



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 September 2022
<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, Interim Head of Corporate Governance

**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 6<sup>th</sup> September 2022, setting out the key areas of discussion.

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

- Confirmed minutes of EASC meeting held on 12<sup>th</sup> July 2022;
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 6<sup>th</sup> September 2022.

#### **NHS Wales Shared Services Partnership (NWSSP) Committee**

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 21<sup>st</sup> July 2022.

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 Cynllunio Planning Objectives	All Planning Objectives Apply
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
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee Mid Wales Joint Committee for Health and Care NHS Wales Collaborative Leadership Forum

<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 and MWJC.
<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 – 6 SEPTEMBER 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 6 September 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

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

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

The minutes of the meeting held on the 12 July 2022 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. Major Trauma Presentation**

Members received an informative presentation on the South Wales major trauma network, which was launched in September 2020. Members noted the comprehensive evaluation process which was underway to review the effectiveness of the network over the last 18 Months.

Members **noted** the progress made.

### **4. Specialised Services Strategy Presentation and Report**

Members received a report and a presentation on the planned development of a ten year strategy for specialised services for the residents of Wales, and to describe the proposed approach to communication and engagement with key stakeholders to support its development.

Members **approved** the overall approach to developing a ten year strategy for specialised services and provide feedback on the key documents presented.

### **5. Recovery Update Paediatrics – Presentation**

Members received a presentation providing an update on recovery trajectories for paediatric services across NHS Wales, following a request from the JC on the 12 July 2022.

Members **noted** the presentation.

## 6. Chair's Report

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

- Chair's Action taken to appoint James Hehir, Independent Member (IM), CTMUHB as the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel,
- The recruitment process to appoint two new WHSSC IM's,
- Attendance at the Integrated Governance Committee 9 August 2022; and
- Key meetings attended.

Members (1) **noted** the report; and (2) **Ratified** the Chairs action taken.

## 7. Managing Director's Report

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

- The Integrated Commissioning Plan (ICP) 2022-2025 being accepted by the Minister for Health & Social Services,
- A letter received from Welsh Government concerning a review of Secure Services and consideration of a Single Commissioner for Mental Health Services,
- the Managing Director of WHSSC being designated as the Senior Responsible Officer (SRO) for an All-Wales Molecular Radiotherapy (MRT) Programme,
- That feedback on the Mental Health Specialised Services Strategy for Wales 2022-2028 will be presented to the Joint Committee in November 2022,
- WHSSC receiving approval through the Value in Healthcare Bid – for an Advanced Therapy Medicinal product (ATMP) and for the Welsh Kidney Network (WKN) to provide an all Wales Pre-habilitation Programme to support kidney patients to choose and commence the treatment that offers them the best outcomes,
- Work being undertaken to monitor TAVI (Transcatheter aortic valve implantation) activity increases; and
- The appointment of an interim Director of Mental Health & Vulnerable Groups.

Members **noted** the report.

## 8. Neonatal Transport – Update from the Delivery Assurance Group (DAG)

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG).

Members (1) **Noted** the report, (2) **Noted** the update on the progress of the implementation of the Neonatal Transport Operational Delivery Network (ODN); and (3) **Received assurance** that the Neonatal

Transport service delivery and outcomes is being scrutinised by the Delivery Assurance Group (DAG).

### **9. Specialised Paediatric Services 5 year Commissioning Strategy**

Members received a report providing an update on the Specialised Paediatric Services 5 year Commissioning Strategy which was recently issued for a stakeholder feedback for a period of 4 weeks. The Joint Committee were requested to note the comments received, the WHSSC responses and the updated strategy for final publication.

Members (1) **Noted** the report, (2) **Approved** the proposed final version of the strategy; and (3) **Supported** the proposed next steps.

