵp Sicrwydd Cyflawni NEPTS. • Adolygiad o'r Galw a'r Gallu i'w Ateb mewn Gwasanaethau Meddygol Brys Atgoffwyd yr Aelodau bod cynnydd yn y nifer o staff wedi'i gynllunio eleni ar gyfer 136 aelod o staff WTE newydd, a bod cynnydd da wedi'i wneud gyda'r disgwyliad y byddai'r targed 	<p>Prif Weithredwr WAST</p> <p>NEPTS DAG</p>
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	<p>hwn yn cael ei gyflawni erbyn diwedd y flwyddyn. Roedd hyn yn effeithio mewn modd cadarnhaol ar oriau cynhyrchu'r uned (UHP), a oedd yn galonogol iawn.</p> <p>Gofynnodd yr Aelodau:</p> <p>O ran oriau cynhyrchu ac effaith y buddsoddiad yn unol â'r Adolygiad o'r Galw a'r Gallu i'w Ateb, gofynnodd yr Aelodau am y rhagolygon a'r effaith dros fisoedd y gaeaf. Nododd yr Aelodau fod 100% o'r amserlenni sifftiau yn cyfateb i 119,000-120,000 o oriau. Roedd y ffigurau ym mis Hydref yn debyg i'r ffigurau yn gynharach yn y flwyddyn am resymau amrywiol. Roedd y rhagolygon i'r gaeaf yn defnyddio senarios amrywiol gan gynnwys galw arferol y gaeaf a lefelau uchel o Covid. Y nod fyddai llenwi 107% o amserlenni sifftiau (113% fyddai'r ganran uchaf posibl oherwydd argaeledd cerbydau).</p> <p>O ran y system gofal brys a'r cyfleoedd i systemau weithio gyda'i gilydd, nododd yr Aelodau fod y gwaith ar y dangosfwrdd ar gyfer Gofal Heb ei Drefnu wedi cyrraedd y cam proses dendro ar hyn o bryd, ac y byddai rhagor o wybodaeth ar gael maes o law (ychwanegwyd at y Cofnodion Gweithredu).</p> <p>PENDERFYNODD Aelodau:</p> <ul style="list-style-type: none"> • NODI adroddiad darparwr WAST. 	CASC
EASC 20/95	<p>FFOCWS – PWYSAU AR Y SYSTEM</p> <p>Cyflwynodd Stephen Harrhy y sesiwn a rhoddodd rywfaint o gyd-destun mewn perthynas â phwrrpas y sesiwn.</p> <p>Roedd cyflwyniad wedi'i rannu ag Aelodau a oedd yn canolbwyntio ar safbwynt y Comisiynydd ar gynllunio a sicrhau digon o wasanaethau ambiwlans i boblogaeth Cymru, yng nghyd-destun pwysau difrifol ar y system.</p> <p>O ran Cynllun Rheoli'r Galw WAST (WAST DMP) ar lefel 5 neu 6, nododd yr Aelodau y byddai hyn yn golygu na fyddai WAST yn gallu anfon adnodd at unrhyw un a oedd wedi galw. Teimlwyd bod hon yn sefyllfa eithafol ac y dylid manteisio ar bob cyfle i geisio osgoi digwyddiadau o'i fath.</p> <p>Nod y sesiwn oedd:</p> <ul style="list-style-type: none"> • Sicrhau bod ambiwlansys ar gael - y camau i'w cymryd mewn perthynas ag oedi wrth drosglwyddo cleifion a chamau gweithredu gan WAST i wneud y gorau o'r adnoddau sydd ar gael. • Deall effaith uwchgyfeirio ar draws y system gyfan – ar 	

