



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 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)

- Briefing notes from the WHSSC meeting held on 15th December 2020 setting out the key areas of discussion.

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of EASC meeting held on 8th September 2020;
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 10th November 2020.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 19th November 2020.

NHS Wales Collaborative Leadership Forum (CLF)

- Confirmed minutes of the CLF meeting held on 28th July 2020.

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

Mid Wales Joint Committee for Health and Care (MWJC)

- The MWJC will report to the 25th March 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:
Datix Risk Register Reference and
Score:

Not Applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

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

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

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – DECEMBER 2020

The Welsh Health Specialised Services Committee held its latest public meeting (which was an extra-ordinary meeting) on 15 December 2020. 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/2020-2021-meeting-papers/>

Managing Director's Report

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 meeting that was held on 25 November 2020.

Resource Utilisation for Value - Options 2020-21

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.

Members approved 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. It was also 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.

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
8 SEPTEMBER 2020 AT 13:30 VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Gill Harris	Interim Chief Executive, Betsi Cadwaladr BCUHB
Steve Curry	Chief Operating Officer, Cardiff and Vale CVUHB
Nick Lyons	Interim Chief Executive, Cwm Taf Morgannwg CTMUHB
Carol Shillabeer	Chief Executive, Powys PTHB

In Attendance:

Cath O'Brien	Chief Operating Officer, Velindre NHS Trust
Hannah Evans	Director of Transformation, Swansea Bay SBUHB
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience
James Rodaway	Head of Commissioning & Performance Management
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Mark Harris	Patient Care Services Manager, Welsh Ambulance Services NHS Trust (For Focus On – NEPTS agenda item only)
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/66	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. Hannah Evans, Director of Transformation for Swansea Bay UHB and Cath O'Brien, Chief Operating Officer for Velindre NHS Trust were welcomed to their first meeting.	
EASC 20/67	APOLOGIES FOR ABSENCE Apologies for absence were received from Tracy Myhill, Sian Harrop-Griffiths; Steve Moore, Karen Miles, Len Richards and Glyn Jones.	

	<p>EASC 20/57 Healthcare Inspectorate Wales (HIW) Report Members noted that WAST had received the draft report from HIW and had provided comments on matters of factual accuracy. It was likely the final version of the report would be published by HIW at the end of September. The report would be circulated to Members as soon as received.</p> <p>EASC 20/58 Emergency Medical Retrieval and Transfer Service (EMRTS) Members noted that work was underway to try and secure capital funding for the EMRTS service. A further update would be provided at the next meeting.</p> <p>EASC 20/60 Governance Update Members were aware that the effectiveness survey information was outstanding and would be shared once all surveys had been received from the sub groups.</p> <p>EASC 20/29 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. A service level agreement was being developed in partnership by WAST. Stephen Harrhy explained that a briefing session had been planned with the Minister for Local Government and Jason Killens agreed to provide information for the briefing by 14 September 2020 (added to the Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>Ctte Sec</p> <p>CASC</p> <p>Ctte Sec</p> <p>CEO WAST</p>
EASC 20/71	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 20/72	<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 20/73	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harrhy highlighted the following key items:</p>	

<ul style="list-style-type: none"> • Ministerial Ambulance Availability Taskforce <p>Members noted that arrangements were continuing to start the work related to the Taskforce. The proposed framework was being developed including the key output products identified. Stephen Harrhy agreed to share the draft work and asked for comments to shape the work as it develops. The aim was to use existing mechanisms where possible and an interim report was planned to be developed by the end of November (Added to the Action Log).</p>	CASC
<ul style="list-style-type: none"> • Refreshing the Emergency Medical Services (EMS) Framework <p>Members were aware of the plans to refresh the EMS Framework and it was suggested that this take place by April 2021. Detailed discussions would take place at the EASC Management Group and a report would be developed for the next EAS Committee meeting (added to the Forward Look). The aim of the refresh would be to ensure that the Framework was streamlined and more reflective of the current position for EMS services. Members noted that some issues would need Health Board and WAST support in order that the Framework could operate from the beginning of the next financial year.</p>	CASC
<ul style="list-style-type: none"> • Quality and Delivery (Q&D) Meeting with the Welsh Government (WG) <p>Members noted a recent Q&D meeting had taken place and the areas discussed where the biggest concern, and the majority of the meeting's focus, was on the current performance. The WG officials were also updated on the plans for the Ministerial Ambulance Availability Taskforce.</p>	
<ul style="list-style-type: none"> • EASC allocation letters for Major Trauma Services and Critical Care Transfer Services <p>Members noted that the allocation letters had been received by the CASC and were pleased to note that they were in line with the expectations of the financial plan within the Integrated Medium Term Plan (IMTP). Members noted that a full year allocation had been provided and the CASC agreed to develop options for the use of this funding (added to the Action Log).</p>	CASC
<ul style="list-style-type: none"> • Progress on the Emergency Medical Services Demand and Capacity Implementation Plan <p>Members were aware of the agreement at EASC to fund up to 90wte additional staff within the plan. The WAST team had previously discussed that a further 46wte staff could be recruited and trained within the financial year.</p>	