### **10. South Wales Cochlear Implant and BAHA Hearing Implant Device Service**

Members received a report presenting an update on discussions with the Management Group regarding the process and outcome of a recent review of the South Wales Cochlear Implant and BAHA Hearing Implant Device Service. The report also presented the proposed next steps including a period of targeted engagement on the future configuration of the Service.

Members noted that on the 28 July 2022 the Management Group discussed the preferred commissioning options as the basis of engagement/consultation and had supported the preferred commissioning option of a single implantable device hub for Cochlear and BAHA for both children and adults with an outreach support model.

Members noted that a report would need to be submitted to HB Board meeting in September 2022 to seek support from Boards on engagement with Health Board residents (each report will include CHC views from the relevant HB area).

Members (1) **Supported** the management group recommendation, (2) **Agreed** the process to be followed (as advised by the Board of CHCs), (3) **Agreed** the content of the engagement materials as the basis of targeted engagement, (4) **Advised** on processes for individual Health Boards; and (5) **Noted** the EQIA.

### **11. Designation of Provider Framework**

Members received a report seeking approval to adopt the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of Health Care Providers to become a designated provider of Highly Specialised and Specialised Services.

Members noted that the Designation of a Provider of Specialised Services Framework had been developed as part of the WHSSC Commissioning Assurance Framework (CAF).

Members (1) **Noted** the report and (2) **Approved** the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of health care providers.

## **12. Individual Patient Funding Requests (IPFR) Governance Update**

Members received a report providing an update on discussions with Welsh Government (WG) regarding the All Wales Independent Patient Funding Requests (IPFR) Policy and the work undertaken to update the terms of reference (ToR) of the WHSSC IPFR Panel. The report asked for support to undertake an engagement process on updating the ToR and a specific and limited review of the All Wales IPFR policy.

Members (1) **Noted** that Welsh Government (WG) had confirmed that as the All Wales Independent Patient Funding Requests (IPFR) Panel is a sub-committee of the WHSSC Joint Committee, it is within its authority to update and approve the terms of reference (ToR), (2) **Noted** that Welsh Government had confirmed that WHSSC could embark on an engagement process with key stakeholders to update the WHSSC IPFR Panel Terms of Reference (ToR) and to engage on a specific and limited review of the All Wales IPFR Policy, (3) **Approved** the proposal for WHSSC to embark on an engagement process with key stakeholders, including the All Wales Therapeutics and Toxicology Centre, IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors, Directors of Public Health and the Board Secretaries of each of the Health Boards (HBs) and Velindre University NHS Trust (VUNT), to update the WHSSC IPFR Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy; and (4) **Noted** that the revised documents will need to be supported by the Joint Committee prior to referral to the Health Boards for final approval; and as requested in the letter of 28th July the revised documents will be shared with Welsh Government.

## **13. WHSSC Annual Report 2021-2022**

Members received the WHSSC Annual Report 2021-2022.

Members **approved** the WHSSC Annual Report 2021-2022.

## **14. COVID-19 Period Activity Report for Month 3 2022-2023 COVID-19 Period**

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

## **15. Financial Performance Report – Month 4 2022-2023**

Members received the financial performance report setting out the financial position for WHSSC for month 4 2022-2023. The financial position was reported against the 2022-2023 baselines following approval



of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 4 for WHSSC was a year-end outturn forecast under spend of £12,693k.

Members **noted** the current financial position and forecast year-end position.

## 16. Corporate Governance Matters

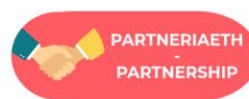
Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

## 17. Other reports

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

- Audit & Risk Committee (ARC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel.