	<p>Fyrddau Iechyd a WAST.</p> <ul style="list-style-type: none"> • Sut mae Byrddau Iechyd a WAST yn gweithio gyda'i gilydd a'r ateb rhanbarthol • Alinio cynlluniau uwchgyfeirio â gwersi a ddysgwyd yn sgil Covid • Capasiti ar gyfer dewisiadau amgen i reoli'r galw • Dod o hyd i'r goddefiannau • Nodi camau i'w cymryd. <p>Cytunodd yr Aelodau ar hynny oll.</p> <p>Rhoddodd Ross Whitehead y cyflwyniad, gan dynnu sylw unwaith eto at bersbectif y Comisiynydd o ran cynllunio a sicrhau digon o wasanaethau ambiwlans i Gymru. Ar rai achlysuron yn ddiweddar, sbardunwyd DMP WAST ac roedd pwysau'r system hyn yn herio gallu'r Pwyllgor i fodloni ei rwymedigaeth statudol. Nododd yr Aelodau fod WAST wedi cynnal rhagolygon modelu yn unol â disgwyliadau Llywodraeth Cymru mewn perthynas ag effaith y pandemig, a dangosodd llawer o ragolygon na fyddai WAST yn cyrraedd y targed perfformiad o 65% ar gyfer galwadau coch.</p> <p>Darparwyd trosolwg o'r galw am wasanaethau, gwybodaeth am y lleoliadau yr aed iddynt, yr ysbytai yr aed iddynt a faint o oriau a gollwyd. Nododd yr Aelodau effaith benodol y pandemig ar ddarparu gwasanaethau, a nodwyd hefyd y data a'r camau a gymerwyd eisoes o ran recriwtio, sefydlu'r Uned Cyflawni Gweithredol, dyblu oedi wrth drosglwyddo cleifion ers mis Awst a sbarduno lefel 6 DMP WAST ar fwy nag un achlysur.</p> <p>Nododd yr Aelodau y cynlluniau modelu a senario ar gyfer yr achos gwaethaf, sef y mwyaf tebygol gyda lefelau uchel o COVID a'r mwyaf tebygol gyda lefelau isel o COVID.</p> <p>O ran y sefyllfa gyfunol a'r camau gweithredu sydd eu hangen i gyflawni'r gofynion statudol y gaeaf hwn, nododd yr Aelodau feysydd allweddol o ran effeithlonrwydd, buddsoddi a chyfleoedd ychwanegedd ar gyfer yr uned gyflawni weithredol ac oedi wrth drosglwyddo cleifion. Roedd y modelu a oedd wedi'i wneud wedi rhagdybio 90% o'r un lefel o oedi wrth drosglwyddo cleifion ag a gafwyd yn 2019.</p> <p>Trafododd yr Aelodau bwysau parhaus y system, ac yn arbennig yn achos Byrddau Iechyd, o ran oedi wrth drosglwyddo cleifion mewn adrannau argyfwng. Cadarnhaodd Stephen Harthy hefyd y byddai'r gwaith a wnaed gan Gwelliant Cymru hefyd yn llywio'r broses yn y dyfodol.</p>	
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	<p>Roedd yr Aelodau'n cefnogi'r gofynion i sicrhau bod cynifer o ambiwlansys ar gael â phosibl y gaeaf hwn, yr angen i ganolbwyntio ar leihau niwed a gwella ansawdd a chanlyniadau cleifion, a'r angen i weithredu mewn ffordd ragweithiol gan ddechrau yn y Byrddau Iechyd ond gan weithio ar y cyd ar sail ranbarthol hefyd lle'r oedd angen gwneud hyn. Ymrwymodd yr Aelodau yn arbennig i'r camau gweithredu canlynol:</p> <p>Adnoddau Ambiwylans – Darparwyd cyllid canolog i gefnogi staff WAST i lenwi amserlenni sifftiau hyd at uchafswm y fflyd o 113%. Byddai'r cyllid ar gyfer hyn yn dod yn ganolog o gronfa amddiffyn y gaeaf a dylai WAST wneud y mwyaf o'r adnoddau sydd ar gael ar unwaith. Cytunodd Stephen Harrhy i ddosbarthu adroddiad ar sicrhau capasiti NEPTS ychwanegol fel rhan o gynllun amddiffyn y gaeaf C3 a C4 (ychwanegwyd at y Cofnodion Gweithredu).