	<p>Members noted that a discussion had taken place at the EASC Management Group regarding the recruitment of the additional front line staff which had been supported, although the source of the funding was unclear. Stephen Harrhy suggested that this additional cost of £1.4m could be included as part of the process to bid for resources under the winter protection fund to ensure maximising front line staff. This suggestion was supported by Members.</p> <p>The Chair thanked Stephen Harrhy for his report and Members discussed the following matters:</p> <ul style="list-style-type: none"> • Concerns were raised regarding the capacity of the system to meet all of the ongoing plans during the potential resurgence of the pandemic. In terms of the revision of the EMS Framework, Members felt that clinical outcomes would be important but there may be a wider requirement to filter the work of the Committee to business critical areas only. • Members noted that the review of the IMTP would provide an opportunity to redefine the key areas of work and this would be discussed at the EASC Management Group and would be reported to the next EAS Committee meeting (added to the Forward Look). It was suggested that further information may be circulated outside of the formal meeting arrangements as the current system may not have sufficient capacity to deliver all of the previously agreed plans. • Members noted the opportunity to align with the work already underway on seasonal planning and the potential opportunity to be more coordinated with the option of needing to work outside of the formal Committee arrangements if required. • Members noted that good collective progress had been made on the arrangements to open the Grange University Hospital and a helpful recent meeting had taken place which had resolved some key outstanding issues. <p>The Chair summarised the discussion and Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chief Ambulance Services Commissioner's report • NOTE the need to identify a set of specific priorities • NOTE the aim to link to seasonal priorities • APPROVE the intention to seek £1.4m from the winter protection funding for the additional staff within the EMS Demand and Capacity Implementation plan. 	CASC
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EASC 20/74	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. To provide more clarity in relation to activity and performance Jason Killens asked the Chair if he could share a presentation and it would be shared with Members after the meeting. The Chair reminded Members that he would prefer to avoid having tabled information at the Committee meetings in order for opportunity to scrutinise the information in advance. However, he agreed to the use of the presentation to assist Members, particularly as performance had deteriorated.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • Serious Adverse Incidents (SAIs) – a marked reduction in numbers over the recent months although now monitored weekly by the WAST Directors, reported to a WAST sub-committee and onto the WAST Board. A report would be compiled monthly and more examples would be shared with the EASC Team (added to the Action Log). <p>The Chair asked if it would be possible to compare the levels of SAIs with other comparable areas as it was difficult to set in context the data presented. Jason Killens agree to try and benchmark with other areas and present the information in the next report (added to the Action Log).</p> <ul style="list-style-type: none"> • Long waits – the reasons were provided as was more evidence of the shift back to normal working • Health and Safety Executive (HSE) – two improvement notices had been received (sharps injury (disputed) and extended time spent in personal protective equipment). A full response had been provided to the HSE and the policy position on personal protective equipment (PPE) had been updated. The importance of the turnaround of ambulances at emergency departments was discussed and that WAST staff wearing PPE were reliant on health board staff to comply with the guidance (added to the Action Log). Members noted that it was likely that the HSE would escalate this issue if further situations arose • Performance position <ul style="list-style-type: none"> - RED position – for August was below 65%, however the number of calls responded to in 8 minutes was more than the previous August - 999 handling and 999 calls – good performance - Incidents – volumes increased from August 2019 	<p>CEO WAST</p> <p>CEO WAST</p> <p>All</p>
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	<ul style="list-style-type: none"> - Production comparison August – more this year compared to previous years - EMS Abstractions – increase due to annual leave as staff were encouraged to take leave before winter - Overtime reductions – no incentivised overtime - Covid 19 abstractions now at 3% - More activity August 2020 compared with 2018 and 2019 - Emergency Ambulance Utilisation (3% tolerance) - Staffing – focus is on additionality and recruitment <p>Forecast</p> <ul style="list-style-type: none"> - Production stronger in September – on or over 100% for emergency ambulances, more work required on rapid response vehicles - Amber performance and patients experiencing long waiting times - Anticipating further Covid19 surge - Modelling forecast for September - 66%. <p>Members were concerned about the deterioration in performance; it was noted that Powys had not met the target over the last 5 or 6 months although ongoing discussions were taking place. The performance was worse during 2020 and it was suggested that this could be attributed to the switch away from the deployment of rapid response vehicles (RRVs); it was hoped that the recommencement of RRVs would improve the performance in Powys and other health board areas.</p> <p>Members asked regarding the impact of 'consultant connect' in terms of managing conveyance and whether any learning could be shared across the system. Members noted that the numbers to date were small and that there was a large variation in the uptake.</p> <p>The CASC responded to the content of the presentation and highlighted:</p> <ul style="list-style-type: none"> - Helpful to note that more front line staff available in August than previous year despite reduction in overtime and an increase in annual leave allocated; therefore, additional investment in demand and capacity plan is starting to become effective - Support the rebalancing of emergency vehicles and RRV as this will have a positive impact on red performance; however, WAST need to keep in mind any potential negative impact on amber performance 	CASC
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	<ul style="list-style-type: none"> - Keen to work with health board colleagues re handover delays and what do their plans look like – it was agreed that the CASC to contact everyone for their plans (added to the Action Log) - Confirmed that a detailed analysis of the ambulance performance in August was being undertaken to supplement WAST improvement plan including variation in mobilisation times in South East Wales compared with other regions - Opportunities for learning across Wales including Cardiff and Vale UHBs CAV 24/7. <p>The Chair asked regarding the information on current and forecasted future performance and suggested that it would be helpful to have a coordinated plan from WAST to tackle the issues identified. It was felt this overview list would also be helpful for the work of the Ministerial Ambulance Availability Taskforce to coordinate the actions to be taken.</p> <p>Members agreed that the EASC Management Group receive and discuss the overview list (Added to the Action Log). Members also noted the importance of the impact of cultural issues in terms of the ownership and professional responsibilities in working together and this would be key during the winter months.</p> <p>Other matters highlighted from the WAST provider report included:</p> <ul style="list-style-type: none"> • the recruitment of the additional staff for the front line which was at 119.28wte to date which subject to additional resources could be increased although the additional work by the finance teams would provide clarity. • Where health board service changes had been planned, Jason Killens thanked colleagues for including the WAST Team as early as possible to support service changes across NHS Wales. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the provider report and the actions agreed. 	CEO WAST
EASC 20/75	<p>FOCUS ON – NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)</p> <p>The report and presentation on the Non-Emergency Patient Transport Service (NEPTS) was received. In presenting the report, James Rodaway and Mark Harris explained that the report had been received at the NEPTS Delivery Assurance Group and also at the EASC Management Group.</p>	