**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
12 JULY 2022 AT 09:30HOURS  
VIRTUALLY BY MICROSOFT TEAMS**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Executive Director of Planning, Digital and IT, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Linda Prosser	Executive Director of Strategy & Transformation, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Gill Harris	Deputy CEO/Executive Director of Integrated Clinical Services, Betsi Cadwaladr, BCUHB
<b>Associate Members:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
<b>In Attendance:</b>	
Nick Wood	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Gwenan Roberts	Committee Secretary
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Julian Baker	Director of National Collaborative Commissioning, NCCU
Matthew Edwards	Head of Commissioning & Performance, EASC Team, NCCU

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/72	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p>	Chair
EASC 22/73	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Glyn Jones, Mark Hackett, Paul Mears, Tracey Cooper and Cath O'Brien.</p>	Chair
EASC 22/74	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were none.</p>	Chair
EASC 22/75	<p><b>MINUTES OF THE MEETING HELD ON 10 MAY 2022</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 10 May 2022.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the meeting held 10 May 2022.</li> </ul>	Chair
EASC 22/76	<p><b>ACTION LOG</b></p> <p>Members <b>RECEIVED</b> the action log and <b>NOTED</b>:</p> <p><b>EASC 22/20 Performance Report</b></p> <p>The work on the patient outcomes data with Digital Health and Care Wales was progressing. Members noted that a further round of scrutiny and review would be undertaken with the WAST Team to ensure quality assurance; further consideration would take place at the next meeting of the EASC Management Group. To remain on the Action Log (Action Log).</p> <p><b>EASC 22/10 Key Reports and Updates</b></p> <p>With regard to the work required for WAST to report on episodes where ambulance resources had not been able to be deployed and patients had found their own way to hospital, it was noted that the electronic patient care record (EPCR) was in operation across Wales. Jason Killens agreed to follow up with the project team and provide an update regarding impact at the next meeting. To remain on the Action Log (Action Log).</p> <p><b>EASC 21-26 Committee Effectiveness – patient voice</b></p> <p>Discussions ongoing with the Citizens Voice Body. To remain on the Action Log (Action Log).</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the Action Log.</p>	<p>EASCT</p> <p>WAST</p> <p>Chair/ Ctte Sec</p>

EASC 22/77	<b>MATTERS ARISING</b>  There were no matters arising.	Chair
EASC 22/78	<b>CHAIR'S REPORT</b>  The Chair's report was received. Members noted the recent meetings attended by the Chair including the Appraisal with the Minister for Health and Social Services on 30 May 2022. The Chair confirmed that it would require a collaborative effort working with the Committee, WAST and health boards (HBs) to deliver the objectives relating to reductions in handover delays.  Members also noted the meeting with the Chief Ambulance Services Commissioner (CASC), WAST Chair and Chief Executive and WAST Sub-Committee Chairs on 1 July 2022. Both the Chair and Jason Killens reported that all present at the meeting felt this was a useful session with all able to share their concerns in relation to quality, safety and patient experience. Members noted the next step by the WAST team to present a report to their Board providing the required assurance that everything that could reasonably be done, was being done although the situation remained of serious concern.  The Chair also noted the meeting with Judith Paget, Chairs and Chief Executives on 8 June 2022. Members were aware that the Chairs and Chief Executives had made a commitment to improve immediate release requests and WAST had agreed to draft a protocol.  Members <b>RESOLVED</b> to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's report and the wider circulation to the Chairs</li> <li>• <b>NOTE</b> the Chair's objectives set by the Minister.</li> </ul>	Chair
<b>Part 2. ITEMS FOR DISCUSSION AND APPROVAL</b>		<b>ACTION</b>
EASC 22/79	<b>'Focus on' PERFORMANCE REPORT INCLUDING THE ANNUAL SERVICE QUALITY INDICATORS (APRIL &amp; MAY 2022)</b>  The Performance Report was received which was presented by Ross Whitehead. Members noted the information contained within the latest version of the Ambulance Service Quality Indicators (April & May 2022). The recent high-level outputs from the Performance Reports were noted, including: <ul style="list-style-type: none"> <li>• Red performance remained extremely challenging (at approximately 50%) with some variation noted</li> <li>• Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes</li> </ul>	

