



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 September 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Clare Moorcroft, Committee Services Officer

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)

#### Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:

[Welsh Health Specialised Services Committee Website](#)

[Emergency Ambulance Services Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the [Mid Wales Joint Committee for](#)

[Health and Care](#) whose role will have a strengthened approach to planning and delivery of health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

The NHS Wales Collaborative Leadership Forum was constituted in December 2016. As the responsible governance group for the NHS Wales Health Collaborative it has been established to agree areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement. The forum also considers the best way to take forward any work directly commissioned by Welsh Government from Health Boards and Trusts as a collective; and provides a vehicle for oversight and assurance back to Welsh Government as required. Assurance is given to individual Boards by providing full scrutiny of proposals.

### **Asesiad / Assessment**

The following Joint Committee and Collaborative updates are attached for the Board's consideration:

#### **Welsh Health Specialised Services Committee (WHSSC)**

- Briefing notes from the WHSSC meeting held on 7<sup>th</sup> September 2021, setting out the key areas of discussion.

#### **Emergency Ambulance Services Committee (EASC)**

- Confirmed minutes of EASC meetings held on 13<sup>th</sup> and 20<sup>th</sup> July 2021 (English and Welsh versions);
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 7<sup>th</sup> September 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 22<sup>nd</sup> July 2021.

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

#### **Mid Wales Joint Committee for Health and Care (MWJC)**

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

#### **NHS Wales Collaborative Leadership Forum (CLF)**

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

### **Argymhelliad / Recommendation**

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

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

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

Not applicable

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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<a href="#">Link to WHSSC Website</a> <a href="#">Link to EASC Website</a> <a href="#">Link to NWSSP Website</a> <a href="#">Link to MWJC Website</a>
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

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

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – SEPTEMBER 2021**

The Welsh Health Specialised Services Committee held its latest public meeting on 7 September 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

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

### **1. Minutes of Previous Meetings**

The minutes of the meeting held on the 13 July 2021 were **approved** as a true and accurate record of the meeting.

### **2. Action log & matters arising**

Members **noted** the progress on the actions outlined on the action log.

### **3. All Wales Genetics Service Improvement**

Members received an informative presentation from the Consultant Clinical Scientist and Head of the All Wales Genetics Laboratory on the work of the All Wales Medical Genomics Service (AWMGS) and the positive developments made in genomics over the last 2 years.

Members **noted** the presentation.

### **4. Chair's Report**

Members received the Chair's Report and **noted**:

- the Chair's Year End Appraisal Review 2020-2021 with the Minister for Health & Social Services,
- that no chairs actions had been taken since the last meeting,
- the Integrated Governance Committee (IGC) held on the 10 August 2021,
- an update on discussions with Welsh Government and Cwm Taf Morgannwg University Health Board (CTMUHB) concerning WHSSC Independent Member Remuneration,
- that in future all Joint Committee "In –Committee" Reports will be shared with the NHS Wales Board Secretaries group,
- a verbal update on a request from the Chair of the NHS Wales Chairs group for the NHS Wales Board Secretaries group to review

the reporting and accountability arrangements at WHSSC and the Emergency Ambulance Services Committee (EASC).

Members **noted** the report.

## 5. Managing Director's Report

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

- the substantial assurance rating received for the WHSSC Cancer and Blood Programme Internal Audit Report,
- Planning undertaken in readiness for the COVID-19 Public Inquiry.

Members **noted** the report.

## 6. Commissioning Future New Services for Mid, South and West Wales

Members received a report to consider correspondence received from the NHS Wales Health Collaborative (Collaborative) for WHSSC to commission:

- Hepato-Pancreato-Biliary Services;
- The Hepato-Cellular Carcinoma (HCC) MDT and;
- to develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service.

A request was also received from the CEOs of Swansea Bay and Cardiff and Vale University Health Boards (HBs) on behalf of the Collaborative to commission a spinal services operational delivery network (ODN) on behalf of the six HBs in Mid, South and West Wales.

Members:

- (1) **Noted** the requests received from the Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato- Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery;
- (2) **Supported** the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC;
- (3) **Supported** that WHSSC develop a service specification for specialised paediatric orthopaedic surgery;
- (4) **Supported** in principle the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC;
- (5) **Supported** a request to commissioning health boards for approval of delegated commissioning authority to WHSSC as described above;
- (6) **Noted** that the required deadline for completing the development of the Paediatric Orthopaedic Service Specification is December 2021; and
- (7) **Approved** that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards in Mid, South and West Wales. With the required funding identified and invested in through the 2022/25 Integrated Commissioning Plan.

## 7. WHSSC Workforce Capacity

Members received a report updating the Joint Committee on:

- requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales;
- updating the Joint Committee on workload challenges related to services currently commissioned through WHSSC,
- the range of opportunities to address the workload challenges through further development of the WHSS Team (WHSST) workforce;
- Seeking support for taking forward requests for additional investment.

Members (1) **Noted** the requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales; (2) **Noted** the workload challenges related to services currently commissioned through WHSSC; (3) **Noted** the opportunities for increasing WHSST capacity which have already been exploited; (4) **Supported** the request to Welsh Government (WG) for funding for additional project management support; (5) **Supported** the request to recharge the National Collaborative Commissioning Unit (NCCU) for increased finance support; and (6) **Supported** the inclusion of an increased DRC requirement in the 2022-2023 Integrated Commissioning Plan (ICP).

## 8. Recovery Planning – Quality and Outcome Improvement for Patients

Members received an informative presentation providing an update on WHSSC's approach to recovery planning with a particular emphasis on quality and outcome improvement for patients.

Members **noted** the presentation.

## 9. Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022

Members received a report informing the Joint Committee of the current activity and performance of the Major Trauma Network, the current risks identified in the Network, the resources within the Network and how these were currently being utilised, and which sought support for underspends identified across the Network within this financial year to be used on a non-recurrent basis to address priorities identified by the Network which would be included in the Integrated Commissioning Plan (ICP).

Members discussed utilising the non-recurrent underspend across the network for priorities rather than solely in the major trauma centre. Following discussion it was agreed that a report be presented to the Management Group (MG) for further consideration.

Members (1) **Discussed** the issues in the report and requested that the proposal regarding the non-recurrent underspends, identified across the Network within this year be considered by the Management Group (MG) and that they should have delegated authority on the matter. Members accepted the principle that if the MG agreed to use the underspend within major trauma that this resource would be used across the Network; (2) **Discussed** which areas they wished to support for inclusion in the ICP and requested that further work be undertaken by MG regarding the relative priority of the proposals compared to other proposals in the plan and that their recommendations are included within the ICP for consideration by the Joint Committee

### **10. Review of Neonatal Cot Capacity and Neonatal Tariff**

Members received a report providing an update on the number of neonatal intensive care and high dependency cots commissioned across the south Wales region, and the review of cot capacity in light of the high number of capacity transfers carried out by the transport and the neonatal tariff.

Members (1) **Supported** the proposed programme of works; (2) **Supported** the objectives of the review; (3) **Supported** the planned methodology for demand and capacity modelling; and (4) **Supported** the timelines for completion of the review.

### **11. Commissioning of Inherited White Matter Disorders Service (IWMDs)**

Members received a report updating the Joint Committee on the development of a new Highly Specialised Service in NHS England for an Inherited White Matter Disorders Service (IWMDs), and which sought approval from the Joint Committee that WHSSC commissions the service for the population of Wales.

Members (1) **Noted** the development of a new highly specialised service for an Inherited White Matter Disorders Service (IWMDs) in NHS England; and (2) **Approved** the commissioning of the service for the population of Wales.

### **12. Syndrome without a Name (SWAN) Service Pilot**

Members received a report requesting the ratification of the commissioning of a 2 year pilot of a Syndrome Without a Name (SWAN) service further to WHSSC receiving a request from Welsh Government.

Members (1) **Noted** the request from Welsh Government for WHSSC to commission a 2 year pilot for a Syndrome Without a Name (SWAN) service; (2) **Ratified** the commissioning of the pilot; and (3) **Approved** the intention to request that CVUHB hosts the pilot.

### **13. Commissioning Assurance Framework (CAF)**

Members received a report which presented the Commissioning Assurance Framework (CAF) and the supporting suite of documents for final approval.

Members noted that the Integrated Commissioning Plan (ICP) 2021-2022 was presented to the Joint Committee on 09 March 2021, a final draft of the ICP was considered and approved by Joint Committee at the Extraordinary Meeting on 16 February 2021, Section 13 of the ICP outlined that a new Commissioning Assurance Framework (CAF) would be introduced in 2021-2022 which would be supported by a Performance Assurance Framework, Risk Management Strategy, Escalation Process and a Patient Engagement & Experience Framework.

Members (1) **Approved** the Commissioning Assurance Framework (CAF); (2) **Approved** the Performance Assurance Framework; (3) **Approved** the WHSSC Escalation Process; (4) **Approved** the Patient Experience & Engagement Framework; and (5) **Noted** the Risk Management Strategy which was approved by the Joint Committee in May 2021.

### **14. Results of Annual Committee Self-Assessment 2020-2021**

Members received a report presenting the findings of the annual Committee Effectiveness Self-assessment for 2020-2021.

Members (1) **Noted** the completed actions within the Committee Effectiveness Action plan 2019- 2020; (2) **Noted** the results of the Annual Committee Effectiveness Survey 2020-2021, and the action plan for 2020-2021, to be progressed via the Integrated Governance Committee; And (3) **Received** assurance that the Annual Committee Effectiveness Self-assessment for 2020-21 has been completed and that the appropriate actions have been agreed.

### **15. Sub-Committee Annual Reports 2020-21**

Members received the Welsh Renal Clinical Network (WRCN) and Individual Patient Funding Request (IPFR) Panel Annual Reports 2020-2021.

Members **noted** the reports.

### **16. Activity Reports for Month 3 2021-2022 COVID-19 Period**

Members received a report that highlighted the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

Members **noted** the report.



## 17. Financial Performance Report – Month 4 2021-2022

Members received a paper the purpose of which was to provide the final outturn for the financial year. The financial position reported at Month 4 for WHSSC is a year-end outturn forecast under spend of £4,804k.

Members **noted** the report.

## 18. Corporate Governance Matters

Members received a report providing an update on corporate governance matters arising since the previous meeting.

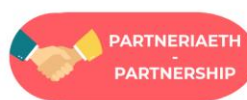
Members noted that this was a new report which would feature as a standing item on the agenda going forward to provide assurance to the Joint Committee on corporate governance matters.

Members **noted** the report.

## 19. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

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





**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
13 JULY 2021 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
Jo Whitehead	Chief Executive, Betsi Cadwaladr BCUHB
Len Richards	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore (in part)	Chief Executive, Hywel Dda HDdUHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB

**In Attendance:**

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Interim Chief Operating Officer, Velindre University NHS Trust
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience, EASC Team, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit
Julian Baker	Director of National Collaborative Commissioning, National Collaborative Commissioning Unit
Sian Ashford	Clinical Lead Nurse, Emergency Department Quality and Delivery Framework, National Collaborative Commissioning Unit

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 21/35	<b>WELCOME AND INTRODUCTIONS</b> Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.	Chair

	The Chair welcomed Julian Baker and Sian Ashford, members of the Emergency Department Quality and Delivery Framework (EDQDF) team as part of the Focus on session.	
EASC 21/36	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were received from Mark Hackett, Steve Ham, Carol Shillabeer and Gwenan Roberts.	Chair
EASC 21/37	<b>DECLARATIONS OF INTERESTS</b>  There were no additional interests to those already declared.	Chair
EASC 21/38	<b>MINUTES OF THE MEETING HELD ON 11 MAY 2021</b>  The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 11 May 2021.  Members <b>RESOLVED</b> to: <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Minutes of the meeting held on 11 May 2021.</li> </ul>	Chair
EASC 21/39	<b>ACTION LOG</b>  Members <b>RECEIVED</b> the action log and <b>NOTED</b> :  <b>EASC 20/95 Post-production lost hours</b> It was agreed that Jason Killens would brief the Chief Ambulance Services Commissioner (CASC) separately once the draft action plan for structured discussions with Trade Union partners had been finalised (Action).  Members <b>RESOLVED</b> to: <b>NOTE</b> the Action Log.	CEO WAST
EASC 21/40	<b>MATTERS ARISING</b>  There were no matters arising.	
EASC 21/41	<b>CHAIR'S REPORT</b>  The Chair's report was received. Members noted that a Special Meeting of the Joint Committee had been arranged to take place on 20 July 2021 to meet with the new Minister for Health and Social Services; it was hoped that all Members would be able to attend this important meeting. Stephen Harray thanked Members for agreeing that the Special Meeting of the Joint Committee meeting could be held within the time planned for the Chief Executives' meeting.	