</p> <p>Effeithlonrwydd Adnoddau– Cytunodd yr Aelodau y dylai WAST dargedu'r adnodd ychwanegol hwn yn effeithiol at adegau o'r dydd, y dyddiadau a'r rhanbarthau hynny lle'r oedd gwahaniaeth ar hyn o bryd rhwng y galw a'r gallu i ateb y galw hwnnw.</p> <p>Carfannu cleifion yn ddiogel / Staffio a'r model gweithredu mewn Mannau Cadw Cleifion – Cydnabu'r Aelodau y rôl y byddai carfannu cleifion yn ddiogel yn ei chwarae y gaeaf hwn o ran ei gwneud yn bosibl rhyddhau ambiwlansys yn amserol, a chytunodd Stephen Harrhy i weithio gyda WAST a'r Byrddau Iechyd perthnasol i ddod o hyd i ateb o ran materion staffio ac i gytuno ar y model gweithredu ar gyfer yr ardaloedd hyn ar gyfer y gaeaf hwn (ychwanegwyd at y Cofnodion Gweithredu).</p> <p>Uned Cyflawni Gweithredol – Cydnabu Aelodau rôl yr Uned o ran cefnogi llif gwybodaeth ar lefel systemau a chydabuont fod angen iddi ddatblygu ymhellach i gefnogi'r system. Cytunodd yr Aelodau y dylai Byrddau Iechyd fynd ati'n rhagweithiol i fanteisio i'r eithaf ar eu hadnoddau eu hunain cyn ceisio cymorth rhanbarthol. Cytunodd Stephen Harrhy i barhau i weithio gyda'r Prif Weithredwyr ar hyn i gytuno ar gwmpas a chyfrifoldebau ac i ddatblygu'r model gweithredu ar gyfer yr Uned (ychwanegwyd at y Cofnodion Gweithredu).</p> <p>Gwybodaeth – Cydnabu'r Aelodau y cyfleoedd sydd ar gael ar hyn o bryd i rannu gwybodaeth rhwng WAST a'r Byrddau Iechyd, a'r cyfleoedd ychwanegol yn sgil y dangosfwrdd ar gyfer Gofal Heb ei Drefnu a 'signalau ar gyfer sŵn'.</p>	<p>CASC</p> <p>CASC</p> <p>Byrddau Iechyd CASC</p>
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	<p>Cytunodd Jason Killens i adolygu a gwella'r data a ddarperir yn rheolaidd i Fyrddau Iechyd gan ganolbwyntio ar amrywiaeth o Ddangosyddion Ansawdd Ambiwlansys (AQIs) (ychwanegwyd at y Cofnodion Gweithredu). Cytunodd Stephen Harrhy i weithio gyda Gwasanaeth Gwybodeg GIG Cymru (NWIS) i sicrhau ateb sy'n seiliedig ar Wybodaeth Busnes ac i fwrw ymlaen â'r broses o gaffael dangosfwrdd a'r seilwaith data, er mwyn cael un system integredig yn y Byrddau Iechyd a WAST (ychwanegwyd at y Cofnodion Gweithredu).</p> <p>Lefelau Trosglwyddo Cleifion – Trafododd yr Aelodau bwysigrwydd leihau oriau coll wrth drosglwyddo cleifion a'r angen i gadw lefelau o dan 150 awr y dydd, gan y byddai unrhyw lefel sy'n uwch na honno yn heriol o safbwynt argaeledd adnoddau (ychwanegwyd at y Cofnodion Gweithredu). Trafododd yr Aelodau hefyd bwysigrwydd paratoi cerbydau i adael eto yn gyflym, a mabwysiadu dull 'dim goddefgarwch' lle mae oedi o dros 1 awr.