	<ul style="list-style-type: none"> <li>• Median response times for Amber 1 patients (over 2 hours)</li> <li>• Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)</li> <li>• 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.</li> </ul> <p>The significant challenge in the provision of timely ambulance services at present was noted and the actions being taken and opportunities to drive improvement were discussed, including:</p> <ul style="list-style-type: none"> <li>• <b>EASC Action Plan</b></li> </ul> <p>It was noted that the EASC Team has been asked via the Welsh Government (WG) Integrated Quality, Planning and Delivery (IQPD) meeting to enhance the existing EASC Action Plan to provide one overall comprehensive plan with the focus on the improvement priorities and actions for the remainder of 2022-23.</p> <p>The draft EASC Action Plan, as presented, incorporated actions to be undertaken by WAST, by HBs or to be undertaken jointly between organisations. The expectation was that the plan would evolve to reflect the action being taken across the system and to identify additional opportunities to improve the performance and responsiveness of commissioned services. Members noted that the RAG (Red/ Amber/Green) ratings had been included to indicate confidence in the delivery of actions and it was confirmed that the plan would also incorporate actions from the Six Goals for Urgent and Emergency Care Programme in future iterations.</p> <p>The work undertaken, led by the CASC working with WAST and health board teams as part of the fortnightly handover improvement plan meetings, was noted including:</p> <ul style="list-style-type: none"> <li>• the agreement of trajectories against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours</li> <li>• the undertaking of an annual review at the end of September 2022 against the trajectories (Forward Look)</li> <li>• the number of core actions being undertaken across each health board</li> <li>• an element of variation in some of the other actions being undertaken by health boards</li> <li>• the impact that these actions would have on the trajectories and in ensuring the required progress was made.</li> </ul>	<p>EASCT</p>
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	The EASC Action Plan would continue to be developed to reflect the discussions with Chief Operating Officers (COOs) and WAST and reported via the existing EASC governance arrangements, via the NHS Wales Leadership Board and also through the WG IQPD process.	EASCT
	Members commented that:	
	<ul style="list-style-type: none"> <li>the weekly WAST Performance Dashboard (of management information) circulated by the EASC Team was very helpful and provided up to date live information that health board teams could relate to the previous week</li> <li>information relating to immediate release was not as transparent and it was requested that it could be added to the dashboard as a weekly metric. It was agreed that the EASC Team would work with WAST to provide this information as soon as practicable (Action Log). Jason Killens added (via the MS Teams chat) that a live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set</li> </ul>	EASCT/ WAST
	<ul style="list-style-type: none"> <li>the focus should be on the actions with the highest impact</li> <li>there was a need as individual Chief Executives to take responsibility for communicating decisions and agreements made to their respective Boards thus ensuring the required openness and transparency. This would ensure that Boards had oversight of the actions individual HBs were committed to and would ensure that Executives and Independent Members were clear on the actions being taken locally and nationally to improve system safety and the patient experience.</li> <li>The EASC Action Plan would be shared at the NHS Wales Leadership Board.</li> </ul>	EASCT
	<p><b>Handover Delays</b></p> <p>An update was provided on the local fortnightly meetings being held between the CASC, COOs and WAST. This included the development of handover improvement plans for each health board, agreed trajectories for each organisation against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours, core actions being taken across the system and an element of variation in some of the other actions being undertaken.</p>	
	Members noted a number of core actions to avoid conveyance including:	
	<ul style="list-style-type: none"> <li>the advanced paramedic practitioner and its navigator role (SBUHB)</li> </ul>	