	<p>Members noted:</p> <ul style="list-style-type: none"> • NEPTS Headline statistics • The Collaborative approach undertaken at the NEPTS Delivery Assurance Group – this work included the team at WAST but also health board teams with a focus on continuous improvement • Commissioning and Quality Assurance undertaken – the Framework was in place and robust processes were in operation. Step 1 and 2 were considered key in ensuring the transport solution is as good as possible • NEPTS Service Development • Enhanced Service Provision – renal, oncology and end of life service; renal patients account for 30% of all NEPTS journeys which was steadily increasing and more work ongoing to develop oncology services. It was noted that the End of Life Care Service had won a Health Service Journal Award and the team were warmly congratulated on this achievement • Performance/ Service Delivery Improvements • Governance and Planning – this included a more joined up approach and particularly the tiered staff structure in health boards to support the local commissioning • NEPTS Demand and Capacity Review now underway • The Impact and Learning from Covid19 • The NEPTS Delivery Assurance Group at the end of September would be discussing winter planning and discharge capacity matters and the impact of Covid19 on NEPTS activity. <p>Mark Harris provided detailed operational information regarding the different ways of working within the NEPT service during the pandemic which included support providers, people driving themselves to appointments, student paramedics and also the voluntary sector. The team were working to manage through the agreed script and were finding alternative ways of transporting patients.</p> <p>Members noted that the NEPT Service were also working with Optima using the modelling tool to analyse how the service could be used in the winter. Other complementary work included how volunteer drivers could be protected including consideration for early vaccination (when available).</p> <p>The importance of the whole system approach to developing winter plans was discussed and particularly for this service. The longer term issues would also need to be considered including the resetting of plans for outpatients and other work.</p>	
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	<p>The CASC emphasised the importance of the joined up approach and informed Members of the ongoing work with the procurement team to look at all spend on private providers as there may be an opportunity to realise savings and the further development of the NEPT service in line with the 'Once for Wales' ethos. Members were very supportive of the All Wales approach and the improvements being made within the NEPT service to date.</p> <p>Members suggested that the NEPTS Demand and Capacity Review would need to understand the learning from the Covid19 experience in terms of how the service could be rebalanced and provided in different ways.</p> <p>Members discussed the outstanding transfers to complete the 'Once for Wales' approach as agreed and asked about the timescales. Members noted that prior to the pandemic and lockdown all of the work required pre transfer had been completed for the ABUHB area. The aim was now to revisit the data and WAST had appointed a lead manager to oversee the work – ABUHB would be the next area to transfer. The Powys area had also provided data and would follow ABUHB before the end of the financial year.</p> <p>The CASC explained that the detail would be developed and reported via the NEPTS DAG to the next Committee meeting. In terms of the timescales, it was expected that CTMUHB would transfer in the first half of 2021 and BCUHB by the end of the financial year 2021-22 (added to the Action Log).</p> <p>The Chair, in summary, confirmed that effectively phase 1 had been achieved and further work was now required to transfer the other services as soon as possible. The WAST team were also congratulated by the Chair on their achievement of the Health Service Journal Award for their End of Life service.</p> <p>Members RESOLVED to: NOTE the presentation and report.</p>	
EASC 20/76	<p>OUTLINE COMMISSIONING INTENTIONS</p> <p>The report outlining the commissioning intentions was received. In presenting the report, Ross Whitehead highlighted the initial aim to facilitate further discussion at the EASC Management Group to analyse the commissioning intentions for previous years and undertake an option appraisal for each intention. This would then allow for the development of additional intentions or amend the intentions for the next financial year.</p>	