</p> <p>Uwchgyfeirio – Cytunodd yr Aelodau y byddai angen dull safonol o uwchgyfeirio (a'r lefel o fewn sefydliadau) lle byddai angen canolbwyntio ar gamau rhagweithiol, gwella ansawdd a lleihau niwed, er mwyn sicrhau eglurder ynghylch cyfrifoldebau a chamau gweithredu ar bob lefel o uwchgyfeirio, ar lefel y Byrddau Iechyd ac yn WAST. Cytunodd Stephen Harrhy i ddatblygu'r gwaith hwn a byddai'n dosbarthu cynnig rhagweithiol drafft i'r Aelodau (ychwanegwyd at y Cofnodion Gweithredu).</p> <p>Oriau Coll ar ôl Dechrau Sifft – Cytunodd yr Aelodau fod angen cynnydd cyflym o ran deall a lleihau oriau coll ar ôl i sifftiau ddechrau, yn enwedig y rhai sy'n gysylltiedig egwyliau. Trafododd yr Aelodau yr angen i roi cymorth i WAST ar gyfer hyn, gan gydnabod y byddai'n heriol.</p> <p>Cytunodd Jason Killens i ymateb i Stephen Harrhy ar y mater hwn ac egluro ei syniadau ar ffyrdd posibl ymlaen (a dysgu gan wasanaethau ac adolygiadau eraill) a fyddai'n cael eu rhannu â'r holl Aelodau (ychwanegwyd at y Cofnodion Gweithredu).</p> <p>PENDERFYNODD Aelodau:</p> <ul style="list-style-type: none"> • NODI'R cyflwyniad a bwrw ymlaen â'r uchod. 	<p>Prif Weithredwr WAST</p> <p>CASC</p> <p>Byrddau Iechyd ac Ymddiriedolaethau</p> <p>CASC</p> <p>CASC a Phrif Weithredwr WAST</p>
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Rhan 3 EITEMAU I'W CYMERADWYO NEU EU CEFNOGI		CAM GWEITHREDU
EASC 20/96	<p>ADRODDIAD CYLLID</p> <p>Derbyniwyd Adroddiad Cyllid EASC. Nododd yr Aelodau'r sefyllfa sefydlog. Byddai gwaith pellach yn cael ei wneud i gynnwys gofal critigol a'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys Parhaodd y gwaith i fonitro'r arian ychwanegol a ddarparwyd ar gyfer staff ychwanegol yn WAST, gofal y tu allan i'r ysbyty a chynllunio ar gyfer y gaeaf.</p> <p>PENDERFYNODD aelodau:</p> <ul style="list-style-type: none"> • GYMERADWYO a NODI'R adroddiad. 	Cyfarwyddwr Cyllid
EASC 20/97	<p>COFNODION IS-GRWP EASC</p> <p>Derbyniodd yr Aelodau gofnodion a gadarnhawyd o gyfarfodydd Is-grwpiau EASC fel a ganlyn:</p> <ul style="list-style-type: none"> • Grŵp Rheoli EASC - 27 Awst 2020 • Grŵp Sicrwydd Cyflawni NEPTS – 18 Awst a 29 Medi 2020 • Grŵp Sicrhau Cyflawni EMRTS – 16 Mehefin 2020. <p>PENDERFYNODD Aelodau:</p> <ul style="list-style-type: none"> • GYMERADWYO'R cofnodion a gadarnhawyd fel uchod. 	CASC
EASC 20/98	<p>LLYWODRAETHU EASC GAN GYNNWYS Y GOFRESTR RISG</p> <p>Derbyniwyd adroddiad llywodraethiant EASC. Wrth gyflwyno'r adroddiad, eglurodd Stephen Harrhy fod dwy risg bellach yn uwch ar y gofrestr risg, sef perfformiad yn y categorïau coch ac ambr.</p> <p>PENDERFYNODD aelodau:</p> <ul style="list-style-type: none"> • GYMERADWYO'R Gofrestr Risg. • NODI'R adroddiad llywodraethiant a'r angen am yr arolwg effeithiolrwydd. 	CASC
EASC 20/99	<p>BLAENGYNLLUN BUSNES</p> <p>Derbyniwyd y blaengynllun busnes. Nododd yr Aelodau fod angen gwneud rhagor o waith ar y Fframwaith Gwasanaethau Meddygol Brys. Byddai gwaith pellach yn cael ei wneud y tu allan i'r cyfarfod er mwyn awgrymu'r Ffocws nesaf ar bwnc penodol.</p> <p>Yn dilyn trafodaeth, PENDERFYNODD Aelodau:</p> <ul style="list-style-type: none"> • GYMERADWYO'R Blaengynllun. 	Cadeirydd