	<p>Members were pleased to be meeting with the Minister and felt it was likely that the ongoing expectation for EASC would be discussed. In line with discussions at the previous meeting it was felt that this could include reference to supporting and developing a vision for a modern ambulance service which was widely supported. Further discussion would take place during the 'Focus on' session at the meeting.</p> <p>Members also discussed that the Minister would want to discuss ambulance performance and would expect that all opportunities would be sought to work collaboratively across Wales to improve performance. Further discussions would take place as part of the provider report from the Welsh Ambulance Services NHS Trust (WAST). Members felt that the Minister would also be interested in the seasonal arrangements and particularly winter planning for key actions to raise resilience levels in the wider system.</p> <p>Members felt it was important to emphasise the need to ensure a multi-dimensional discussion that included the issues that were impacting on the wider urgent and emergency care system in tandem with the emergency ambulance services. Members noted that at the request of the Chairs' Peer Group the NHS Confederation was undertaking a review of the significant work currently being undertaken across the urgent and emergency care system.</p> <p>It was agreed that a briefing note capturing key discussion points and the actions being taken would be prepared for Members, ahead of the meeting with the Minister (Action). This would include the whole system approach and the transformational work being undertaken and planned.</p> <p>Members also noted that the Chair, Chris Turner would have an end of year appraisal with the Minister for Health and Social Services on 3 August 2021.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report</li> <li>• <b>APPROVE</b> the development of a briefing note in preparation for the meeting on 20 July 2021.</li> </ul>	CASC
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Part 2. ITEMS FOR DISCUSSION	ACTION
<p>EASC 21/42</p> <p><b>FOCUS ON - Follow-up on the discussion held around 'A Modern Ambulance Service'</b> (Jo Whitehead joined the meeting 09:47)</p> <p>Chris Turner reminded Members of the helpful presentation received the last meeting from WAST and explained that Stephen Harrhy would present the development of a modern ambulance service through the commissioner lens with a view to generating discussion and debate around some of the key issues.</p> <p>Members <b>received</b> the presentation 'EASC 999/111 Opportunities' which aimed to support a follow up discussion on the previous 'Focus on' session – a modern ambulance service. Stephen Harrhy introduced the slides and acknowledged the use of some of the same slides as presented by WAST at the last meeting. Members noted the commissioner perspective and discussed the need to have agreement on the way forward for the whole system.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• the long term strategic framework including the ambition to ensure the right advice or care, in the right place every time, the key enablers for delivering on this including workforce, innovation and technology, collaboration, infrastructure and commissioning and using a quality driven, clinically led and value focussed approach</li> <li>• the existing position which included a very efficient 999 call handling service; however, expensive ambulance resources were dispatched to too many 999 calls and too many conveyances were being made to a major emergency department with the consequential impact on the urgent and emergency care system</li> <li>• relatively scarce and fragmented resources for remote clinical triage and assessment</li> <li>• the need to work together and to utilise technology to provide clear information and to improve both patient pathway and patient experience</li> <li>• the future ambition and the transition from the 'see, treat and convey' domain</li> <li>• key components of the new system included better access to information, alternative service pathways, more timely handover processes, different models in different communities and a system that, no matter what number the patient dialled, they would be directed to the right service</li> </ul>	

- 111 Service was referred to as the 'Gateway to Care' with a central aim for more callers to have a clinical assessment before the response was agreed via an integrated national clinical hub
- commissioning opportunities across 999 and 111 services with the use of the five-step patient pathway that was already used to commission emergency ambulance services, consistent public messaging to change behaviour around choosing services and the need to work collaboratively and to ensure a balance between national and local models as appropriate.

Jason Killens also supported the views of Members, in particular that the issues within the system were broader than emergency ambulance services and included the wider urgent and emergency care system; he also supported the need to reflect how communities varied across localities and the need to find a balance of national and local services as appropriate. Members noted that WAST were also committed to appropriate clinical assessment and broadening the range of its responses as the current service would most often involve conveying a patient, usually to ED.

Members also felt that, whilst WAST currently provided both 999 and 111 services, the 111 Service was not an emergency ambulance service and it was important to maintain the distinction between the services. Members noted that further work would be required to refine the 111 Service model to ensure that it was compatible with public expectations and tailored to available local services.

It was also suggested that it was important to ensure that the service response model was more integrated and that, whether the call was made to the 999 or 111 service, the most appropriate response would be triggered. The system response should include a suite of alternative options that were not reliant on conveyance and would integrate with what Health Boards had to offer; all with patient safety as the focus. Members felt it was important from the patient perspective that they would be helped to enter the system in the best way possible. It was also emphasised that it would be important to agree on a system-wide basis how services were joined up so that the place of entry did not impact on patients receiving the best service. Members noted the impact of the digital offerings from WAST and anticipated that significant improvements could be made.

	<p>Members also highlighted the importance of linking with local authorities across Wales to understand and develop emergency social care responses, both in and out of hours, to help manage risk across the system. Members suggested examples where this could have an impact, such as falls responses, home care, mental health, emergency sitting and drug &amp; alcohol services.</p> <p>In addition, it was noted that there had been a shift in the way in which the public expected to access services and how the increased digital offering has been seen to uncover additional demand from the public for information and reassurance. Members felt it would be important to develop the system response and using a digital first approach where appropriate. Jason Killens gave examples of successful digital models that were already in place and suggested that some could be adopted on a national scale.</p> <p>Members also discussed the importance of working with the public in relation to access to services and alternative pathways to emergency ambulance response for a modern ambulance service. Irrespective of the entry point, Members felt it would be important to ensure that the right response was received across the whole system for each patient. (Steve Moore joined the meeting 10:25)</p> <p>Stephen Harray summarised some of the key points made, which included the need:</p> <ul style="list-style-type: none"> <li>• for the patient experience to be most critical</li> <li>• to exploit the potential of digital technology</li> <li>• to have integrated services behind the first point of access and to understanding the impact of this on patients and providers.</li> </ul> <p>Members agreed that a roadmap would be developed capturing the key design principles and that, once agreed by the Joint Committee, this would be taken forward across Health Boards to ensure the required system service response was achieved (Action). Members offered to support this work as required.</p> <p>The Chair thanked all members for the helpful discussion and especially the practical and collaborative approach that had been agreed.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the presentation</li> <li>• <b>ENDORSE</b> the development a road map of the key design principles for consideration and approval at a future meeting.</li> </ul>	<p>EASC Team</p>
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EASC 21/43	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</b></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"> <li>• Ministerial Ambulance Availability Task Force – the Co-Chairs had recently met with the Minister for Health and Social Services and reported her support for the direction of travel. It was noted that specific work had been undertaken by the Taskforce with a focus on ambulance handover delays and key actions would now be taken forward; this could include a refreshed Welsh Health Circular to support increased ownership and leadership across the system.</li> <li>• Emergency Department Quality and Delivery Framework (EDQDF) – it was agreed that an update on the work undertaken would be prepared for EASC colleagues and circulated outside of the meeting (Action).</li> <li>• Regular meetings continued to be held with WAST colleagues regarding the concerning ambulance performance; Members noted WAST were currently undertaking a deep dive approach to identify areas for immediate improvement in relation to EMS performance.</li> <li>• Non-Emergency Patient Transport Services (NEPTS) - It was noted that work was being undertaken with Cwm Taf Morgannwg (CTMUHB) to ensure that the remaining transfer of work would take place on 1 August 2021. The CASC reported that Covid-19 social distancing measures were impacting on the level of NEPTS resources available across Wales and the inevitable impact of health board reset and recovery plans on the services provided. Members noted that work was underway with health boards regarding the prioritisation and management of patient transport resources and that, following discussion at the NEPTS Delivery Assurance Group (DAG), it had been agreed that a central Welsh Government allocation would be sought to support the work, rather than impacting on plans already developed. Discussions were already underway with WG officials in this regard.</li> <li>• Operational Delivery Unit (ODU) and Escalation Plans – work was being undertaken to assess whether the ODU was functioning effectively and also, more recently, work with Chief Operating Officers had been commenced to establish operational delivery units for each health board.</li> <li>• Commissioning for Value Programme – in line with EMS Commissioning Intention 4, working with WAST colleagues, a value-based approach had been developed with engagement now taking place on programme priorities.</li> </ul>	Julian Baker
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	<p>An update would be provided at the next EASC Joint Committee meeting (Action).</p> <ul style="list-style-type: none"> <li>Emergency Medical Retrieval and Transfer Service (EMRTS) - Members received the final version of the EMRTS Quality and Delivery Framework and agreed its content.</li> </ul> <p>Following discussion, members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the information within the report.</li> <li><b>APPROVE</b> the EMRTS Quality and Delivery Framework.</li> </ul>	
EASC 21/44	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</b></p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. The report featured the requested focus on the work undertaken in relation to the demand and capacity within the service and the impact of the additional staff recruited. Members noted the position relating to roster reviews and ongoing policy changes within the service and the likely impact of these, as well as the current review of performance and short-term actions that aimed to improve performance immediately in addition to addressing winter resilience requirements. Jason Killens presented slides to focus on key points raised, these included:</p> <ul style="list-style-type: none"> <li>That exceptional increases in activity had taken place across the UK ambulance sector with a significant increase in 999 calls month on month. Members asked whether the 999 call increases were evenly distributed across Wales and Jason Killens agreed to give an overview in the next report (Action)</li> <li>in Wales, significant increases had been experienced in red activity and overall increases in 999 activity with approximately 200-300 calls a day in excess of the forecasted position</li> <li>recruitment – additional staff had been or were being recruited to reduce the relief gap and ensure that the service was less reliant on overtime. This would ensure a more stable unit hour production including for frontline emergency ambulances and would also lead to increased rapid response vehicles (RRV)</li> <li>roster changes – Members noted this was a significant undertaking and would impact on every ambulance station across Wales. Discussions had been held with trade unions and staff to finalise the key design principles for the new rosters with the aim of implementing from April 2022, following the winter period</li> </ul>	Jason Killens

- the impact of the reduced availability of Community First Responders (particularly of the CFR capacity in rural areas)
- RRV hours, improved mobilisation efficiencies and ongoing personal protective equipment (PPE) requirements on red performance were noted
- it has been identified that higher proportions of activity had been missed in the twilight hours where there were less resources available; additional work would be undertaken by the service regarding dispatch, production and response, an update would be provided at the next meeting (Action)
- 'hear and treat' interventions were currently contributing approximately 10% of daily activity
- investment in the rural model was noted in order to increase the ambulance and CFR availability in Powys and other rural areas; this would potentially lead to an increase in RRVs too, this work would continue with key stakeholders and further updates would be provided
- Members noted the position regarding post production lost hours and current workforce policies and the need to agree alternative approaches that would ensure improved efficiencies, a plan was being finalised and would be received by WAST in the coming week; a further update would be provided at the next meeting (Action).

Members discussed the key issues and the Stephen Harrhy summarised the work which would now be undertaken to agree timelines and to ensure there was a robust plan to address red performance across Wales. Members noted that unit hour production was more stable, this was particularly noticeable in terms of emergency ambulance availability, with further work now required in relation to RRV and urgent care services (UCS) resource availability in order to maximise the resource. In addition, the role of the 'hear and treat' service was appreciated and the impact on the conversion rate of 'calls received' and 'calls responded to'. Members noted the improvement in this trajectory and it was agreed that this would be further capitalised on if some of the discussed alternative pathways could also be implemented.

In relation to the proposal for local operational delivery units, Members raised the need for more effective working and the need to facilitate discussions around the collective system resource. System adjustments would be required in order to improve the way that WAST and health board colleagues worked together each day. Stephen Harrhy confirmed that work was underway in terms of developing a local minimum data set that included actual ambulance availability to support local health board teams.