	<p>Members noted that the aim is to issue draft commissioning intentions towards the end of October with the suggestion that a report would be provided to the next EAS Committee on 10 November. Jason Killens supported the work and confirmed that the WAST would want to be fully involved as early as possible (added to the Forward Look).</p> <p>Members RESOLVED to: NOTE the report.</p>	<p>Assistant Director of Quality and Patient Experience</p>
<p>EASC 20/77</p>	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received.</p> <p>Members noted the stable position. Stuart Davies explained that the finance team were working closely with the WAST finance team to verify the net increase in staff related to the 90wte previously agreed by the Committee. Members were pleased to note the report from the WAST CEO regarding the net additionality and the aim of the finance team was to give assurance to the Committee that the net position of staff in post at WAST was increasing.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	<p>Director of Finance</p>
<p>EASC 20/78</p>	<p>UNSCHEDULED CARE PRESENTATION</p> <p>Stephen Harray gave the presentation on Unscheduled Care. Members noted that the presentation had been previously received by the NHS Executive Board.</p> <p>The following areas were highlighted in terms of the connection to ambulance services and the plans for the future:</p> <ul style="list-style-type: none"> • Aim to maximise the use of phone first / contact first - likely this would be best done nationally but without cutting across work already in place (e.g. Cardiff and Vale - CAV 24/7); this presents an opportunity for WAST and the 111 service to provide the service • Health board hubs organised and run locally, 'flow hubs'. Likely to include minor injury or illness units/ lower acuity respiratory services / people who have fallen and mental health; other services which would be decided locally on the 80/20 rule (local/national) • Scheduling and how this may look, allowing ready access to services already available • Phase 1: what can be developed in preparation for winter? <p>For WAST</p> <ul style="list-style-type: none"> • 111 and call taking 	

- Access to the distribution hubs – what might this mean?
- Link to consultant connect and how to maximise the opportunity and measure through whole system – the development of an unscheduled care dashboard will become helpful
- Important for separate streams 999 and 111 (design principle)
- Need to be careful not to 'double-count' staff and need to be practical how to use staff
- Measurement – some information shared for the whole system approach including primary care measures and working with the primary care programme and emergency departments where is there an alternative to 4 hour target – potential to create an aggregated measure?
- Consulting and engaging regarding ambulance quality indicators with the measures a one system approach is exciting and it is being supported nationally
- Specific ambulance service opportunities
- Helpful for winter and future.

Members noted the update and asked if the information would be presented for the whole system to better understand the co-dependencies. Outlining the real priorities was felt to be important to include the outputs which could be achieved. The CASC suggested that all of the information would need to be coalesced into a presentation to inform the seasonal planning work too (added to the Action Log).

Members noted the processes which could be adopted and also considered the requirements for the public in accessing services appropriately. Members felt there was an opportunity to measure patient safety, experiences and outcomes in different ways. It was felt that patients would want clarity regarding accessing the right service available and the actions to assist when services not accessed appropriately. Members felt that the fall-back position for patients trying to access services would be very important and the right communications would be essential for success.

Members **RESOLVED** to:

- **NOTE** the report.

EASC 20/79	<p>EASC INTEGRATED MEDIUM TERM PLAN (IMTP) REVISED DELIVERY PLAN</p> <p>Stephen Harrhy gave an oral overview of the plans to revisit the delivery plan in light of the latest requirements for the Welsh Government to include the latest learning, direction and to concentrate on key priority areas in view of current pressures within the system. Members noted that the EASC Management Group would discuss the plan in more detail before resubmission to the Committee in due course.</p> <p>Members RESOLVED to: NOTE the report.</p>	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 20/80	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) FRAMEWORK AGREEMENT FINAL DRAFT</p> <p>The final draft of the Emergency Medical Retrieval And Transfer Service (EMRTS Cymru) Framework Agreement was received. James Rodaway presented the report.</p> <p>Members noted the development of the suite of collaborative commissioning frameworks in place and EMRTS was the final version. Members noted that sections of the report needed to be completed and importantly the need to amend the financial information section as confirmation had not been received for the Major Trauma and Critical Care transfer services at the time of writing.</p> <p>EMRTS Delivery Advisory Group had received the document and would finalise all sections. The CASC asked for support in making amendments outside of the formal meetings arrangements and whether the Chair could sign off the final version on behalf of the Committee (Chair's Action). The final version would be received and ratified by the Committee at the next meeting.</p> <p>Members noted that in the meantime the interim framework was in place and the service was operating within the governance required.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. • APPROVE the final draft • APPROVE that the CASC and Chair finalise the framework for submission for ratification of Chair's Action at the next meeting. 	

EASC 20/81	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) FRAMEWORK AGREEMENT FINAL DRAFT</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> • EASC Management Group - 26 June • EASC Management Group - 27 July 2020 • NEPTS Delivery Assurance Group – 7 July 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
EASC 20/82	<p>EASC RISK REGISTER</p> <p>The new EASC Risk Register report was received. In presenting the report, Stephen Harrhy explained that the register had been developed in line with the CTMUHB Risk Management Strategy (as the host body). Members noted that the EASC Management Group had received the EASC Risk Register and had provided useful comments which had been used to amend the register. The scope of the risks had been widened to cover the responsibilities of the Committee and no red risks had been identified.</p> <p>Members noted that the commissioning risks had been clarified and the importance of capturing the risks for which the Committee was responsible.</p> <p>Further discussion took place regarding the risk appetite of the Committee and the tolerance for the risk target which were felt to be quite low. Members felt it would be important to ensure that these were set correctly to be able to manage or mitigate the risks identified.</p> <p>The Chair suggested and it was agreed that the risk appetite would need to be fully discussed by the Committee at a future date and it would be added to the 'Focus On' list of topics (added to the Forward Look).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • NOTE the risk register would be received at every Committee meeting. 	