	<ul style="list-style-type: none"> <li>the need to explore the impact on the number of conveyances into emergency departments (EDs) and continuing to link in with flow centres, community hubs and primary care clusters to maximise the opportunities</li> <li>the potential for WAST access to urgent primary care centres</li> <li>the increased use of 111</li> <li>the likely impact of same day emergency care services (SDEC) following the immediate success of the Hywel Dda UHB pilot, although the likely staffing challenges were noted</li> <li>111 press 2 for Mental Health (MH) and its likely impact due to the number of MH calls to WAST.</li> </ul> <p>It was agreed that the next version of the EASC Action Plan would focus on the increasing number of long wait handovers.</p> <p>The principle of the importance of immediate red release was agreed, there was a concern about its viability at the present time. A proposal for maximising the impact of this was therefore made relating to compliance (of immediate release) when approaching the 4-hour deadline and the significant impact that this could have in terms of freeing up ambulance resources. Members noted that this would require the right conversation at the time between the hospital and ambulance control to ensure risks are balanced in the moment.</p> <p>Members noted issues relating to the lack of social care input (and ambulance services) and a proposal was made to consider the inclusion of a social care practitioner in the WAST control room to ensure that the social care requirements were identified to avoid ambulance conveyance to EDs; this could also be extended to provide an advice line for care homes. Other opportunities, such as having a national maternity line, would be explored further with the WAST Team, COOs and the EASC Management Group as appropriate (Action Log).</p> <ul style="list-style-type: none"> <li><b>Red Demand and Variation</b> Variation in terms of red performance was noted and an acceptance that this variation needed to be reduced. It was agreed that further work would be undertaken with Optima with a view to facilitating a presentation at a future meeting of the Committee to broaden colleagues understanding of the drivers of variation in red performance.</li> <li><b>Performance Reporting</b> Members noted exciting work relating to the linking of system wide data with Digital Health Care Wales which described and tracked the patient's journey through the system and how this could present opportunities for improving the design of services.</li> </ul>	<p>EASCT</p> <p>EASCT/ WAST</p> <p>WAST</p> <p>WAST/ EASCT</p> <p>EASCT/ Optima</p>
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	<p>Ross Whitehead and Ricky Thomas would provide an update of the work at a future meeting (Action Log).</p> <p>Members noted that the most important aspect currently being looked at was the application of the WAST Clinical Safety Plan, in particular understanding the impact of higher levels of CSP on patients waiting in the community. The risk and harm that patients could be exposed to, and also quantifying the impact of the non-attendance of an ambulance, would be areas to be focused on next.</p> <p>Members queried whether there was any evidence to suggest that escalation of the WAST CSP impacted on the numbers of patients attending ED by their own means; and also, the impact that this had on those waiting outside in an ambulance. Members noted that progress was slow as this was a complex and extensive data set and work to retrospectively track patients following 'can't send' and other touch points with health services were expected to provide clarity in relation to levels of harm and the impact of prioritisation.</p> <p>More sophisticated and robust data was expected as the electronic clinical patient record (ECPR) started to embed and this would further support the development of an appropriate evidence base.</p> <p>Members were asked to note that the two commitments (25% reduction on the minutes lost per arrival and no handover delays over 4 hours) had been referred to by the Minister for Health and Social Services as part of the update on the Six Goals for Urgent and Emergency Care Programme on the 19 May 2022 (Agenda item 3.2 for information), and were the subject of recommendations by the Health and Social Care Committee in their recent report on Hospital discharge and its impact on patient flow through hospitals (Agenda item 3.1).</p> <p>Following discussion, Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report.</li> <li>• <b>NOTE</b> the Ambulance Services Quality Indicators</li> <li>• <b>ENDORSE</b> the EASC Action Plan</li> <li>• <b>ENDORSE</b> the handover improvement trajectories</li> <li>• <b>NOTE</b> the performance reporting information submissions.</li> </ul>	RW/RT
EASC 22/80	<p><b>QUALITY AND SAFETY REPORT</b></p> <p>The Quality and Safety Report was received.</p>	