	<p>Members also noted that further work was required to better understand the impact of delays on patient outcomes and patient experience. Stephen Harrhy reminded Members of the work being undertaken by Digital Health and Care Wales (DHCW) and Lightfoot regarding the linking up of the data and tracking the patient journey. Ross Whitehead added that the EASC team were working on developing the revised commissioning framework that focussed on the outcomes expected from ambulance services for different patient groups and that an update would be presented to a future meetings with the ambition that the revised commissioning framework would be in place from 1 April 2022.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the WAST provider report.</p>	
<b>Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT</b>		<b>ACTION</b>
EASC 21/45	<p><b>FINANCE REPORT</b></p> <p>The EASC Finance Report was received. In presenting the report Stuart Davies noted the current break-even position and highlighted:</p> <ul style="list-style-type: none"> <li>the need to work with WAST colleagues to monitor the additional funding and the appointment and deployment of additional staff</li> <li>the need to continue to work with the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) regarding the additional allocations relating to the 24/7 expansion and the Adult Critical Care Transfer Service</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>APPROVE</b> and <b>NOTE</b> the report.</li> </ul>	Director of Finance
EASC 21/46	<p><b>EASC SUB GROUP MINUTES</b></p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> <li>EASC Management Group - 29 April 2021</li> <li>EMRTS Delivery Assurance Group – 15 March 2021</li> <li>NEPTS Delivery Assurance Group – 30 March 2021</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>APPROVE</b> the confirmed minutes as above.</li> </ul>	
EASC 21/47	<p><b>EASC GOVERNANCE</b></p> <p>The EASC Governance report was received. In presenting the report Chris Turner gave an overview of the EMRTS and NEPTS Annual Reports for 2020-2021.</p>	CASC

	<p>Members noted that a new version of the EASC Standing Orders had been recently released by the Welsh Government; the Committee Secretary would inform the host body and all other health boards following the meeting.</p> <p>The EASC Risk Register was received with Members noting that two risks remained red relating to the failure to achieve the performance targets for red and amber calls.</p> <p>Members also noted the Internal Audit Report on the EASC Recruitment Review. This report had provided reasonable assurance and identified two medium priority recommendations regarding:</p> <ul style="list-style-type: none"> <li>(i) the reporting of workforce and financial information relating to recruitment and</li> <li>(ii) the monitoring and deployment of new staff.</li> </ul> <p>The Audit Report had been received at the CTMUHB Audit and Risk Committee and the recommendations had been added to the EASC Internal Audit Tracker Log and would be monitored at the EASC Management Group.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the EMRTS Annual Report and Terms of Reference</li> <li>• <b>APPROVE</b> the NEPTS Annual Report and Terms of Reference</li> <li>• <b>APPROVE</b> the model standing orders for EASC</li> <li>• <b>APPROVE</b> the risk register</li> <li>• <b>NOTE</b> the Internal Audit Report on EASC recruitment</li> <li>• <b>NOTE</b> the governance arrangements for the EASC.</li> </ul>	
EASC 21/48	<p><b>FORWARD PLAN OF BUSINESS</b></p> <p>The forward plan of business was received.</p> <p>Following discussion, Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Forward Plan.</li> </ul>	CASC
<b>Part 4. OTHER MATTERS</b>		<b>ACTION</b>
EASC 21/49	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair thanked Members for their contribution to the meeting and commented that the 'Focus on Sessions' were working extremely well with a good level of participation and discussion by Members. Members were reminded of the Special Meeting with the Minister for Health and Social Services on Tuesday 20 July 2021.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 21/50	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 7 September 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.	Committee Secretary

Signed .....  
**Christopher Turner (Chair)**

Date .....



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

**COFNODION A 'GADARNHAWYD' O'R CYFARFOD A GYNHALIwyD  
AR**

**13 GORFFENNAF 2021 AM 09:30  
AR LEIN DRWY MICROSOFT TEAMS**

**YN BRESENNOL**

<b>Aelodau:</b>	
Chris Turner	Cadeirydd Annibynnol
Stephen Harrhy	Prif Gomisiynydd Gwasanaethau Ambiwylans
Judith Paget	Prif Weithredwr, Bwrdd Iechyd Prifysgol Aneurin Bevan
Jo Whitehead	Prif Weithredwr, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Len Richards	Prif Weithredwr, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Paul Mears	Prif Weithredwr, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
Steve Moore (yn rhannol)	Prif Weithredwr, Bwrdd Iechyd Prifysgol Hywel Dda
Sian Harrop-Griffiths	Cyfarwyddwr Strategaeth, Bwrdd Iechyd Prifysgol Bae Abertawe
<b>Eraill yn bresennol:</b>	
Jason Killens	Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST)
Cath O'Brien	Prif Swyddog Gweithredu Dros Dro, Ymddiriedolaeth GIG Prifysgol Felindre
Stuart Davies	Cyfarwyddwr Cyllid, Cyd-bwyllgor Gwasanaethau Iechyd Arbenigol Cymru a Chydbwyllgor y Pwyllgor Gwasanaethau Ambiwylans Brys
Ross Whitehead	Cyfarwyddwr Cynorthwyol Ansawdd a Phrofiad Cleifion, Tîm y Pwyllgor Gwasanaethau Ambiwylans Brys (PGAB) a'r Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Ricky Thomas	Pennaeth Gwybodeg, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Rachel Marsh	Cyfarwyddwr Cynllunio, Strategaeth a Pherfformiad, Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST)
Matthew Edwards	Pennaeth Comisiynu a Pherfformiad, Tîm PGAB, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Julian Baker	Cyfarwyddwr Comisiynu a Pherfformiad, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Sian Ashford	Nyrs Arweiniol Glinigol, Fframwaith Ansawdd a Chyflenwi Adrannau Argyfwng (EDQDF), yr Uned Gomisiynu Cydweithredol Genedlaethol

Rhan 1. MATERION RHAGARWEINIOL		CAM GWEITHREDU
PGAB 21/35	<p><b>CROESO A CHYFLWYNIADAU</b></p> <p>Croesawodd Chris Turner (Cadeirydd) Aelodau i gyfarfod ar lein (gan ddefnyddio Microsoft Teams) o'r Pwyllgor Gwasanaethau Ambiwylans Brys.</p> <p>Croesawodd y Cadeirydd Julian Baker a Sian Ashford, aelodau o dîm y Fframwaith Ansawdd a Chyflanwi Adrannau Argyfwng (EDQDF) fel rhan o'r sesiwn Ffocws.</p>	Cadeirydd
PGAB 21/36	<p><b>YMDDIHEURIADAU AM ABSENOLDEB</b></p> <p>Derbyniwyd ymddiheuriadau am absenoldeb gan Mark Hackett, Steve Ham, Carol Shillabeer a Gwenan Roberts.</p>	Cadeirydd
PGAB 21/37	<p><b>DATGANIADAU O FUDDIANNAU</b></p> <p>Ni ddatganwyd unrhyw fuddiannau ychwanegol ar wahân i'r rhai a ddatganwyd eisoes.</p>	Cadeirydd
PGAB 21/38	<p><b>COFNODION Y CYFARFOD A GYNHALIWYD AR 11 MAI 2021</b></p> <p><b>Cadarnhawyd</b> bod y cofnodion yn gofnod cywir o gyfarfod y Cydbwyllgor a gynhaliwyd ar 11 Mai 2021.</p> <p><b>PENDERFYNODD</b> aelodau:</p> <ul style="list-style-type: none"> <li><b>GYMERADWYO</b> cofnodion y cyfarfod a gynhaliwyd ar 11 Mai 2021.</li> </ul>	Cadeirydd
PGAB 21/39	<p><b>COFNODION GWEITHREDU</b></p> <p><b>DERBYNIODD</b> yr Aelodau'r cofnodion gweithredu a <b>NODWYD:</b></p> <p><b>PGAB 20/95 colli oriau ar ôl dechrau sifft</b></p> <p>Cytunwyd y byddai Jason Killens yn briffio Prif Gomisiynydd y Gwasanaethau Ambiwylans (CASC) ar wahân ar ôl i'r cynllun gweithredu drafft ar gyfer trafodaethau strwythuredig gyda phartneriaid yr Undebau Llafur gael ei gwblhau (Gweithredu).</p> <p><b>PENDERFYNODD</b> aelodau: <b>NODI'R</b> Cofnodion Gweithredu.</p>	PRIF WEITHREDWR WAST
PGAB 21/40	<p><b>MATERION SY'N CODI</b></p> <p>Ni chodwyd unrhyw fater arall.</p>	

PGAB 21/41	<p><b>ADRODDIAD Y CADEIRYDD</b></p> <p>Derbyniwyd adroddiad y Cadeirydd. Nododd yr Aelodau fod Cyfarfod Arbennig o'r Cydbwyllgor wedi'i drefnu ar 20 Gorffennaf 2021 i gwrdd â'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol newydd; y gobaith oedd y byddai'r holl Aelodau'n gallu mynychu'r cyfarfod pwysig hwn. Diolchodd Stephen Harrhy i'r Aelodau am gytuno y gellid cynnal Cyfarfod Arbennig o'r Cydbwyllgor o fewn yr amser a gynlluniwyd ar gyfer cyfarfod y Prif Weithredwyr.</p> <p>Roedd yr aelodau'n falch o fod yn cyfarfod â'r Gweinidog ac yn teimlo ei bod yn debygol y byddai'r hyn a ddisgwylir gan PGAB yn y dyfodol yn cael ei drafod. Yn unol â'r trafodaethau yn y cyfarfod diwethaf, teimlwyd y gallai hyn gynnwys cyfeiriadau at gefnogi a datblygu gweledigaeth ar gyfer gwasanaeth ambiwlans modern, a gefnogwyd yn fawr. Byddai trafodaethau pellach yn cael eu cynnal yn ystod y sesiwn 'Ffocws' yn y cyfarfod.</p> <p>Yn ogystal, trafododd yr aelodau y byddai'r Gweinidog yn awyddus i drafod perfformiad y gwasanaeth ambiwlans byddent yn disgwyl y byddid yn ceisio'r holl gyfleoedd i weithio ar y cyd ledled Cymru i wella perfformiad. Byddai rhagor o drafodaethau'n cael eu cynnal yn rhan o adroddiad y darparwr gan Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST). Teimlodd yr aelodau y byddai gan y Gweinidog ddiddordeb yn y trefniadau tymhorol hefyd, yn enwedig y cynlluniau ar gyfer y gaeaf o ran y camau gweithredu mawr i godi lefelau gwydnwch yn y system ehangach.</p> <p>Teimlodd yr aelodau ei bod hi'n bwysig pwysleisio'r angen i sicrhau trafodaeth aml-ddimensiwn a oedd yn cynnwys y materion a oedd yn cael effaith ar y system gofal brys ac argyfwng ehangach ochr yn ochr â'r gwasanaethau ambiwlans brys. Nododd yr aelodau fod Cydffederasiwn y GIG, ar gais Grŵp Cymheiriaid y Cadeiryddion, yn cynnal adolygiad o'r gwaith mawr sy'n cael ei wneud ar hyn o bryd ar draws y system gofal brys ac argyfwng.</p> <p>Cytunwyd y byddai nodyn briffio, sy'n trafod y pwyntiau trafod o bwys a'r camau gweithredu sy'n cael eu cymryd, yn cael ei baratoi ar gyfer yr Aelodau, cyn y cyfarfod gyda'r Gweinidog (Gweithredu). Byddai hyn yn cynnwys dull gweithredu'r system gyfan a'r gwaith trawsnewid sydd ar y gweill.</p> <p>Nododd yr aelodau hefyd y byddai'r Cadeirydd, Chris Turner, yn cynnal arfarniad diwedd blwyddyn gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar 3 Awst 2021.</p>	CASC
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	<b>PENDERFYNODD</b> Aelodau: <ul style="list-style-type: none"> <li>• <b>NODI</b> adroddiad y Cadeirydd</li> <li>• <b>CYMERADWYO'R</b> gwaith o ddatblygu nodyn briffio wrth baratoi ar gyfer y cyfarfod ar 20 Gorffennaf 2021.</li> </ul>	
<b>Rhan 2. EITEMAU I'W TRAFOD</b>		<b>CAM GWEITHREDU</b>
PGAB 21/42	<p><b>FFOCWS - y trafodaethau dilynol a gynhaliwyd ynghylch 'Gwasanaeth Ambiwylans Modern'</b> (Ymunodd Jo Whitehead â'r cyfarfod 09:47)</p> <p>Atgoffodd Chris Turner yr Aelodau o'r cyflwyniad defnyddiol a welwyd yn y cyfarfod diwethaf gan WAST ac eglurodd y byddai Stephen Harrhy yn cyflwyno sut y gellid datblygu y gwasanaeth ambiwlans modern trwy lens y comisiynydd gyda'r bwriad o danio trafodaeth ynghylch rhai o'r prif faterion.</p> <p><b>Derbyniodd</b> yr aelodau gyflwyniad 'Cyfleoedd 999/111 PGAB' gyda'r nod o gefnogi trafodaeth ddilynol ar y sesiwn 'Ffocws' flaenorol - gwasanaeth ambiwlans modern. Cyflwynodd Stephen Harrhy'r sleidiau ac roedd yn cydnabod bod rhai o'r sleidiau'r un fath i'r rhai a welwyd gan WAST yn y cyfarfod diwethaf. Nododd yr aelodau safbwynt y comisiynydd a thrafodwyd yr angen i gael cytundeb ar y ffordd ymlaen ar gyfer y system gyfan.</p> <p>Nododd yr aelodau:</p> <ul style="list-style-type: none"> <li>• y fframwaith strategol hirdymor gan gynnwys yr uchelgais i sicrhau'r cyngor neu'r gofal cywir, yn y lle cywir bob tro, y prif alluogwyr ar gyfer cyflawni hyn gan gynnwys y gweithlu, arloesi a thechnoleg, cydweithio, seilwaith a chomisiynu a defnyddio cynllun o ansawdd, dan arweiniad clinigwyr a dull sy'n canolbwyntio ar werth</li> <li>• y sefyllfa bresennol a oedd yn cynnwys gwasanaeth trin galwadau 999 hynod effeithlon; fodd bynnag, anfonwyd gormodedd o adnoddau ambiwlans drud i ormod o alwadau 999 ac roedd gormod o gludiadau yn cael eu gwneud i adran argyfwng mawr gyda'r effaith ganlyniadol i hynny ar y system gofal brys ac argyfwng</li> <li>• adnoddau cymharol brin a thameidiog ar gyfer brysennu ac asesu clinigol o bell</li> <li>• yr angen i weithio gyda'n gilydd i ddefnyddio technoleg er mwyn darparu gwybodaeth glir a gwella llwybr a phrofiad y claf.</li> <li>• roedd agweddau pwysig y system newydd yn cynnwys mynediad gwell at wybodaeth, llwybrau amgen i wasanaethau, prosesau trosglwyddo rhwng sifftiau cyflymach, modelau gwahanol mewn cymunedau gwahanol a system sydd ni waeth pa rif y deialodd y claf, yn ei gyfeirio at y gwasanaeth cywir</li> </ul>	