EASC 20/83	FORWARD PLAN OF BUSINESS The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that the next 'Focus On' topic was Commissioning Intentions. Following discussion, Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	Chair
Part 4. OTHER MATTERS		ACTION
EASC 20/84	ANY OTHER BUSINESS No other business matters were raised at the meeting.	

DATE AND TIME OF NEXT MEETING		
EASC 20/65	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 10 November 2020 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.	Committee Secretary

Signed
Christopher Turner (Chair)

Date



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	10 November 2020

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

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meeting-papers-archive/nov20/>

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

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- Ministerial Ambulance Availability Taskforce – interim report planned at the end of the year
- Ambulance Quality Indicators - now published following a pause during the pandemic interactive view available here: <https://easc.nhs.wales/ambulance-quality-indicators/>
- Emergency Medical Retrieval and Transfer Service (EMRTS) – capital funding being sought to support the 24/7 service
- Non-Emergency Patient Transport Service (NEPTS) – plans progressing to transfer services to WAST by Aneurin Bevan, Betsi Cadwaladr, Powys and Cwm Taf Morgannwg health boards
- Revising the EASC Integrated Medium Term Plan – revised priorities have been agreed and the detail is being developed by the EASC Team and the Welsh Ambulance Services NHS Trust (WAST)
- Beyond the Call – A short presentation was received by Members of the work commissioned by the Welsh Government to the Mental Health Crisis Care Concordat in relation to the National Review of Access to Emergency Services for those experiencing mental health or welfare concerns. The document was published and would be shared with health boards in due course.
- Commissioning Intentions (CI) – a more streamlined approach would be taken to the Cis and further work was being progressed through the EASC Management Group.

PROVIDER ISSUES

Jason Killens, Chief Executive at WAST gave an overview of key matters including:

- Covid pandemic – abstractions had risen almost to the level of the peak in the first wave and support was being provided from the Fire and Rescue service
- Health and Safety Executive – policies relating to staff using personal protective equipment had been amended and progress was being made in relation to the notification of contravention notice received
- Clinical indicators / clinical outcomes – progress had been made in relation to the electronic case card, a supplier had been identified and capital funding secured. This would be implemented before the end of 2021.
- Non-Emergency Patient Transport Services (NEPTS) - In keeping with the requirement for social distancing this was having an impact on the service where vehicles were more used for individuals.
- 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 to meet the target..

FOCUS ON - SYSTEM PRESSURES

A short presentation was received on system pressures with an aim to stimulate debate on the following areas:

- 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 – 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.

A helpful and open discussion was held and the following actions were agreed:

- Ambulance resource – to be maximised
- Resource efficiency – to match additional resource where a mismatch was identified
- Safe cohorting of patients and operating model – to enable the timely release of ambulances
- Operational Delivery Unit – supporting the system level information flow
- Information – to ensure sharing appropriate information to assist with patient flow
- Handover levels – important not to have levels over 150 lost hours per day and no tolerance approach to delays to patients of over 1 hour
- Escalation – develop a standardised approach across Wales with a focus to be proactive and only escalate regionally in extremis
- Post production lost hours – ensure the availability of the WAST workforce

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**.

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

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	26 January 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	19 November 2020

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

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

- 1. Medical Examiner Service** – Andrew Evans, Programme Lead for this service provided an update. All four Medical Examiner Service Regional Hub Offices are now operational, with the potential capacity to undertake the scrutiny of around 12,000 deaths per year. This represents 40% of all deaths in Wales and 75% of those that occur in acute hospital settings. The service has already covered some primary care deaths in addition to those in hospitals. The main challenge to the operation of the service is the need for timely digital access to the patient's medical records and particularly that relating to the last episode of care. This can either be facilitated through direct access to local digitised records or alternatively through receiving scanned copies via e-mail. The current issue stems not from a lack of support at the corporate level from Health Boards and Trusts, but more that this support has not been communicated to those departments whose direct help is required in accessing this information. It was agreed that this issue would be taken back through Medical Directors who are meeting on 20 November. A proposal has previously been put forward that has been agreed in principle by the Medical Directors.
- 2. Laundry Service** – Neil Davies, Director, Specialist Estate Services and Ian Rose, Head of NWSSP Programme Management Office, provided an update. The business case was approved by Welsh Government Capital Infrastructure Board last week and is now with the Minister for final endorsement. There is now much to do with the next key milestone being the TUPE arrangements for Laundry staff to transfer to NWSSP by April 2021. The focus will be on migrating the existing services into NWSSP in a seamless manner, in order to minimise disruption to the existing services, and ensuring the laundry service continues to operate "as is" from April 1st 2021. Ian Rose set out a timeline for the remainder of the activity which is scheduled to complete in 2024. We will

now be looking to appoint a Programme Lead to ensure the seamless transfer of the service.

3. Welsh Language – Non Richards, Welsh Language Officer, NWSSP, set out the conclusions from the recently published Annual Report of the Welsh Language Commissioner, and matched these to the progress with the Welsh Language within NWSSP. Good progress has been made both in terms of training staff and in translating documents, although COVID has had a significant impact. All web pages, documentation, signage and posters have been translated, and work has been undertaken within Procurement to ensure that Invitations to Tender can be made available in Welsh where required. Progress has also been achieved with translating job descriptions on an all-Wales basis, but this has been slower than expected. This is not due to issues with translation, but rather within Workforce where the job descriptions need to be both standardised and made more concise. Workforce colleagues in the Committee recognised this concern, and further efforts were agreed to address it.