	<p>In presenting the report, Ross Whitehead explained that the report provided Members with an update on quality and safety matters for commissioned services. The following areas were highlighted:</p> <ul style="list-style-type: none"> <li>• the work of the Healthcare Improvement Wales (HIW) Task &amp; Finish Group established to coordinate and lead the work in response to the recommendations made as part of the HIW Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</li> <li>• progress of the NHS Wales Delivery Unit on Appendix B Task &amp; Finish Group which will be established to review the process related to serious incident joint investigation framework; working between WAST and health board and make recommendations for improvement</li> <li>• the general growth in the demand and focus on quality and safety issues closely linked to the deteriorating performance position.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report</li> <li>• <b>NOTE</b> the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services</li> <li>• <b>NOTE</b> the provision of Quality and Safety Reports relating to commissioned services at all future meetings.</li> </ul>	
EASC 22/81	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</b></p> <p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas from the Report:</p> <ul style="list-style-type: none"> <li>• (Point 2.2) the seasonal forecasting and modelling undertaken by WAST as a matter of routine and the concerning modelled results</li> <li>• WAST had updated its tactical Performance Improvement Plan with specific action for the summer months</li> <li>• WAST was currently at escalation level 3 (maximum 4)</li> <li>• (Point 2.11) in the last 3 months, 33 patient safety incidents had been shared with health boards as part of the joint investigation framework (known as Appendix B).</li> <li>• (Point 2.13) lost hours in relation to handover delays for May totalled 22,080 hours (18% of WAST's total capacity or 25% of total conveying capacity)</li> <li>• (Point 2.16) related to two reports on handover that may be useful to Members (the Healthcare Safety Investigation Branch (HSIB) Interim bulletin Harm caused by delays in transferring patients to the right place of care June 2022 Publication ref: NI-004133/IB (<a href="https://hsib-kqcco125-">https://hsib-kqcco125-</a></li> </ul>	

	<p><a href="https://media.s3.amazonaws.com/assets/documents/hsib-interim-report-harm-caused-by-delays-in-transferring-patients-to-the-righ_EPeMfuS.pdf">media.s3.amazonaws.com/assets/documents/hsib-interim-report-harm-caused-by-delays-in-transferring-patients-to-the-righ_EPeMfuS.pdf</a>) and Association of Ambulance Chief Executives (AACE) AACE and NHS Providers roundtable on tackling handover delays: note of discussion.</p> <ul style="list-style-type: none"> <li>• WAST has recently introduced a new Managing Attendance Plan with seven work-streams and improvement trajectories. The Plan was being reported to the Executive Management Team every two weeks</li> <li>• Post-production Lost Hours (PPLHs) amounting to 5,835 hours were lost in May-22 for a range of reasons e.g. vehicle defect, trauma stand down, police interview, etc. Members noted these could not be viewed as areas for potential efficiencies.</li> <li>• (Point 2.37) detailed the significant programme of work relating to the Non-Emergency Patient Transport Service (NEPTS) including to further assess the benefits of the all Wales business case and the transfers of work from HBs. Members noted that a roster review to maximise efficiency would be undertaken with implementation expected in 2023-24.</li> </ul> <p>Members noted that the 4-stage process to develop rosters had been completed, with the new rosters implemented from September 2022 starting with Hywel Dda University Health Board. It was confirmed that the roster review roll-out would continue as follows:</p> <ul style="list-style-type: none"> <li>• Cardiff and Vale UHB in late September</li> <li>• Swansea Bay UHB in early October</li> <li>• Aneurin Bevan UHB during mid-October</li> <li>• Cwm Taf Morgannwg UHB in late October</li> <li>• Betsi Cadwaladr UHB in early November and</li> <li>• Powys mid-November 2022</li> </ul> <p>As part of this process, it was noted that each health board would benefit from growth in terms of total numbers of staff and a commitment was made to ensure that there would be no reduction in emergency ambulance cover in West Wales. However, there would be changes in the mix of the fleet including less single staffed cars and an increase in double staffed resources. It was agreed that more information would be provided by WAST on a health board by health board basis (Action Log).</p> <p>Stephen Harray updated Members in relation to the ongoing work WAST to ensure the required progress was made against key elements of work within the report including:</p> <ul style="list-style-type: none"> <li>• the roster review programme equated to approximately 70 additional WTEs</li> </ul>	<p>WAST</p>
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	<ul style="list-style-type: none"> <li>supporting the constructive discussions with the staff side representatives regarding working practices – it was noted that indicative timescales would be helpful and would be provided in the next report (Action Log)</li> <li>the improvement trajectories for sickness as part of the new Managing Attendance Plan</li> <li>the role that first responders could take to supplement ambulance services, although not at the expense of the core ambulance service.</li> </ul> <p><b>Immediate red release</b></p> <p>The Immediate Release Protocol developed by WAST was considered and discussed with a view to agreeing the next steps. It was noted that the protocol had been considered by Chief Operating Officers and set out the national process relating to Red and Amber 1 immediate release requirements.</p> <p>A conversation was held on the implications of classifying each episode where an immediate release direction was declined as a 'never event' (this was specific terminology used within the Welsh Health Circular WHC / 2018 / 12 <a href="https://gov.wales/sites/default/files/publications/2019-07/never-events-list-2018-and-assurance-review-process.pdf">https://gov.wales/sites/default/files/publications/2019-07/never-events-list-2018-and-assurance-review-process.pdf</a> which did not include immediate release of ambulances). It was agreed that the protocol needed to emphasise the requirement to improve and enhance the escalation process; all were keen not to over complicate the process and there was agreement that WAST would amend the language used and circulate a further version (Action Log). Once received, Members recognised that each organisation would be responsible for taking the revised protocol through their local governance processes (Action Log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the WAST Provider Report</li> <li><b>NOTE</b> the actions required for the immediate red release protocol.</li> </ul>	<p>WAST</p> <p>ALL</p>
EASC 22/82	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</b></p> <p>The Chief Ambulance Services Commissioner's report was received. Stephen Harrhy presented the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity had undertaken a strategic review of the service and confirmed that the existing model of four aircraft would be retained for the population of Wales.</li> </ul>	