- yr uchelgais yn y dyfodol a thrawsnewid o'r parth 'gweld, trin a chludo i ysbyty'
- Cyfeiriwyd at Wasanaeth 111 fel y 'Porth i Ofal' gyda'r nod canolog i ragor o alwyr gael asesiad clinigol cyn cytuno ar yr ymateb trwy ganolfan glinigol genedlaethol integredig
- cyfleoedd comisiynu ar draws gwasanaethau 999 a 111 gan ddefnyddio'r llwybr cleifion pum cam a ddefnyddiwyd eisoes i gomisiynu gwasanaethau ambiwlans brys, negeseuon cyson i'r cyhoedd i newid yr ymddygiad o ran dewis gwasanaethau a'r angen i weithio ar y cyd er mwyn sicrhau cydbwysedd rhwng modelau cenedlaethol a lleol fel y bo'n briodol.

Cefnogodd Jason Killens farn yr Aelodau hefyd, yn enwedig o ran y ffaith bod y materion o fewn y system ehangach na'r gwasanaethau ambiwlans brys, gan gynnwys y system gofal brys ac argyfwng ehangach; cefnogodd hefyd yr angen i adlewyrchu ar sut roedd cymunedau'n amrywio ar draws lleoliadau a'r angen i ddod o hyd i gydbwysedd rhwng gwasanaethau cenedlaethol a lleol fel y bo'n addas. Nododd yr aelodau fod WAST hefyd wedi ymrwymo i asesiad clinigol addas ac i ehangu ar ystod ei ymatebion gan y byddai'r gwasanaeth presennol gan amlaf yn cynnwys cludo claf, fel arfer i ED.

Roedd yr aelodau hefyd yn teimlo, er bod WAST yn darparu gwasanaethau 999 a 111 ar hyn o bryd, nid oedd y Gwasanaeth 111 yn Wasanaeth Ambiwllans Brys ac roedd yn bwysig dangos y gwahaniaeth rhwng y ddwy wasanaeth. Nododd yr Aelodau y byddai angen gwneud rhagor o waith i fireino'r model Gwasanaeth 111 i sicrhau ei fod yn gydnaws â disgwyliadau'r cyhoedd ac wedi'i deilwra i'r gwasanaethau lleol sydd ar gael.

Awgrymwyd hefyd ei bod yn bwysig i sicrhau bod y model ymateb gwasanaethau yn fwy canolog ac y byddai'r ymateb mwyaf priodol yn cael ei wneud p'un a wnaed yr alwad i'r gwasanaeth 999 neu 111. Dylai'r system ymatebion gynnwys cyfres o wahanol opsiynau nad oeddent yn dibynnu ar gludo cleifion i'r ysbyty ac a fyddai'n dod yn ganolog i'r hyn oedd gan y Byrddau Iechyd i'w gynnig, gyda diogelwch y claf mewn golwg bob amser. Teimlodd yr Aelodau ei bod yn bwysig o safbwynt y claf iddynt gael cymorth i gyrraedd y system yn y ffordd orau bosib. Pwysleisiwyd hefyd y byddai'n bwysig cytuno ar gamau gweithredu ar draws y system o ran sut roedd gwasanaethau'n cael eu cysylltu â 'u gilydd fel nad oedd y man mynediad yn cael effaith ar gleifion yn derbyn y gwasanaethau gorau. Nododd yr aelodau effaith y cynigion digidol gan WAST gan ragweld y gellid gwneud gwelliannau mawr iawn.

	<p>Tynnodd yr aelodau sylw hefyd at bwysigrwydd y gwaith o gysylltu ag awdurdodau lleol ledled Cymru i ddeall a datblygu ymatebion gofal cymdeithasol brys, y tu mewn a thu allan i oriau agor, i gynorthwyo i reoli risg ar draws y system. Awgrymodd yr aelodau enghreifftiau o ran lle gallai hyn fod yn effeithiol, megis ymateb i gwympiadau, gofal yn y cartref, iechyd meddwl, amseroedd argyfwng a gwasanaethau cyffuriau ac alcohol.</p> <p>Yn ogystal, nodwyd y bu newid yn y modd roedd y cyhoedd yn disgwyl cael mynediad at wasanaethau a sut mae'r cynigion digidol ehangach wedi datgelu rhagor o alw gan y cyhoedd am wybodaeth a sicrwydd. Teimlodd yr aelodau y byddai'n bwysig datblygu'r system ymatebion gan ddefnyddio'r dull digidol yn gyntaf lle bo hynny'n briodol. Rhoddodd Jason Killens enghreifftiau o fodolau digidol llwyddiannus a oedd ar waith eisoes ac awgrymodd y gellid mabwysiadu ambell un ar raddfa genedlaethol.</p> <p>Trafododd yr aelodau hefyd bwysigrwydd gweithio gyda'r cyhoedd mewn perthynas â mynediad at wasanaethau a llwybrau amgen yn hytrach nag ymatebion ambiwlans brys ar gyfer gwasanaeth ambiwlans modern. Beth bynnag yw'r man mynediad, roedd yr Aelodau o'r farn y byddai'n bwysig sicrhau bod yr ymateb cywir yn cael ei dderbyn ar draws yr holl system ar gyfer pob claf.</p> <p>(Ymunodd Steve Moore â'r cyfarfod 10:25)</p> <p>Crynhodd Stephen Harrhy rai o'r prif bwyntiau a wnaed, a oedd yn cynnwys yr angen:</p> <ul style="list-style-type: none"> <li>• i brofiad y claf fod yn gwbl gritigol</li> <li>• i fanteisio ar botensial technoleg ddigidol</li> <li>• sicrhau bod gwasanaethau integredig y tu ôl i'r pwynt mynediad cyntaf ac i ddeall effaith hyn ar gleifion a darparwyr.</li> </ul> <p>Cytunodd yr aelodau y byddai map yn cael ei ddatblygu sy'n dangos y prif egwyddorion dylunio, ac unwaith bydd y Cydbwyllgor yn cytuno arno, byddai hyn yn cael ei roi ar waith ar draws y Byrddau Iechyd i sicrhau bod ymateb y gwasanaeth yn cael ei wireddu (Gweithredu). Cynigiodd yr Aelodau gefnogi'r gwaith hwn yn ôl yr angen.</p> <p>Diolchodd y Cadeirydd i'r holl aelodau am y drafodaeth fuddiol yn enwedig o ran y dull ymarferol a chydweithredol y cytunwyd arno.</p>	<p>Tîm PGAB</p>
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	<p><b>PENDERFYNODD</b> Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>NODI'R</b> cyflwyniad</li> <li>• <b>CEFNOGI</b> datblygu cynllun o'r prif egwyddorion dylunio i'w hystyried a'i cymeradwyo mewn cyfarfod yn y dyfodol.</li> </ul>	
PGAB 21/43	<p><b>ADRODDIAD PRIF GOMISIYNYDD GWASANAETHAU AMBIWLANS</b></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"> <li>• Tasglu Argaeledd Ambiwylansys y Gweinidog - roedd y Cyd-Gadeiryddion wedi cyfarfod â'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn ddiweddar ac adroddodd ei chefnogaeth at gyfeiriad y daith. Nodwyd bod gwaith penodol wedi'i wneud gan y Tasglu gyda ffocws ar oedi wrth drosglwyddo cleifion o ambiwlansys i'r ysbyty ac y byddai camau o bwys yn cael eu gweithredu bellach; gallai hyn gynnwys Cylchlythyr Iechyd Cymru ar ei newydd wedd i gefnogi gwell perchnogaeth ac arweinyddiaeth ar draws y system.</li> <li>• Fframwaith Ansawdd a Chyflenwi Adrannau Argyfwng (EDQDF) - cytunwyd y byddai diweddariad ar y gwaith a wnaed yn cael ei baratoi ar gyfer cydweithwyr PGAB a'i gylchredeg y tu allan i'r cyfarfod (Gweithredu).</li> <li>• Parhawyd i gynnal cyfarfodydd rheolaidd gyda chydweithwyr WAST ynghylch perfformiad ambiwlansiau sy'n peri pryder; nododd yr Aelodau fod WAST yn ceisio mynd at wraidd y mater ar hyn o bryd i nodi meysydd i wella'r sefyllfa ar unwaith mewn perthynas â pherfformiad.</li> <li>• Gwasanaeth Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys (NEPTS) - Nodwyd bod gwaith ar waith gyda BIP Cwm Taf Morgannwg i sicrhau fod y gwaith sydd o hyd i'w wneud o trosglwyddo sydd ar ôl yn cael ei wneud ar 1 Awst 2021. Adroddodd y CASC fod mesurau cadw pellter cymdeithasol Covid-19 yn effeithio ar lefel yr adnoddau NEPTS fel yr oedd cynlluniau ailosod ac adfer Byrddau Iechyd ar y gwasanaethau a ddarperir. Nododd yr Aelodau fod gwaith ar y gweill gyda'r Byrddau Iechyd ynghylch blaenoriaethu a rheoli adnoddau cludo cleifion, ac yn dilyn trafodaethau gyda Grŵp Sicrwydd Cyflenwi NEPTS (DAG), cytunwyd y dylid ceisio cael cyllid canolog gan Lywodraeth Cymru i gefnogi'r gwaith, yn hytrach na tharfu ar cynlluniau sydd wedi'u datblygu eisoes. Roedd trafodaethau eisoes ar y gweill gyda swyddogion Llywodraeth Cymru ynglŷn â'r mater hwn.</li> <li>• Yr Uned Cyflenwi Gweithredol (ODU) a Chynlluniau Uwchgyfeirio - roedd gwaith yn cael ei wneud i asesu a oedd yr ODU yn gweithredu'n effeithiol.</li> </ul>	Julian Baker