4. Chair's Update

The Chair and Managing Director had recently attended the Cwm Taf Morgannwg UHB Board meeting to update on developments within Shared Services. Although having only a short timeslot on the agenda, the update was well received. MF requested that all Health Boards, Trusts and Special Health Authorities should be extending similar invitations to herself and NF to present to them, even if only for a short time. The Chair also highlighted the recent Honours awards where two members of our staff had been recognised for their response to COVID.

5. Managing Director's Update

The Managing Director updated the Committee on a range of items including:

TRAMS – Following the Committee's approval of the Programme business case at the September 2020 meeting, the case was submitted to Welsh Government for formal scrutiny. Several queries have been raised as part of the 1st phase of the scrutiny process and are currently being reviewed. The main discussion items relate to transitional funding and the revenue required to cover the gaps in the initial set-up phase. A further meeting was held recently with Welsh Government colleagues to review the business case in more detail. As a result of this, there are some required changes to the financial details which will then be re-submitted to Welsh Government in January with a view to it being taken through the Infrastructure Investment Board later in the month. The programme therefore remains on track for an April 2021 implementation.

IP5 - Work continues and is progressing well on the build of the two laboratories to support the needs of both PHW and the UK Lighthouse Project. Discussions are on-going with Welsh Government with regards to the Strategic Outline Case that has been previously approved by the Committee. Welsh Government have also agreed to cover the running costs of the facility for the current financial year as part of the overall COVID and BREXIT

contingency arrangements. News is awaited on further capital allocations to cover the costs of additional roller-racking for increased stock holding requirements.

Temporary Medicines Unit - The accreditation of the Unit has been achieved with the Contractors now fully signing the new build across to NWSSP. Testing is on-going but should be fully complete by the end of November. Work is ongoing with relevant stakeholders to ensure that all appropriate processes are in place and to determine the revenue requirements post the current financial year should the facility still be required. MHRA approvals are awaited with visits to be undertaken in mid-December after which the first product should be available for distribution to Heath Boards. Discussions are ongoing with Velindre concerning their requirements for assurances regarding their host status.

Welsh Risk Pool Committee - The Committee agreed that the Digital Health & Care Wales SHA should become a member of the Welsh Risk Pool Committee with effect from 1 April 2021.

Staffing Changes - Paul Thomas has retired as Director of Employment Services, and the functional responsibilities for the Directorate are now the responsibility of Gareth Hardacre, Director of Workforce and OD. Recruitment is currently underway to appoint a Director of Planning and Performance which will be a new role for NWSSP.

6. Items for Approval

Operational Plan Update - The NWSSP Winter Plan, setting out planned activities for Q3 and Q4 was submitted to Welsh Government in mid-October. A meeting with the Finance Delivery Unit took place on 2 November 2020 to review in depth income streams and revenue and capital expenditure assumptions. A meeting with the Welsh Government Planning team is anticipated in the next few weeks. Q3 and Q4 presents in many ways an even greater challenge than earlier quarters, as NWSSP continue to deliver services through new ways of working, re-focus on planned service improvements for 2020-21, and support customers during the winter months whilst still living with the COVID-19 pandemic. However, the Senior Leadership Team believe NWSSP is well placed to meet the challenge.

Welsh Government has yet to issue planning guidance for 2021-2024. However there is an indication that a one year operational plan may be required for 2021-22 rather than a three year IMTP. As agreed with the SSPC in September, there is a strong case to continue with the principal of a three year Strategic Plan alongside a more detailed Operational Plan for 2021-2022. We have therefore begun our planning process, inviting all Divisions to:

- Reflect and Engage;
- Adapt and Change; and
- Think SMARTer.

A Staff Engagement event is planned for the afternoon of December 17 to progress this and all Committee members are encouraged to attend where possible.

The Committee **NOTED** the update and **endorsed** the Q3 & Q4 plan

Clinical Waste – An update was provided on the current situation with clinical waste contracts across NHS Wales.

COVID19 has caused the type, make up and volumes of clinical waste to shift markedly. A primary reason has been an unprecedented increase in the amount of disposable PPE being used. This has had a dual effect of increasing volume of waste created, but also (due to its often bulky and lightweight make-up) has significantly reduced the average weight of each waste container.

Following detailed discussion regarding the options available to NHS Wales at this time, the Committee agreed to an outline proposal contained within the report and asked for NWSSP colleagues to continue working with Local Health Board leads to address any areas of concern,

The Committee **APPROVED** this proposal.

Primary Care Workforce Sustainability - Following 'A Healthier Wales' and its adoption under the Primary Care Model for Wales, a critical component of modernising the primary care workforce infrastructure is understanding the workforce demographic and acting quickly to recruit into the multi-disciplinary teams. NWSSP-Employment Services is facilitating the implementation and management of a number of sustainability tools. The programme is sponsored and funded by Welsh Government. The various tools have been developed and implemented on a phased basis as follows:

- Phase 1 - Implementation of a secure web-based tool developed to capture practice staff information for all General Practices.
- Phase 2 – Creation of GP Wales website to enable Practices to advertise permanent GP workforce vacancies across NHS Wales.
- Phase 3 – Establishment and operation of the Scheme for General Medical Indemnity (GMPI) by Legal & Risk Services.