	<p>Members noted that a strategic review of air bases was also being considered in order to maximise coverage. It was noted that this could impact on the location of the existing bases in North Wales. Jason Killens suggested that there could be opportunities to explore efficiencies in co-locating services for EMRTS and WAST and agreed to make contact to discuss potential options (Action Log).</p> <ul style="list-style-type: none"> <li>• Temporary funding (£3m non-recurrent funding) for additional ambulance capacity had been secured from Welsh Government to fund additional front-line staff (approximately 100 additional staff members) to support WAST services during these unprecedented system wide pressures. The progress of recruitment, utilisation and impact would be reported via the EASC Management Group and an update on progress provided at the next Committee meeting (Action Log)</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	<p>WAST</p> <p>WAST</p>
EASC 22/83	<p><b>EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK</b></p> <p>The report on the Emergency Ambulance Services Commissioning Framework was received. In presenting the report Ross Whitehead reminded Members of the previous discussions at the Committee and that a 'Focus on' session had been held at the EASC Management Group. Members noted that the approach taken in the development of the Framework had been adapted to provide clarity on the commissioning of core services alongside services considered to be 'transformational,' but optional, within the commissioning arrangements.</p> <p>Members received a draft of the Framework as an appendix to the report and it included the high-level expectations of the ambulance service and proposed the opportunity to develop local Integrated Commissioning Action Plans (ICAPs). The process would involve more joint working with WAST and health boards to develop plans at a local level. Members noted the process would also provide the foundation for development of the Commissioning Intentions for emergency ambulance services.</p> <p>The work around the development of the detailed schedules within the ICAPs would require the EASC Team to work with WAST and health boards and the process would also aim to ensure that opportunities for transformation and 'shift left' or 'inverting the triangle' would be identified and aligned to the 5-Step ambulance patient care pathway and best practice could be shared across Wales.</p>	<p>EASCT</p>