	<p>Yn ogystal, yn fwy diweddar, dechreuwyd ar y gwaith i sefydlu unedau cyflenwi gweithredol ar gyfer pob bwrdd iechyd gyda'r Prif Swyddogion Gweithredol.</p> <ul style="list-style-type: none"> <li>Rhaglen Comisiynu yn seiliedig ar Werth - yn unol â Bwriad Comisiynu EMS 4, wrth weithio gyda chydweithwyr WAST, datblygwyd dull yn seiliedig ar werth ac yn sgil hynny ac roedd ymgysylltu wrthi'n digwydd o ran blaenoriaethau'r rhaglen.</li> </ul> <p>Bydd diweddariad yn cael ei roi yng nghyfarfod nesaf y Cydbwyllgor PGAB (Gweithredu).</p> <ul style="list-style-type: none"> <li>Y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS) - Derbyniodd yr Aelodau'r fersiwn terfynol o'r Fframwaith Ansawdd a Chyflenwi Adrannau Argyfwng EMRTS a chytunwyd ar ei gynnwys.</li> </ul> <p>Yn dilyn trafodaeth, <b>PENDERFYNODD</b> Aelodau:</p> <ul style="list-style-type: none"> <li><b>NODI'R</b> wybodaeth yn yr adroddiad.</li> <li><b>CYMERADWYO</b> Fframwaith Ansawdd a Chyflenwi Adrannau Argyfwng EMRTS.</li> </ul>	
PGAB 21/44	<p><b>ADRODDIAD DARPARWR YMDDIRIEDOLAETH GIG GWASANAETHAU AMBIWLANS CYMRU (WAST)</b></p> <p>Derbyniwyd yr adroddiad wedi'i ddiweddarau gan Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST). Roedd yr adroddiad yn cynnwys y gwaith a wnaed mewn perthynas â'r galw a'r gallu o fewn y gwasanaeth a'r effaith a gafwyd wrth recriwtio rhagor o staff. Nododd yr aelodau'r sefyllfa yn ymwneud ag adolygiadau o amserlenni sifftiau a'r newidiadau parhaus mewn polisi o fewn y gwasanaeth ac effaith debygol y rhain. Yn ogystal â'r adolygiad perfformiad presennol a'r camau gweithredu tymor byr sydd wedi'i anelu at wella perfformiad yn syth a hynny wrth fynd i'r afael â gofynion gwydnwch y gaeaf. Cyflwynodd Jason Killens sleidiau i dynnu sylw at y prif bwyntiau a godwyd, dyma rai ohonynt:</p> <ul style="list-style-type: none"> <li>Y cynnydd eithriadol hwnnw mewn gweithgaredd a oedd wedi digwydd ar draws y sector ambiwlans yn y DU gyda chynydd mawr iawn yng ngalwadau 999 bob mis. Gofynnodd yr aelodau a oedd y cynnydd yng ngalwadau 999 yn cael eu dosbarthu'n gyfartal ledled Cymru a chytunodd Jason Killens roi trosolwg yn yr adroddiad nesaf (Gweithredu).</li> <li>yng Nghymru, gwelwyd cynnydd eithriadol yng ngweithgarwch coch a chynydd cyffredinol yng ngalwadau 999 gyda rhwng 200 a 300 o alwadau'r diwrnod, yn fwy na'r galw a ragwelwyd</li> </ul>	Jason Killens

	<ul style="list-style-type: none"> <li>• recriwtio - roedd rhagor o staff wedi cael neu yn y broses o gael eu recriwtio i ateb y galw ac er mwyn sicrhau nad oedd y gwasanaeth yn ddibynnol ar oramser. Byddai hyn yn sicrhau cynhyrchiant uned mewn awr mwy sefydlog gan gynnwys ar gyfer ambiwlansiau brys y rheng flaen a byddai hyn yn arwain at gael rhagor o gerbydau ymateb cyflym.</li> <li>• newidiadau i'r amserlen sifftiau - Nododd yr aelodau fod hyn yn ymrwymiad enfawr ac y byddai'n effeithio ar bob gorsaf ambiwlans ar draws Cymru. Bu trafodaethau gydag undebau llafur a staff i gwblhau'r prif egwyddorion dylunio ar gyfer yr amserlen sifftiau gyda'r nod o roi hyn ar waith ym mis Ebrill 2022, wedi'r gaeaf.</li> <li>• effaith diffyg argaeledd Ymatebwyr Cyntaf yn y Gymuned (yn enwedig mewn ardaloedd gwledig)</li> <li>• Nodwyd oriau Cerbydau Ymateb Cyflym, gwell effeithlonrwydd o ran symudedd a'r gofynion am gyfarpar diogelu personol (PPE) parhaus o ran perfformiad coch</li> <li>• nodwyd bod mwy o weithgarwch wedi ei golli yn ystod yr oriau cyfnos lle nad oedd cymaint o adnoddau ar gael; byddai'r gwasanaeth yn mynd i'r afael â gwaith ychwanegol o ran anfon, cynhyrchu ac ymateb. Bydd diweddariad ar gael yn y cyfarfod nesaf (Gweithredu)</li> <li>• Roedd ymyriadau 'gwrando a thrin' yn cyfrannu tua 10% o'r gwaith bob dydd</li> <li>• Nodwyd bod angen buddsoddi yn y model gwledig er mwyn cynyddu argaeledd ambiwlansiau a CFR ym Mhowys ac mewn ardaloedd gwledig eraill; gallai hyn o bosib arwain at gynydd mewn Cerbydau Ymateb Cyflym hefyd. Byddai'r gwaith hwn yn parhau gyda rhan-ddeiliaid pwysig a byddai unrhyw ddiweddariad pellach yn cael ei ddarparu.</li> <li>• Nododd yr aelodau'r sefyllfa o ran oriau coll ar ôl dechrau sifft a pholisïau presennol y gweithlu a'r angen i gytuno ar ddulliau amgen a fyddai'n sicrhau gwell effeithlonrwydd. Roedd cynllun yn y broses o gael ei orffen a byddai yn nwylo WAST yn yr wythnos sydd i ddod; bydd diweddariad pellach am hyn yn y cyfarfod nesaf (Gweithredu).</li> </ul> <p>Trafododd yr aelodau'r prif faterion ac roedd Stephen Harrhy wedi crynhoi'r gwaith a fyddai bellach yn cael ei wneud i gytuno ar amserlenni ac i sicrhau bod cynllun cadarn wrth law i fynd i'r afael â pherfformiad coch ledled Cymru. Nododd yr aelodau fod cynhyrchiant uned mewn awr yn fwy sefydlog, a bod hyn yn arbennig o amlwg o ran argaeledd ambiwlansiau brys. Nododd hefyd fod rhagor o waith angen ei wneud mewn perthynas â Cherbydau Ymateb Cyflym ac argaeledd adnoddau gwasanaethau gofal brys (UCS) er mwyn gwneud y gorau o'r adnoddau. Yn ogystal, roedd rôl y gwasanaeth 'clywed a thrin' yn cael ei werthfawrogi ynghyd ag effaith hyn ar y gyfradd trosi o 'alwadau a dderbyniwyd' i 'ymatebion i alwadau'.</p>	
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	<p>Nododd yr aelodau'r gwelliant yn y trywydd hwn a chytunwyd y byddid yn manteisio ar hyn fwyfwy pe bai modd gweithredu rhai o'r llwybrau amgen a drafodwyd.</p> <p>Mewn perthynas â'r cynnig ar gyfer unedau cyflenwi gweithredol lleol, cododd yr Aelodau yr angen am ddull o weithio mwy effeithiol a'r angen i hwyluso trafodaethau yn ymwneud ag adnoddau ar gyfer y system gyfan. Byddai angen addasu'r system er mwyn gwella'r ffordd mae WAST a chydweithwyr y Byrddau Iechyd yn cydweithio â'i gilydd bob dydd. Cadarnhaodd Stephen Harrhy fod gwaith ar y gweill o ran datblygu set ddata sylfaenol yn lleol a oedd yn cynnwys nifer wirioneddol yr ambiwlansiau sydd ar gael i gynorthwyo timau y Byrddau Iechyd.</p> <p>Nododd yr aelodau hefyd fod rhagor o waith angen ei wneud i ddeall beth oedd effaith yr oedi ar ganlyniadau a phrofiad y claf. Atgoffodd Stephen Harrhy yr Aelodau o'r gwaith sy'n cael ei wneud gan Iechyd a Gofal Digidol Cymru (DHCW) a Lightfoot o ran cysylltu data a dilyn taith y claf. Mynegodd Ross Whitehead fod tîm PGAB yn gweithio ar ddatblygu fframwaith comisiynu diwygiedig a oedd yn canolbwyntio ar y canlyniadau a ddisgwylir gan wasanaethau ambiwlans ar gyfer cleifion mewn grwpiau gwahanol ac y byddai diweddariad yn cael ei gyflwyno mewn cyfarfod yn y dyfodol gyda'r uchelgais y byddai'r fframwaith comisiynu diwygiedig yn barod erbyn 1 Ebrill 2022.</p> <p><b>PENDERFYNODD</b> Aelodau i: <b>NODI</b> adroddiad darparwr WAST.</p>	
<b>Rhan 3. EITEMAU I'W CYMERADWYO NEU EU CEFNOGI</b>		<b>CAM GWEITHREDU</b>
PGAB 21/45	<p><b>ADRODDIAD CYLLID</b></p> <p>Derbyniwyd Adroddiad Cyllid PGAB. Wrth gyflwyno'r adroddiad nododd Stuart Davies y sefyllfa bresennol o ran o adennill costau:</p> <ul style="list-style-type: none"> <li>• yr angen i weithio gyda chydweithwyr WAST i fonitro'r cyllid ychwanegol a'r gwaith o benodi a defnyddio rhagor o staff.</li> <li>• yr angen i barhau i weithio gyda'r Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru) ynghylch y dyraniadau ychwanegol sy'n ymwneud ag ehangu'r gwasanaeth 24/7 a Gwasanaethau Trosglwyddo Gofal Critigol i Oedolion.</li> </ul> <p><b>PENDERFYNODD</b> Aelodau i :</p> <ul style="list-style-type: none"> <li>• <b>GYMERADWYO</b> a <b>NODI'R</b> adroddiad.</li> </ul>	Cyfarwyddwr Cyllid

PGAB 21/46	<p><b>COFNODION IS-GRŴP PGAB</b></p> <p>Derbyniodd yr Aelodau'r cofnodion a gadarnhawyd o gyfarfodydd Is-grŵpiau PGAB fel a ganlyn:</p> <ul style="list-style-type: none"> <li>• Grŵp Rheoli PGAB - 29 Ebrill 2021</li> <li>• Grŵp Sicrwydd Cyflawni EMRTS – 15 Mawrth 2021</li> <li>• Grŵp Sicrwydd Cyflawni EMRTS – 30 Mawrth 2021</li> </ul> <p><b>PENDERFYNODD</b> Aelodau i:</p> <ul style="list-style-type: none"> <li>• <b>GYMERADWYO'R</b> cofnodion a gadarnhawyd fel yr uchod.</li> </ul>	
PGAB 21/47	<p><b>LLYWODRAETHU PGAB</b></p> <p>Derbyniwyd adroddiad Llywodraethu PGAB Wrth gyflwyno'r adroddiad rhoddodd Chris Turner drosolwg o Adroddiadau Blynyddol EMRTS a NEPTS ar gyfer 2020-2021.</p> <p>Nododd yr Aelodau fod fersiwn newydd o Reolau Sefydlog PGAB newydd ei ryddhau gan Lywodraeth Cymru; byddai Ysgrifennydd y Pwyllgor yn hysbysu'r corff lletyol a phob un o'r Byrddau Iechyd eraill yn dilyn y cyfarfod.</p> <p>Daeth Cofrestr Risg PGAB i law a nododd yr Aelodau fod dwy risg goch yn parhau sy'n ymwneud â'r methiant i gyflawni'r targedau perfformiad ar gyfer galwadau coch ac ambr.</p> <p>Nododd yr aelodau hefyd yr Adroddiad Archwilio Mewnol ar Adolygiad Recriwtio PGAB. Roedd yr adroddiad hwn wedi rhoi sicrwydd rhesymol ac wedi canfod dau argymhelliad o flaenoriaeth ganolog o ran:</p> <ul style="list-style-type: none"> <li>(i) adrodd ar y gweithlu a gwybodaeth ariannol sy'n ymwneud â recriwtio a</li> <li>(ii) monitro a defnyddio staff newydd</li> </ul> <p>Derbyniwyd yr Adroddiad Archwilio ym Mhwyllgor Archwilio a Risg Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (BIP CTM) ac roedd yr argymhellion wedi'u hychwanegu at Goflyfr Olrhain Archwilio Mewnol PGAB a chânt eu monitro yng Ngrŵp Rheoli PGAB.</p> <p><b>PENDERFYNODD</b> yr Aelodau i:</p> <ul style="list-style-type: none"> <li>• <b>GYMERADWYO</b> Adroddiad Blynyddol a Chylch Gorchwyl EMRTS</li> <li>• <b>CYMERADWYO</b> Adroddiad Blynyddol a Chylch Gorchwyl NEPTS</li> <li>• <b>CYMERADWYO</b> Rheolau sefydlog y model ar gyfer PGAB</li> <li>• <b>CYMERADWYO'R</b> Gofrestr Risg.</li> <li>• <b>NODI'R</b> Adroddiad Archwilio Mewnol ar recriwtio PGAB</li> <li>• <b>NODI'R</b> trefniadau llywodraethu ar gyfer yr PGAB.</li> </ul>	Prif Gomisiynydd y Gwasanaeth Ambiwlans (CASC)