To assist with the management of the GMPI Scheme, NWSSP L&R requires swift access to workforce information. To address this, an open tender process was undertaken with the requirement of an on line tool to facilitate data capture as well as providing benefits to Practices in Wales with the management of Locum shifts. This part of the online portal is known as Locum Hub Wales. Going forward, Welsh Government have identified the opportunity to extend the development of the Locum Hub Wales to provide additional support to the OOH/111 Service.

The Committee:

- **NOTED** the update on progress with the Primary Care Sustainability programme.
- **ENDORSED** the proposed next steps to work with the OOH and 111 Service to adapt the Locum Hub and develop a new portal to support those services.

7. Project Updates

The Committee reviewed the Programme and Projects Highlight Report. There is one project (Student Awards Service) where the risk rating is currently red, but the Committee was reassured that existing systems in this area remain robust and viable.

8. Governance, Performance and Assurance

Finance & Workforce Report - As at the end of September 2020, NWSSP were reporting a break-even position. Welsh Government has been invoiced for £2.2m for Q1 COVID expenditure and confirmed the funding for Q2 expenditure of £1.66m. Funding for future periods, however, has not been guaranteed, with total COVID operational costs forecast to exceed £8m for the full financial year. An additional distribution to NHS Wales and Welsh Government of £1.250m will be made in 2020/21 bringing the total distribution to £2.000m which is in line with 2019/20. However, the charges imposed by the Department for Health & Social Care for the operation of the ESR contract are being significantly increased, resulting in a potential additional cost of £939k in the current financial year which will need to be recharged to Health Boards and Trusts. Reference was also made to the STRAD CIP fund which stood at £1m and would need to be redistributed to Health Boards and Trusts in the event that it was utilised in this financial year.

Audit Wales Management Letter – The Committee reviewed the Management Letter which provides independent assurance of the integrity of the systems operated by NWSSP to support and provide services to NHS Wales. The Management Letter is very positive with no significant concerns raised.

Corporate Risk Register – There are four red risks on the register relating to:

- the replacement of the NHAIS system which has had some technical difficulties due to COVID but is still on-track to go live with parallel running now underway;
- the potential impact on services and supplies in the event of a no-deal BREXIT;
- the need to replace the Ophthalmic Payments system where work is ongoing to develop an in-house system but contingency arrangements are in place to cover any delays; and
- the implications for the financial position if NWSSP are not fully funded for all COVID-related expenditure.

BREXIT Risk Assessment

The NWSSP BREXIT Risk Assessment has been reviewed and updated where necessary, including from lessons learned and actions taken in response to, COVID-19. The NWSSP BREXIT Mobilisation Team is meeting on a regular basis to consider the risks. For now, despite much work taking place in terms of building up stock levels, the current level of risk in the supply chain is shown as very high. This is due to the political factors outside of NWSSP control. It is hoped that the measures that have been put in place will reduce the impact of any disruption, but this will obviously also be significantly impacted by the position with COVID and the potential for an effective vaccine.

9. Items for Information

The following papers were provided for information:

- Health & Safety Annual Report 2019/20
- Welsh Language Annual Report 2019/20;
- Audit Wales – Review of Nationally Hosted Systems;
- NWSSP Audit Committee Annual Report 2019/20;
- NWSSP Audit Committee Highlight Report October 2020;
- Counter Fraud Annual Report 2019/20; and
- Finance Monitoring Reports (August & September 2020).

10. Any Other Business

There were no further items discussed.

Matters requiring Board/Committee level consideration and/or approval

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

Matters referred to other Committees

N/A

Date of next meeting

21 January 2021



GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

DRAFT Minutes of Meeting held on 29 July 2020

Author: Mark Dickinson

Version: 1 (Approved)

**Members
present**

Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL)
Maria Battle, Chair, Hywel Dda UHB (MB)
Huw George, Deputy Chief Executive, Public Health Wales (HG) (for Tracey Cooper)
Sharon Hopkins, Interim Chief Executive, Cwm Taf Morgannwg UHB (SHo)
Steve Ham, Chief Executive, Velindre NHS Trust (SHa)
Vivienne Harpwood, Chair, Powys tHB (VH)
Alex Howells, Chief Executive, Health Education & Improvement Wales (AH)
Chris Jones, Chair, Health Education and Improvement Wales (CJ)
Jason Killens, Chief Executive, Welsh Ambulance Service NHS Trust (JK)
Tracy Myhill, Chief Executive, Swansea Bay UHB (TM)
Judith Paget, Chief Executive, Aneurin Bevan UHB (JP)
Mark Polin, Chair, Betsi Cadwaladr UHB (MP)
Emma Woollett, Interim Chair, Swansea Bay UHB (EW)

**In
attendance**

Mark Dickinson, NHS Wales Health Collaborative (MD)
Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)

Apologies

Tracey Cooper, Chief Executive, Public Health Wales
Charles Janczewski, Interim Chair, Cardiff and Vale UHB
Marcus Longley, Chair, Cwm Taf Morgannwg UHB
Donna Mead, Chair, Velindre NHS Trust
Steve Moore, Chief Executive, Hywel Dda UHB
Jan Williams, Chair, Public Health Wales