Eitem 1.4 ar yr Agenda

Rhan 4 MATERION ERAILL		CAM GWEITHREDU
EASC 20/100	UNRHYW FATERION ERAILL Codwyd un eitem arall o fusnes yn y cyfarfod. Awgrymodd Jason Killens y gallai Grŵp Sicrwydd Cyflawni NEPTS drafod cynllunio ar gyfer rhyddhau cleifion dros y gaeaf. Dywedodd Ross Whitehead fod amser yn ffactor pwysig yn y mater hwn yn ogystal â mynediad at ddarparwyr, a chynigiodd ysgrifennu at WAST gyda rhai cynigion. Cytunodd yr Aelodau i hyn.	CASC

DYDDIAD AC AMSER Y CYFARFOD NESAF		
EASC 20/101	Bydd cyfarfod o'r Cyd-bwyllgor yn cael ei gynnal am 09:30 o'r gloch, ddydd Mawrth 9 o Fawrth ym Mhwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC), Uned G1, The Willowford, Main Ave, Ystâd Ddiwydiannol Trefforest, Pontypridd CF37 5YL ond mae'n debygol o gael ei gynnal ar lein ar lwyfan Microsoft Teams.	Ysgrifennydd y Pwyllgor

Llofnod
Christopher Turner (Cadeirydd)

Dyddiad



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 March 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. The meeting scheduled to take place in January 2021 was cancelled due to operational pressures related to the pandemic.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- Ongoing work with the Fire and Rescue Services (as potential first responders)
- Safe cohorting of patients to help reduce handover delays at emergency departments
- The progress developing a dashboard to help health boards better plan their services working in real time with the ambulance service
- The work of the Ministerial Ambulance Availability Taskforce, the interim report had been submitted to the Minister for Health and Social Care
- Emergency Medical Retrieval and Transfer Service (EMRTS) - Members were notified that accessing capital funding had been an issue for the service in terms of their expansion plans and this had now been resolved.
- Non-Emergency Patient Transport Service (NEPTS) - Members noted that the roll out was almost complete; the final two health boards would soon complete the transfer and the CASC thanked the Members for their support in progressing this matter.
- Emergency Medical Services Framework - Members noted that the EMS Framework had been refreshed. The version produced was less technical than previous iterations but continued to link to the care standards and core requirements but was more focused on outcome and outputs, a change which was welcomed by the Members. There were no specific issues to raise and the framework had been discussed at the EASC Management Group. The Framework was approved by the Committee.

PROVIDER ISSUES

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

- Covid pandemic, escalation levels at WAST and also learning lessons
- Red performance remained below the target
- Serious adverse incidents

- Handover delays had increased leading to unacceptable waits for ambulances
- Update on the use of personal protective equipment and the Health and Safety Executive
- Progress on the Operational Delivery Unit at WAST and linking with Chief Operating Officers
- The Demand Management Plan at WAST had increased to level 5 and this meant that people in communities who would have normally received an ambulance response being left to make their own arrangements.

FOCUS ON - EASC ANNUAL PLAN AND COMMISSIONING INTENTIONS

Members noted the intention to focus on three areas in alignment with health boards' resetting:

1. Focus on commissioned services
2. Transformational work programmes
3. Develop the commissioning cycle more fully.

Members noted that the Annual Plan and Commissioning Intentions had been discussed at the EASC Management Group and the guiding principles agreed included:

- Intentions will be at the strategic level and will be extant for a minimum of 3 years
- Collaborative priorities ie WAST, HBs and EASC Team will be agreed annually for each intention
- They will focus on delivery and outcomes
- Each intention will have annually agreed aims, product or indicator or a combination of these.
- They will recognise the challenges of resetting in post-Covid environment and the opportunities to fast track service transformation
- They will not replace or override extant requirements within the commissioning framework or statutory targets or requirements.

For emergency medical services the commissioning intentions included:

- seizing the opportunities afforded by the Welsh Clinical Response Model and the 5 Step EMS Ambulance Pathway.
- optimising the availability and flexibility of front line resources to meet demand.
- maximising productivity from resources and demonstrate continuous improvement.
- developing a value-based approach to service commissioning and delivery which enables an equitable, sustainable and transparent use of resources to achieve better outcomes for patients.
- collaborating to reduce and prevent harm, and improve quality of service and outcomes for patients.
- collaboratively developing and delivering services that allow the ambulance service to contribute to the wider health system.

Members asked about the 111 Service Programme and Contact First plans; the Committee was not currently responsible for commissioning these services under the Statutory Establishment Order for the EAS Joint Committee. Members were aware of the increasing symbiosis of the 999 service and the 111 Service Programme. The 111 Service Programme Board was also considering the right governance arrangements to avoid duplication.

Members noted the current position that the 111 Service reported through its Programme Board and the Contact First reported through to the National Programme for Urgent and Emergency Care. Members felt it would be helpful that the processes could be simplified and noted that the EASC Joint Committee could provide strong governance for these services.

The EMRT service had been allocated funding to establish the Critical Care Service (£1.7m) as well as funding to support the Major Trauma Network.