PGAB 21/48	<b>BLAENGYNLLUN BUSNES</b>  Derbyniwyd y blaengynllun busnes.  Yn dilyn trafodaeth, <b>PENDERFYNODD</b> Aelodau: <ul style="list-style-type: none"> <li><b>GYMERADWYO'R</b> Blaengynllun.</li> </ul>	CASC
<b>Rhan 4. MATERION ERAILL</b>		<b>CAM GWEITHREDU</b>
PGAB 21/49	<b>UNRHYW FATER ARALL</b>  Diolchodd y Cadeirydd i'r Aelodau am eu cyfraniad i'r cyfarfod a mynegodd fod y 'Sesiynau Ffocws' yn gweithio'n dda iawn gyda nifer addawol o Aelodau'n cyfrannu at y trafodaethau. Atgoffwyd yr aelodau o'r Cyfarfod Arbennig gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar ddydd Mawrth, 20 Gorffennaf 2021.	

<b>DYDDIAD AC AMSER Y CYFARFOD NESAF</b>	
PGAB 21/50	Bydd cyfarfod nesaf y Cyd-bwyllgor yn cael ei gynnal am 13:30, ddydd Mawrth 7 Medi ym Mhwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC), Uned G1, The Willowford, Main Ave, Ystâd Ddiwydiannol Trefforest, Pontypridd CF37 5YL, ond fwy na thebyg caiff ei gynnal ar-lein drwy gyfrwng Microsoft Teams.

Llofnod .....  
**Christopher Turner (Cadeirydd)**

Dyddiad .....



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE 'SPECIAL' MEETING HELD ON  
20 JULY 2021 AT 13:30HOURS**

**VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan University Health Board ABUHB
Jo Whitehead	Chief Executive, Betsi Cadwaladr University Health Board BCUHB
Len Richards	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys Teaching PTHB
Mark Hackett	Chief Executive, Swansea Bay SBUHB
<b>In Attendance:</b>	
Eluned Morgan MS	Minister for Health and Social Services, Welsh Government
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Steve Ham	Chief Executive, Velindre University NHS Trust
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience, National Collaborative Commissioning Unit (NCCU)
Aled Brown	Welsh Government
Kath McGrath	National Collaborative Commissioning Unit

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 21/51	<b>WELCOME AND INTRODUCTIONS</b> Chris Turner (Chair), welcomed Members to the special meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee to meet with the Minister for Health and Social Services. Eluned Morgan MS was warmly welcomed to the meeting.	Chair
EASC 21/52	<b>APOLOGIES FOR ABSENCE</b> There were none.	Chair
EASC 21/53	<b>DECLARATIONS OF INTERESTS</b> There were no additional interests to those already declared.	Chair

<p>EASC 21/54</p>	<p><b>MINISTER FOR HEALTH AND SOCIAL SERVICES</b></p> <p>Eluned Morgan MS thanked the Chair and Members for the invitation to the Special meeting of the Emergency Ambulance Services Committee.</p> <p>The Minister welcomed the opportunity to meet with the Members of the Emergency Ambulance Services Joint Committee and specifically wanted to provide clarity in relation to the expectations for the whole system across the NHS and social care in Wales.</p> <p>The Minister raised the following issues:</p> <ul style="list-style-type: none"> <li>• <b>Business continuity incident at the Welsh Ambulance Services NHS Trust (WAST) on 19 July 2021</b> – asking how Members reflected on this issue, how lessons would be learned in order to minimise such occurrences and also drew attention to workforce and staffing issues</li> <li>• <b>Workforce issues</b> – of concern across the system and Members were asked to consider how a more proactive approach could be developed (forecasting) to be in a better position to respond to peaks in demand</li> <li>• <b>Communications</b> – the Minister felt that this was good after the business continuity incident (crisis) and asked how this could be improved with the public before any such serious actions were taken?</li> <li>• <b>Ministerial Ambulance Availability Taskforce</b> – asking Members to consider how the outputs could be implemented or accelerated. The Chair and the Chief Ambulance Services Commissioner were asked to develop a delivery plan for improvement which outlined the actions, timescales and identified leads with responsibilities for delivery (as soon as possible)</li> <li>• <b>Commissioning approach</b> – asking Members to consider how the approach could be more robust and specifically the exploration of possibilities towards incentives and sanctions</li> <li>• <b>Learning from the pandemic</b> – WAST was asked specifically what lessons could be learned in relation to the reduction in demand and the management of activity as a result of the pandemic</li> <li>• <b>Working effectively and safely</b> – WAST and HBs were asked to consider how they support ambulance staff to work to the limit of their professional practice (reducing variability in clinical practice and access for WAST staff to access services directly at health boards and communities)</li> <li>• <b>6 Goals for Urgent and Emergency Care Policy</b> – Members noted that the policy handbook would be published soon and asked how the Joint Committee and health boards would support the delivery of the policy.</li> </ul>	
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The Chair thanked the Minister for Health and Social Services for raising the issues and provided an opportunity for Members to respond.

Jason Killens responded and highlighted the following areas:

- WAST forecasting and plans in place; gave an overview of the summer plan
- Explained the staffing levels at WAST on 19 July 2021
- 30% increase in 999 compared to a normal Monday (adverse weather conditions temperatures >30°C)
- currently bolstering resources with St John Cymru
- The Ministerial Ambulance Availability Taskforce had been helpful in gathering views on the modernisation of ambulance services and WAST was developing its ambition to 'flip the organisation on its head' (shifting from a primarily a response service to providing remote clinical advice and support)
- EASC support had led to increased staffing and recruitment
- New rosters were being developed across Wales
- achieving the 'hear and treat' rate identified within the ORH Demand and Capacity Review of Emergency Medical Services and also trying to increase rates across Wales.

Members also responded including:

- thanking the Minister for the opportunity to discuss matters across the whole system together to improve services for patients
- raising the question of how the Members should work across the whole system
- suggesting that the organisational recovery plans would deal with many of the issues and the focus on urgent and emergency care and primary care recover with the plans; how the current plans were supported and funded was also raised
- needing to consider a broad set of resources to respond during high levels of demand
- recognising the need to have a system wide response but operating in an environment where demand had increased but the capacity in organisation had decreased and the challenges such as the limitation of the bed base
- that the Members would need to reflect on incentives and sanctions as they had not previously worked in this way in the past but would need to be seriously considered
- recognising that the focus needed to be on the entirety of the patient journey not just emergency departments but also the 'back door'

	<ul style="list-style-type: none"> <li>the increased demand for social care of 25% in some areas was also impacting on flow</li> <li>emphasising the need to strengthen community resilience across Wales.</li> </ul> <p>The Chief Ambulance Services Commissioner, Stephen Harray responded to the Minister's request for a comprehensive action plan and confirmed:</p> <ul style="list-style-type: none"> <li>the plan would be developed as requested</li> <li>the plan would not provide a range of new actions but would seek delivery on those actions already identified within recovery plans</li> <li>progress would be reported monthly</li> <li>digital enablers would also be important for implementation</li> <li>the focus on each of 5 steps to have the maximum ambulance contribution for each part of the service.</li> </ul> <p>The Chair thanked all Members for their contributions and invited the Minister to close the meeting with final remarks, these included:</p> <ul style="list-style-type: none"> <li>Jason Killens was asked to: <ul style="list-style-type: none"> <li>provide advice on any opportunities to speed up roster reviews</li> <li>Asked regarding the level of current pressures and how to avoid the need for business continuity issues in the future.</li> </ul> </li> <li>Urging Members to act and not wait for every part of the jigsaw to align – 'do your own bit'</li> <li>Raising public responsibilities to work with services and suggested that better education and communication regarding why services were under pressure to manage demand</li> <li>Working with officials to try to move the recovery plans forward as soon as possible and recognised the many challenges for health and social care particularly in relation to the domiciliary care staffing levels</li> <li>Reiterated receiving an action plan, with clear timescales and appropriate responsibilities assigned</li> <li>Closed by articulating concerns regarding winter and the need to do all we can.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> and thank the Minister for attending the meeting</li> <li><b>APPROVE</b> the development of a comprehensive action plan</li> </ul>	
EASC 21/55	<p><b>ANY OTHER BUSINESS</b></p> <p>There was none.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 21/56	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 7 September 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.	Committee Secretary

Signed .....  
**Christopher Turner (Chair)**

Date .....



**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau  
Ambiwlans Brys  
Emergency Ambulance  
Services Committee

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

**COFNODION A 'GADARNHAWYD' O'R CYFARFOD 'ARBENNIG' A  
GYNHALIWYD**

**20 GORFFENNAF 2021 AM 13:30**

**AR LEIN TRWY MICROSOFT TEAMS**

**YN BRESENNOL**

<b>Aelodau:</b>	
Chris Turner	Cadeirydd Annibynnol
Stephen Harrhy	Prif Gomisiynydd Gwasanaethau Ambiwlans
Judith Paget	Prif Weithredwr, Bwrdd Iechyd Prifysgol Aneurin Bevan
Jo Whitehead	Prif Weithredwr, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Len Richards	Prif Weithredwr, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Paul Mears	Prif Weithredwr, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
Steve Moore	Prif Weithredwr, Bwrdd Iechyd Prifysgol Hywel Dda
Carol Shillabeer	Prif Weithredwr, Bwrdd Iechyd Addysgu Powys
Mark Hackett	Prif Weithredwr, Bwrdd Iechyd Prifysgol Bae Abertawe
<b>Eraill yn bresennol:</b>	
Eluned Morgan AS	Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, Llywodraeth Cymru
Jason Killens	Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST)
Steve Ham	Prif Weithredwr, Ymddiriedolaeth GIG Prifysgol Felindre
Stuart Davies	Cyfarwyddwr Cyllid, Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru a Chydbwyllgor EASC
Ross Whitehead	Cyfarwyddwr Cynorthwyol Ansawdd a Phrofiad Cleifion, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU)
Aled Brown	Llywodraeth Cymru
Kath McGrath	Uned Gomisiynu Cydweithredol Genedlaethol

<b>Rhan 1. MATERION RHAGARWEINIOL</b>		<b>CAM GWEITHREDU</b>
Y PWYLLGOR GWASANAETHAU -THAU AMBIWLANS BRYs (PGAB) 21/51	<b>CROESO A CHYFLWYNIADAU</b> Croesawodd Chris Turner (Cadeirydd) yr Aelodau i'r cyfarfod arbennig (drwy ddefnyddio cyfrwng Microsoft Teams) y Pwyllgor Gwasanaethau Ambiwlans Brys i gwrdd â'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol. Cafodd Eluned Morgan AS groeso cynnes i'r cyfarfod.	Cadeirydd