	Paper Ref: LF-2012-01
NHS Wales Health Collaborative Leadership Forum	Minutes 29/07/20

Welcome and introduction	Action
AL welcomed colleagues to the meeting and noted apologies for absence.	
Approval of minutes of previous meeting (LF-2001-01)	Action
The minutes of the meeting held on 15 January 2020 were approved as a correct record.	MD
The minutes will be forwarded to the board secretaries of the 11 NHS Wales organisations for noting at board meetings.	
Matters arising from minutes (LF-2001-01)	Action
<i>River House</i> RF reported that Collaborative staff are working at home for the foreseeable future, with skeleton staffing at River House. As a result, there are no current pressures on office accommodation and the situation will be reassessed in due course.	
<i>Major Trauma Programme</i> RF confirmed that the assurance process had been completed and WHSSC Joint Committee had approved the recommendation for the South Wales Trauma Network to 'go live' from 14 September 2020.	
<i>Funding for Implementation Groups</i> RF noted that a formal request had been received from Welsh Government for the Collaborative to manage this funding. This has been approved by the Collaborative Executive Group, subject to a holistic approach being taken and specified governance arrangements being put into place.	
<i>Informatics Projects</i> RF reported that work on pathology and imaging information systems is being progressed in line with the Welsh Government's reviews of NHS Wales' informatics architecture and governance	
<i>New work commissioned from the Collaborative Team</i> RF reported that arrangements for the Allied Healthcare Professionals (AHPs) work programme were now being taken forward by HEIW. In addition, a meeting has been scheduled with Alex Howells and HEIW colleagues to discuss the transfer of the healthcare science work programme to HEIW. AL requested that this discussion should also include other areas of work with implications for new workforce models.	

Date: 05/08/20	Version: 1 (Approved)	Page: 2 of 4
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	Paper Ref: LF-2012-01
NHS Wales Health Collaborative Leadership Forum	Minutes 29/07/20

	RF/AH
Collaborative Draft Annual Report 2019/20 (LF-2007-02)	Action
<p>RF delivered a presentation on the Collaborative Draft Annual Report, noting that further work will be done, before publication, with the support of the Public Health Wales communications team.</p> <p>RF drew attention to the case studies included in the report.</p> <p>CJ asked whether the Collaborative had developed a 'reset matrix', to maximise the opportunity to change ways of working in the COVID and post-COVID contexts. RF agreed to consider this in the context of the new Work Plan.</p> <p>Speaking in her capacity of Chair of WHSSC, VH expressed her gratitude to the Collaborative for the work done in support of WHSSC, identifying the Wales Cancer Network and Wales Maternity and Neonatal Network for specific thanks. RF responded that the relationship with WHSSC illustrates how work with the overall system can be further strengthened.</p> <p>The Forum formally recorded thanks to the Collaborative Team for work done in 2019/20 and to RF, as Director, for her flexibility in responding to and meeting requests for additional and significant areas of work.</p>	RF
Collaborative Outline Work Plan 2020/21 (LF-2007-03)	Action
<p>RF delivered a presentation on the Collaborative Work Plan 2020/21 (slides included in the presentation above), noting the roles the Collaborative was playing in the context of COVID and its impact on NHS Wales.</p> <p>MP noted that the cross-Collaborative work streams illustrated on p4 of the report are particularly significant, but that it is hard to see how this work had affected the plans of the individual teams. RF responded that these works streams are new, reflecting internal arrangements, and that the Collaborative is aiming to maximise synergies, but that this could be made more explicit.</p> <p>EW asked whether the scope of the plan was realistic, given the pressures of COVID and the threat of a second wave. EW also asked if the Collaborative could have a greater role in</p>	

Date: 05/08/20	Version: 1 (Approved)	Page: 3 of 4
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	Paper Ref: LF-2012-01
NHS Wales Health Collaborative Leadership Forum	Minutes 29/07/20

<p>supporting health boards on work to address backlogs in areas such as routine surgery. MB agreed that increased waiting lists are a priority to address collaboratively and that there may be a backlash from the public.</p> <p>RF responded that there is a need to be flexible in response to COVID demands and that the Collaborative is happy to consider what more could be done to support work both on routine surgery and diagnostics. It was agreed that AL, JP and RF would liaise over the development of a short paper making specific recommendations about work in this area.</p> <p>JP noted that the Work Plan needed to be considered in the light of the transition to an NHS Wales Executive and that this will be fraught with challenges. Direct requests from WG for the Collaborative to do work are already causing some confusion in terms of governance and accountabilities. JP agreed to pick this issue up in discussion with WG colleagues and will circulate relevant material.</p> <p>CJ stressed the importance of 'resetting' NHS Wales, with more telephone and video consultation and new approaches to outpatients. There is an opportunity to redesign 'one stop shops' to minimise contacts. MB agreed to circulate a paper from Hywel Dda that addresses this agenda.</p> <p>AL asked, given the scope of the Work Plan, if there was sufficient capacity within the Collaborative. RF advised that a review of the management structure was planned.</p> <p>AL expressed thanks for the huge amount of work set out in the plan that will make a difference to outcomes for individuals.</p>	<p>AL/JP/RF</p> <p>JP</p> <p>MB</p>
Date of next meeting	
It was noted that the Forum is scheduled to meet next at 9am on 13 October 2020	