WELSH AMBULANCE SERVICES NHS TRUST (WAST) DRAFT INTEGRATED MEDIUM TERM PLAN (IMTP)

The draft WAST IMTP was received. In presenting the plan, Jason Killens highlighted the overarching (current draft) summary position including:

- The plan built on previous plans
- Recognises the EMS 999 service and also the front end of the 111 service (through the programme board)
- Recognised that this was a 3 year plan although Welsh Government only asked for an annual plan
- Demand and Capacity review investment and efficiencies to be made; increasing hear and treat rate

Next 12 months

- Call handling (111 roll out – BCUHB in June and CVUHB will be the last health board to come on line)
- Implement new SALUS system – national system for 111 in the summer (Plans for CVUHB could be brought forward after the new system is implemented if required)
- More call handlers and clinicians and investing in senior clinicians in 111 to develop options for patients
- Digital options and offers to be developed – including video assessments with clinical staff (begin to defray as much activity with a digital offer)
- WAST expect 111 and 999 services to come together as a clinical service and work through how this may look in the future
- Demand and capacity – appointing a further 127 staff to close relief gap and concurrently the efficiency work – will involve changing rosters
- Electronic patient clinical record; will improve data collection and accessibility and connection of data sets which will inform decision making
- Respiratory and other pathways
- NEPTS – national footprint for the first time

Additional offers could include (if commissioned)

- Recruit a further 50 paramedics
- More staff through advanced practice (20 in September)
- Implement 'Beyond the Call,' responding with specialist clinicians and a level 2 full service nationally.

Members noted that additional information would be developed to provide a sense of what might be achieved on performance into the final version of the IMTP. The model for rural areas was also of interest to Members and further work would take place to discuss improving services.

Members **RESOLVED** to:

- **SUPPORT** the draft WAST IMTP.
- **APPROVE** the Chair and CASC sign off the plan at the appropriate time before submission to the Welsh Government.

FINANCE REPORT

The EASC Finance Report was received. Members noted the stable position, 100% balanced plan. There were no anticipated difficulties to complete the finance report at year end.

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

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The EASC Governance report was received.

Members noted:

- The temporary changes to the model Standing Orders in line with the Welsh Health Circular 2020/11 would revert to the original Standing Orders on 31 March 2021.
- The EASC Directions and Regulations
- The Risk Register which had been received at the EASC Management Group
- The EASC Sub Group membership had been clarified for all health boards
- Plans to improve public access to Committee meetings in line with health boards.

Members **RESOLVED** to:

- **APPROVE** the Model Standing Orders for EASC noting the changes following the completion of the Welsh Health Circular 2020/011 on 31 March 2021
- **APPROVE** the risk register.

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

- Increasing handover delays
- Red performance not meeting the target - risk register amended to demonstrate deterioration in performance
- Decreasing Amber performance - risk register amended to demonstrate deterioration in performance
- WAST Demand Management plan at level 6
- Next 'Focus on' session – a modern ambulance service

Matters requiring Board level consideration and/or approval

- None

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	11 May 2021			

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	18 March 2021
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<p>Managing Director's Report – the main issues noted were:</p> <ul style="list-style-type: none"> • Welsh Risk Pool - the 2020/21 £121m DEL forecast includes significant additional risk since December due to the current national lockdown. Cases which would have otherwise continued to settlement are being delayed into the next financial year. The potential risk to the outturn has been quantified at £6m and mitigating steps are being taken to see what other appropriate action can be taken to reduce any changes to the forecast outturn. The risk-sharing agreement has been frozen as at the end of January at the agreed figure of £13.779m and this has been communicated to Directors of Finance. • SSPC Membership - The Minister is currently updating the regulations to enable both Health Education and Improvement Wales, and Digital Health & Care Wales, to become full voting members of the Shared Services Partnership Committee. As part of this process, Welsh Government have taken the opportunity to review the Shared Services element of the Velindre NHS Trust Establishment Order to ensure that it appropriately covers all the services provided and offered by NWSSP. Their findings were that the Order remains appropriate, and in accord with the definition of what NWSSP were established to do. • TRAMS - Committee Members were written to at the start of February to confirm their APPROVAL to support the TRAMs proposal and specifically to fund a small and non-recurring revenue gap in years 3 and 4 of the project through a first call on NWSSP savings. Positive confirmation of support was received from all NHS organisations on this proposal, including a number who have committed to use their share of any NWSSP savings even though they do not directly benefit from the TRAMS business case. Feedback is currently awaited from the Minister's Office with regard to endorsement of the Programme Business Case following the positive Capital Infrastructure Investment Board meeting on the 28th January. 	