PGAB 21/52	<b>YMDDIHEURIADAU AM ABSENOLDEB</b> Dim.	Cadeirydd
PGAB 21/53	<b>DATGANIADAU O FUDDIANNAU</b> Ni ddatganwyd unrhyw fuddiannau ychwanegol ar wahân i'r rhai a ddatganwyd eisoes.	Cadeirydd
PGAB 21/54	<p><b>Y GWEINIDOG IECHYD A GWASANAETHAU CYMDEITHASOL</b></p> <p>Diolchodd Eluned Morgan AS i'r Cadeirydd a'r Aelodau am y gwahoddiad i gyfarfod Arbennig y Pwyllgor Gwasanaethau Ambiwylans Brys.</p> <p>Croesawodd y Gweinidog ar y cyfle i gwrdd ag Aelodau o Gyd-bwyllgor y Gwasanaethau Ambiwylans Brys ac roedd yn awyddus i roi eglurdeb mewn perthynas â'r disgwyliadau ar gyfer y system gyfan ar draws y GIG ac o ran gofal cymdeithasol yng Nghymru.</p> <p>Cododd y Gweinidog y materion canlynol:</p> <ul style="list-style-type: none"> <li>• <b>Digwyddiad Parhad Busnes yn Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST) ar 19 Gorffennaf 2021</b> – yn gofyn sut oedd yr Aelodau'n edrych yn ôl ar y mater hwn a sut byddai gwersi'n cael eu dysgu er mwyn lleihau digwyddiadau o'r fath. Yn ogystal, tynnwyd sylw at faterion yn ymwneud â'r gweithlu a staffio.</li> <li>• <b>Materion y gweithlu</b> – mae hyn yn bryder ar draws y system a gofynnwyd i'r Aelodau ystyried sut y gellid datblygu dull mwy rhagweithiol (sy'n rhagweld) er mwyn bod mewn gwell sefyllfa wrth ymateb i'r cynnydd yn y galw.</li> <li>• <b>Cyfathrebu</b> –Teimlodd y Gweinidog fod hyn yn gam cadarnhaol wedi'r digwyddiad parhad busnes (argyfwng) a gofynnodd ym mha fodd gellid gwella'r sefyllfa gyda'r cyhoedd cyn cymryd unrhyw gamau gweithredu o bwys?</li> <li>• <b>Tasglu Argaeledd Ambiwylansys y Gweinidog</b> – yn gofyn i'r Aelodau ystyried sut gellid gweithredu neu gyflymu'r camau gweithredu. Gofynnwyd i'r Cadeirydd a Phrif Gomisiynydd Gwasanaethau Ambiwylans ddatblygu cynllun cyflawni ar gyfer gwella a oedd yn amlinellu'r camau gweithredu, yr amserlenni a chanfod arweinwyr â chyfrifoldebau i wireddu hyn (cyn gynted ag y bo modd).</li> <li>• <b>Dull comisiynu</b> – gofyn i'r Aelodau ystyried sut gallai'r dull fod yn fwy cadarn ac yn benodol, archwilio posibiliadau o ran cymelliadau a sancsiynau.</li> </ul>	



	<ul style="list-style-type: none"> <li>• <b>Dysgu o'r pandemig</b> – Gofynnwyd i WAST yn benodol pa wersi gellid eu dysgu mewn perthynas â'r gostyngiad yn y galw a rheoli gweithgarwch o ganlyniad i'r pandemig.</li> <li>• <b>Gweithio'n effeithiol ac yn ddiogel</b> - Gofynnwyd i WAST a'r Byrddau Iechyd i ystyried sut maen nhw'n cefnogi staff yr ambiwlans i weithio hyd eithaf eu gallu (gan leihau amrywioldeb mewn ymarfer clinigol, a bod gan staff WAST yr hawl i gael mynediad at wasanaethau'n uniongyrchol gyda byrddau iechyd a chlinigau).</li> <li>• <b>6 Nodau ar gyfer Polisi Gofal brys ac Argyfwng</b> – Nododd yr Aelodau y byddai'r llawlyfr polisi yn cael ei gyhoeddi'n fuan a gofynnwyd ym mha fodd byddai'r Cydbwyllgor a'r Byrddau Iechyd yn cynorthwyo yn y gwaith o roi'r polisi ar waith.</li> </ul> <p>Diolchodd y Cadeirydd i'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol am godi'r materion hyn a chafodd yr Aelodau gyfle i ymateb.</p> <p>Ymatebodd Jason Killens ac ymhelaethodd ar y meysydd canlynol:</p> <ul style="list-style-type: none"> <li>• Rhoddodd WAST drosolwg o'r rhagolygon a'r cynlluniau sydd ar waith; rhoddwyd trosolwg o gynllun yr Haf;</li> <li>• Esboniodd lefelau staffio yn WAST ar 19 Gorffennaf 2021</li> <li>• cynnydd o 30% yng ngalwadau 999 o'i gymharu â dydd Llun arferol (tywydd eithafol gyda thymheredd &gt;30°C)</li> <li>• gweithio ar adnoddau gyda St John Cymru</li> <li>• Bu Tasglu Argaeledd Ambiwylansys y Gweinidog yn ddefnyddiol wrth gasglu safbwyntiau ar foderneiddio'r gwasanaethau ambiwlans ac roedd WAST yn datblygu ei uchelgais o 'droi'r sefydliad ar ben ei waered' (gan symud o wasanaethau ymateb yn bennaf at ddarparu cyngor a chymorth clinigol o bell)</li> <li>• Roedd cefnogaeth PGAB wedi arwain at ragor o staff a recriwtio</li> <li>• Roedd rhestrau newydd yn cael eu datblygu ledled Cymru</li> <li>• cyflawni'r gyfradd 'clywed a thrin' a nodwyd o fewn Adolygiad Galw a Chapasiti ORH y Gwasanaethau Meddygol Brys a hefyd ceisio cynyddu'r cyfraddau ar draws Cymru.</li> </ul> <p>Ymatebodd yr Aelodau hefyd, gan gynnwys:</p> <ul style="list-style-type: none"> <li>• diolch i'r Gweinidog am y cyfle i drafod gyda'n gilydd y materion ar draws y system gyfan er mwyn gwella gwasanaethau i gleifion</li> <li>• codi'r cwestiwn ynghylch sut dylid Aelodau weithio ar draws y system gyfan</li> </ul>	
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	<ul style="list-style-type: none"> <li>• awgrymu y byddai'r cynlluniau adfer sefydliadol yn delio â llawer o'r problemau, trafodwyd hefyd y ffocws ar ofal brys a sylfaenol. Codwyd y cwestiwn hefyd sut mae'r cynlluniau presennol yn cael eu cefnogi a'u hariannu</li> <li>• angen ystyried set amrywiol o adnoddau wrth ymateb i'r galw uchel</li> <li>• cydnabod yr angen i gael ymateb ar draws y system ond gweithredu mewn amgylchedd lle'r oedd y galw wedi cynyddu ond roedd gallu'r sefydliad i ateb y galw wedi lleihau a lle'r oedd heriau megis cyfyngiadau ar welyau</li> <li>• byddai angen i'r Aelodau feddwl am gymelliadau a sancsiynau gan nad oeddynt wedi gweithio fel hyn o'r blaen ond y byddai angen ei ystyried yn fawr</li> <li>• cydnabod mai'r prif flaenoriaeth oedd canolbwyntio ar daith y claf yn ei chyfanrwydd. Nid yr adrannau brys yn unig ond yr hyn sy'n digwydd 'tu ôl i'r llen'</li> <li>• roedd y galw cynyddol o 25% am ofal cymdeithasol mewn rhai ardaloedd hefyd yn effeithio ar y llif cleifion</li> <li>• pwysleisio'r angen i gryfhau cadernid cymunedol ledled Cymru.</li> </ul> <p>Ymatebodd Stephen Harrhy, Prif Gomisiynydd Gwasanaethau Ambiwylans i gais Gweinidog am gynllun gweithredu cynhwysfawr a chadarnhaodd:</p> <ul style="list-style-type: none"> <li>• y caiff y cynllun ei ddatblygu yn unol â'r cais i wneud hynny</li> <li>• ni fyddai'r cynllun yn cynnwys ystod o gamau gweithredu newydd ond byddai'n ceisio cyflawni'r camau hynny a nodwyd eisoes mewn cynlluniau adferiad</li> <li>• adroddir ar y cynnydd bob mis</li> <li>• byddai galluogwyr digidol hefyd yn rhan pwysig o'r gwaith</li> <li>• y ffocws ar bob un o'r 5 cam er mwyn sicrhau'r cyfraniad mwyaf posibl gan ambiwlansys ar gyfer pob rhan o'r gwasanaeth.</li> </ul> <p>Diolchodd y Cadeirydd i'r Aelodau am eu sylwadau a gwahoddodd y Gweinidog i ddod â'r cyfarfod i ben gyda sylwadau clo, gan cynnwys:</p> <ul style="list-style-type: none"> <li>• Gofynnwyd i Jason Killens: <ul style="list-style-type: none"> <li>- ddarparu cyngor am unrhyw gyfleoedd i gyflymu'r adolygiadau o amserlenni sifftiau</li> <li>- Gofynnwyd am lefel y straen presennol a sut i osgoi'r angen am faterion parhad busnes yn y dyfodol.</li> </ul> </li> <li>• Annog yr Aelodau i weithredu a pheidio aros nes i'r jig-so ddod at ei gilydd - 'gwnewch eich rhan'</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Codi cyfrifoldebau cyhoeddus i gydweithio â gwasanaethau ac awgrymwyd fod angen gwell addysg a chyfathrebu ynghylch pam mae gwasanaethau dan bwysau i reoli'r galw</li> <li>• Gweithio gyda swyddogion i geisio symud y cynlluniau adferiad ymlaen cyn gynted â phosib a chydabuwyd yr heriau niferus sy'n wynebu iechyd a gofal cymdeithasol yn enwedig mewn perthynas â'r lefelau staffio gofal cartref</li> <li>• Pwysleisiwyd derbyn cynllun gweithredu, gydag amserlenni clir a chyfrifoldebau priodol</li> <li>• Daeth y cyfarfod i ben drwy fynegi pryderon am y gaeaf a'r angen i ni wneud popeth o fewn ein gallu.</li> </ul> <p><b>PENDERFYNODD</b> Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>NODI</b> a diolch i'r Gweinidog am fynychu'r cyfarfod</li> <li>• <b>CYMERADWYO'r</b> gwaith o ddatblygu cynllun gweithredu cynhwysfawr</li> </ul>	
PGAB 21/55	<b>UNRHYW FATER ARALL</b>  Dim.	

<b>DYDDIAD AC AMSER Y CYFARFOD NESAF</b>		
PGAB 21/56	Bydd cyfarfod y Cyd-bwyllgor yn cael ei gynnal am 13:30 ddydd Mawrth 7 Medi ym Mhwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC), Uned G1, The Willowford, Main Ave, Ystâd Ddiwydiannol Trefforest, Pontypridd CF37 5YL ond mae'n debygol o gael ei gynnal ar-lein drwy gyfrwng 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.	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
Date of last meeting	7 September 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 minutes of the EASC meetings which took place on 13 July 2021 and on 20 July with the Minister for Health and Social Services were approved.

**CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT**

Stephen Harrhy presented an update on the following areas:

- Non-Emergency Patient Transport Services (NEPTS) – services at Cwm Taf Morgannwg University Health Board (CTMUHB) would now be transferred to the Welsh Ambulance Services NHS Trust (WAST) on 1 October and would then be in line with all other health boards in Wales
- NEPTS Delivery Assurance Group had discussed the additional support required as part of the reset programme in view of the impact on NEPTS resources as a result of the Covid 19 pandemic. This included vehicles now used as single occupancy for patient safety reasons. One composite request for interim financial support had been made for NHS Wales to the Welsh Government and it was anticipated that this would secure the additionality required and could also include private provider provision.
- Following discussion at the EASC meeting with the Minister for Health and Social Services on 20 July 2021, an action plan had been developed and this had been further refined following the appraisal meeting in August with the Chair of EASC and the Chief Ambulance Services Commissioner (CASC) in relation to EASC priorities.
- The Ministerial Ambulance Availability Taskforce had been stepped down although the Members had agreed, at the request of the Minister, to be part of the ongoing Commissioner Ambulance Availability Taskforce aiming to advise on, and contribute to, defining what a modern ambulance service should and might look like.
- Handover delays had increased to an average of 490 hours a day lost during August 2021; this had contributed to the need for WAST to raise their Demand Management Plan in response.
- WAST would consider over recruiting emergency medical technicians to provide additional capacity within the system, although the training requirements would need to be met and the actual costs identified in order to obtain EASC formal support.