Items Requiring SSPC Approval

Annual Plan – Since presenting the Plan to the January SSPC, the Director of Planning, Performance, and Informatics has met individually with Committee members to discuss the indicative plan and confirm key priorities for 2021-22. The Touchpoint meeting with the Welsh Government Planning team on 2 March was followed by a further meeting with the Finance Delivery Unit on 8 March. Both were extremely positive. The key aspects of the plan, and the associated financial implications and requirements, were presented to the Committee. The plan is ambitious but proportionate and financially balanced. The plan seeks to:

1. Support the NHS in reducing the four harms of COVID19, including the vaccination campaign.
2. Continue to deliver the basics well, with a strong focus on end user experience.
3. Review processes and tailor services to customer priorities as they restart areas such as planned care.
4. Implement a number of 'Once for Wales' solutions that deliver service improvement and transformation.
5. Apply learning from the pandemic and embed new efficient and sustainable ways of working across the organisation.
6. Put the voice, health, and wellbeing of our staff at the heart of our plans.

The Plan was supported by Committee members in particular highlighting the potential impact and support NWSSP could have with regard to the foundational economy and the decarbonisation agenda. The Committee **APPROVED** the plan.

Laundry Services - Sufficient progress has been made with three out of the five existing laundries to allow the TUPE transfer process to conclude on 1st April. A number of appointments have been made to strengthen the management structures within NWSSP to oversee the transfer and subsequent operation of the laundry service going forward as well as ensuring the next phase of the laundry development is taken forward in a timely manner. The financial positions have largely been agreed with ABUHB, BCUHB and Swansea Bay for the three laundries transferring on 1 April. The transfer will mean customers who currently have their laundry service provided by one of these laundries will continue to receive the same service "as is" with no anticipated change in delivery arrangements or cost attributed to that service at the present moment. A draft Service Level Agreement has been documented for the provision of this service which was **APPROVED** by the Committee and which will be reviewed after the end of the first quarter of operation together with the development of additional KPIs.

Temporary Medicines Unit - The Committee **APPROVED** the extension of the associated TMU SLA and Technical Agreements, up to March 2023.

Scan4Safety- The Scan4Safety Business Case was presented by the NWSSP Director of Procurement and the Programme Manager. This had previously been reviewed by the Committee in January. In addition, it had been taken to DoFs in February and was going back to DoFs on 19th March. The benefits of the initiative were reiterated and were fully supported by the Committee. The Committee **APPROVED** the Full Business Case for submission to Welsh Government subject

to endorsement of the revised funding arrangements by DOFs on 19th March 2021.

NHS Wales Mediation Network – The Committee were asked to consider a request to fund the costs associated with the development of a new Mediation Network for NHS Wales. The development of the Network is seen to be an integral part of the wider work to address concerns relating to bullying and harassment arising from Staff Survey feedback, setting a framework for improved working relationships and encouraging respect and early resolution of grievances and dignity at work matters. The Committee **APPROVED** the request to fund the 2021/22 costs (approx. £60k) from a call on savings within NWSSP.

Digital Workforce Systems Scheduling – The Committee received a proposal relating to the adoption of a Once for Wales e-scheduling system contract for District Nursing and other Community-based staff at its January 2021 meeting. The required approach was endorsed in the January meeting and the Committee were now being asked to **NOTE** the award of a two-year contract for this system with effect from 31 March 2021.

Finance, Workforce 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 and Workforce Report - As at the end of M10 the year-end forecast remains at a break-even position. The final ESR recharges for 2020/21 have now been confirmed to UHBs/Trusts and the recharge invoices raised in February following the previously noted risk in respect of this. The previously communicated risk associated with the CTES SIP Fund has been reduced and £0.368m of funds will be returned to UHBs/Trusts in 2020/21.

Corporate Risk Register – there is now one red risk on the register, relating to the replacement of the NHAIS system which is due to go live on 1 July. Two former red risks, relating to the implications of BREXIT and the replacement of the Ophthalmology Payments system have now been reduced to an amber rating.

Finance Monitoring Reports – the Committee were provided with the monitoring returns for Months 9, 10 and 11 for information.

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	20 May 2021
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