## **PROVIDER ISSUES**

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

- Rising Covid19 related activity; rising “abstractions” for the emergency medical services; increasing pressure on services
- The last month was the second worst month ever for patients waiting for ambulance response – over 500 waited 12 hours or more; this is a significant and worrying issue
- Post production lost hours – an important efficiency for WAST to deliver which would include rest breaks, standardisation of terms and conditions of employment and equalisation of development time for staff. A series of engagement meetings were taking place to discuss options with a view to finding a negotiated settlement
- NEPT service levels back to 70% of the pre pandemic levels but constraints on number of patients carried as multi-occupancy vehicles had been used for single patient use

## **FOCUS ON - PERFORMANCE AND IMPROVEMENT**

An important and serious discussion took place on performance and improvement as the current position was unsustainable. Members noted that there was no single answer to the whole system problem. Issues discussed included:

- Needing to use the forecast position and match resources accordingly
- Refreshing the work of ORH in relation to emergency medical services demand and capacity review, noting the increased number of red calls from 5% to 10%
- Further specific work on utilisation
- High levels in the use of the Demand Management Plan
- Potential harm to patients
- Patients self-presenting at emergency departments not having received the right pre hospital care and timeliness of some specific treatments for their conditions
- Patient flow across the system and ensuring safe, effective and timely discharges
- The management of risk within the community and the identification and mitigation of clinical risks
- WAST had the only Demand Management Plan within the system and the need to identify key risks and impacts
- Need to develop a joined-up escalation plan approach to involve health board operational teams as well as the clinical executives to manage clinical risk within localities
- Need to ensure a system wide approach undertaken for the whole patient pathway
- Must use the opportunity to forecast and predict demand to match resources as best as possible
- Needing to provide different and specific services within communities for common issues like falls and mental health and wellbeing matters
- Important to have primary care information for whole system approach and for the 111 Service

Summary: 3 key areas

1. Capacity
2. Demand Management
3. Efficiency.

Following discussion the CASC undertook to develop an urgent action plan which would be agreed with EASC Members before recommendations were formalised and implemented. The action plan has subsequently been developed and sent out for comment.

## FINANCE REPORT

The EASC Finance Report was received. Members noted the stable position, 100% balanced plan.

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

## EASC SUB GROUPS

The confirmed minutes were received and approval for the EASC Management Group – 24 June 2021 and the NEPTS Delivery Assurance Group – 8 June 2021.

## EASC GOVERNANCE INCLUDING THE RISK REGISTER

The EASC Governance report was received. Members approved the amended Model Standing Orders at the last meeting. In addition to the Standing Orders the following documents had also been updated to be include:

- Memorandum of Agreement and Hosting Agreement (with 7 LHBs); and the Memorandum of Understanding with the Welsh Government
- The Risk Register had been reviewed by the EASC Team and two risks had been increased, namely the performance against the target for the Red and Amber categories.

Members agreed that the EASC Standing Orders, Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government would be completed and sent by the Committee Secretary to all health boards. This would take place as soon as the signatures had been received to complete the documentation.

Members **RESOLVED** to:

- The **APPROVE** the final sections of the Model Standing Orders for EASC: Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government
- **APPROVE** the risk register
- **NOTE** the governance arrangements for the EASC.

### 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 is regularly in operation and concern regarding clinical risks for patients in localities

### Matters requiring Board level consideration and/or approval

- Standing Orders would be forwarded as soon as documentation finalised

### Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	09 November 2021			

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Mrs Margaret Foster, Chair
<b>Lead Executive</b>	Mr Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	22 July 2021
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<p><b>Presentation on Foundation Economy</b> – Jonathan Irvine and Claire Salisbury from NWSSP Procurement presented on the Foundation Economy (FE). There are currently three workstreams under this heading:</p> <ul style="list-style-type: none"> <li>• Workstream 1- to identify and report all FE expenditure by 31 July;</li> <li>• Workstream 2 - delivery of additional circa £8.4m of expenditure into the FE through contract renewal programme up to 31st October 2021; and</li> <li>• Workstream 3 - identify additional FE expenditure not currently influenced by NWSSP Procurement.</li> </ul> <p>Additional resource has been obtained to help take forward this agenda. Positive feedback was provided by HEIW in terms of ensuring that educational training contracts were provided in Wales wherever possible, and the support of NWSSP has been invaluable in taking this forward.</p> <p>Questions were raised as to whether the ambition set out in the presentation was sufficiently bold, and whether all regions of Wales would benefit equally from it. The ambition has to be realised within the confines of procurement rules and also in what is possible. For example, many products that are needed within NHS Wales are not currently manufactured in Wales, so help is required from Welsh Government to establish a manufacturing base. Where this has already happened (e.g. with PPE) there is often a significant price differential between goods manufactured locally and those available from established markets in China and elsewhere where economies of scale result in a cheaper unit price. There is therefore a balance between investing locally, creating Welsh jobs and providing greater resilience, and the VFM achievable though getting these products at a significantly lower unit price. Conversely some Welsh manufacturers currently supply NHS England but not NHS Wales so it should be relatively straightforward to add these organisations to our supply base.</p> <p>It was agreed that a briefing document would be produced on the achievements</p>	

to date and the aspirations for the future and that this would be made available to the rest of NHS Wales.

**Chair's Report** – Due to a timing issue the Chair informed the Committee that she had approved an Urgent Chair's Action for the Student Awards Bursary System Business Case which required submittal to Welsh Government earlier in the month. The Committee **RATIFIED** the approval.

**Managing Director's Report** – key issues noted were:

- **Green Health Wales Conference** - NWSSP were represented at the Green Health Wales Conference launch on the 29<sup>th</sup> of June. Following the event, we now have a follow up meeting to see how we can work closer with Green Health Wales on opportunities to improve decarbonisation especially across services such as Procurement and Specialist Estates Services.
- **TMU** - We are currently developing a number of additional products that can be delivered through the Temporary Medicines Unit including increasing the support to the next phase of the Covid vaccination programme. The team continue to look at options of developing the service to enable this resource to be used in new and innovative ways, which could provide options to free up nursing time across NHS Wales and deliver some significant savings by procuring and distributing additional ready to use pre-filled products where appropriate.
- **Pre-Employment Checks** - The dispensation which allowed pre-employment checks to be undertaken remotely during the pandemic is due to be lifted by the Home Office meaning that these checks will now need to be undertaken face-to-face with effect from the 1st of September. Arrangements have been implemented to ensure that these checks can be undertaken in both a safe and efficient manner.

### **Items Requiring SSPC Approval/Endorsement**

**BREXIT Closure Report** - The original objective of the BREXIT programme was to prepare for EU transition by building up stocks, mobilising IP5 as appropriate warehousing, and establishing the National Supply Disruption Response (NSDR) system. The plans and facilities put in place for dealing with EU Transition proved invaluable in dealing with the Covid pandemic response. Capacity within IP5 enabled substantial stock levels and space to receive invaluable medical equipment (and particularly PPE) to be held and enabled support to be provided to Social Care. The systems developed through the Brexit Mobilisation Group helped support the identification of essential product ranges together with appropriate governance mechanisms. Lessons learnt included the need to improve the Clinical Collaborative Groups (including the Medical Directors) engagement and input into identifying and advising on the additional non-stock items that were required as part of the stock build process. Going forward, active management of the Brexit stock will continue to at least January 2022, at which point a decision on stockholding is expected from the UK Government. The NSDR Helpdesk is being decommissioned and going forward will be incorporated into business-as-usual activities for Health Courier Service. The Committee **NOTED**



the report.

**Appointment of New Chair** – The Committee were reminded that in May 2020 they approved a one-year extension to the tenure of the current NWSSP Chair owing to the pandemic and the subsequent difficulties in recruiting. The extended term of office expires at the end of November 2021 and recruitment is currently underway for a new Chair, with a target for this to be completed by the end of August.

**Lease Car Salary Sacrifice** – Current Co2 Emissions across NHS Wales Salary Sacrifice Fleet for diesel/petrol cars are set at 120g/km. NWSSP management proposed to begin to reduce the current scheme levels in order to meet the expected Welsh Government targets of 50g/km by 2025.

In order to achieve this reduction in Co2 emissions, the following reductions were proposed:

- Introduce a **100g/km** Co2 Emission limit from 1 October 2021 for diesel/petrol cars (not Hybrid cars)
- Reduce this by a further 20g/km in April 2022 taking the upper limit to **80 g/km**
- Reduce this by a further 20g/km in April 2023 taking the upper limit to **60g/km** (this would bring us in line with the 50g/km expectation well before 2025)

Committee members discussed the potential impact of the proposal together with the benefits of encouraging staff to move to Electric and Hybrid vehicles. It was accepted that the new rules would significantly reduce the cars available through the scheme but would provide a better pathway to achieving the overall reduction in Co2 emissions. The Committee **APPROVED** the reduction in Co2 emission limits as part of the overall scheme.

**Oxygen Finance** – The Committee **APPROVED** a proposal to revise the Gain/Share arrangement with Oxygen Finance Limited. The arrangement seeks to pay supplier invoices of onboarded suppliers by day 10 in return for a small rebate, typically 1%. NHS Wales share of the Gain/Share Model is currently 72.7% of the rebate monies with Oxygen Finance receiving 27.3%. However, two key areas of spend that were originally included in the arrangement have since been excluded from the arrangement and as a consequence the scheme has not worked in the way that was originally intended by Oxygen Finance. As this change was introduced by NHS Wales it was proposed that the Gain/Share Model was revised to a 60/40 split effective from the 1st August 2021.

**Transfer of Church Village Laundry** – The Committee were provided with a SBAR covering the transfer of the Church Village Laundry from Cwm Taf UHB to NWSSP with effect from October 2021. The paper was also going to the Cwm Taf July Board meeting and sets out the financial and operational details of the transfer. The Committee **ENDORSED** the paper.

**Laundry SLA** – As previously agreed the Committee reviewed the updated SLA which was based on the existing service volumes and schedules for the existing 12 customers of the 3 LPUs that are currently managed by NWSSP. The SLA has been developed based on an existing service specification between Aneurin Bevan University Health Board and Cardiff and Vale University Health Board. The Committee **APPROVED** the SLA subject to any significant amendments being suggested by Nurse Directors.

### **Finance, Workforce, Programme and Governance Updates**

**Laundry Services** – NWSSP have inherited a large number of potential health and safety issues and other associated risks following the transfer of three laundries in April. A detailed action plan has been produced to address these issues and this will be monitored on a regular basis through the NWSSP Senior Leadership Group Meetings.

**Oracle Upgrade** – a verbal update was provided on the agreed delay to the upgrade of Oracle systems which has been postponed until from July to October. It was stressed that meeting the October date will be crucial to avoid future disruption.

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

**Finance Report** – NWSSP are forecasting a break-even position for the year. Additional savings have been generated during the first quarter which will be utilised on investments including the major TRAMS and Laundry projects with any excess redistributed to NHS Wales and Welsh Government. In particular the Committee noted the latest forecast outturn identifies that £16.495m will be required to be funded through the risk sharing agreement which is in line with the 2021/22 Annual Plan.

**People & OD Update** – Sickness absence rates remain historically low and may well be a benefit of substantial numbers of staff working from home. As requested at the last Committee, the report included detail on Welsh Language performance. The Committee discussed the phased return of staff to the office and the benefits of remote working such as health and wellbeing and being able to recruit high-quality candidates from outside the normal catchment area.

**Corporate Risk Register** – the Committee noted the report including which included the continued risk relating to the replacement of the NHAIS system. A new risk has been added relating to the Oracle upgrade.

**Gifts & Hospitality 2020/21 Annual Report** – The Committee noted the report that highlighted that there were no instances of gifts and/or hospitality offered or received during 2020/21.

**Declarations of Interest 2020/21** – The Committee noted the report which provided an overall summary of declarations received by directorate and also provided the detail on the declarations made by members of the NWSSP Senior

Leadership Group.	
<b>Papers for Information</b>	
<p>The following papers were received for information:</p> <ul style="list-style-type: none"> <li>• Welsh Risk Pool Update</li> <li>• Medical Examiner Update</li> <li>• Audit Wales PPE Update</li> <li>• Finance Monitoring Reports (Months 2 &amp; 3)</li> <li>• Audit Committee Highlight Report</li> <li>• Health &amp; Safety Annual Report 2020/21</li> </ul>	
<b>Matters requiring Board/Committee level consideration and/or approval</b>	
<ul style="list-style-type: none"> <li>• The Board is asked to <b>NOTE</b> the work of the SSPC and ensure where appropriate that Officers support the related work streams.</li> </ul>	
<b>Matters referred to other Committees</b>	
N/A	
<b>Date of next meeting</b>	23 September 2021