	<p>In supporting the development of the Framework, Members noted that the draft commissioning framework clearly defined and protected the core ambulance service as required, with the clear process to clarify the scope, care standards, activity, and the resource envelope.</p> <p>In addition to recognising opportunities for national transformation, the local ICAPs would capture the local transformation programmes and their implications for ambulance services, identifying opportunities and developing and tracking resource requirements for delivery.</p> <p>The Chair thanked the Team for the collaborative work to date and noted that more work with WAST and health boards would be undertaken. It was agreed that the Framework would need to be formatted and finalised to include comments received around purpose, ownership of the Framework, roles and responsibilities, logos etc prior to submission for approval.</p> <p>The key principles and content of the draft Framework were endorsed, it was confirmed that the existing Framework would remain extant until the final version was presented and approved.</p> <p>Following discussion Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress made in developing the new Emergency Ambulance Services Commissioning Framework</li> <li>• <b>ENDORSE</b> the content of the Framework and the ongoing plans for development.</li> </ul>	EASCT
EASC 22/84	<p><b>EASC COMMISSIONING UPDATE</b></p> <p>The report on the EASC Commissioning Update was received. Members noted that the update has been prepared to provide an overview of the progress being made against the key elements of the collaborative commissioning approach.</p> <p>Members noted that formal confirmation was awaited from Welsh Government regarding the status of the EASC Integrated Medium Term Plan and that a quarterly update with regard progress made against the IMTP would be provided at the next meeting (Forward Look). An update against the Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and Emergency Medical Retrieval and Transfer Services) would be provided to EASC Management Group at the August meeting.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the ongoing collaborative commissioning approach</li> </ul>	EASCT

	<ul style="list-style-type: none"> <li><b>NOTE</b> that a Quarter 1 update against the commissioning intentions for each of the commissioned services will be presented at the August meeting of the EASC Management Group and to the next EASC meeting.</li> </ul>	EASCT
EASC 22/85	<p><b>FINANCE REPORT MONTH 12</b></p> <p>The Month 2 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 2<sup>nd</sup> month of 2022/23 together with any corrective action required. No corrective action was required.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
EASC 22/86	<p><b>EASC SUB-GROUPS CONFIRMED MINUTES</b></p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> <li>Chair's Summary EASC Management Group – 16 June 2022</li> <li>EASC Management Group – 21 April 2022</li> <li>NEPTS Delivery Assurance Group – 3 May 2022</li> <li>EMRTS Delivery Assurance Group – 29 March 2022.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>APPROVE</b> the confirmed minutes.</li> </ul>	
EASC 22/87	<p><b>EASC GOVERNANCE</b></p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including:</p> <ul style="list-style-type: none"> <li>the EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation)</li> <li>the 3 red risks within the EASC Risk Register relating to key items already discussed at the meeting</li> <li>EASC Model Standing Orders and it was confirmed that all outstanding areas had been completed</li> <li>the EMRTS DAG Annual Report including an overview of the work undertaken, membership and terms of reference, noting cancellation of one meeting in December 2021 due to operational pressures</li> <li>EASC Communication and Engagement Plan – requirement as part of our Standing Orders to set out how EASC communicates and engages with stakeholders</li> </ul>	

	<ul style="list-style-type: none"> <li>EASC Assurance Framework report, it was noted that this was in same style as the host body's assurance framework – this was the first iteration and would be presented at each future meeting of the Committee</li> <li>The closure of all recommendations from the audit of EASC Governance</li> <li>The list of key organisational contacts was noted.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>ENDORSE</b> the risk register (Appendix 1)</li> <li><b>NOTE</b> the progress with the actions to complete the requirements of the EASC Standing Orders (Appendix 2)</li> <li><b>APPROVE</b> the EMRTS DAG Annual Report 2021-2022 (Appendix 3)</li> <li><b>APPROVE</b> the EASC Communications and Engagement Plan (Appendix 4)</li> <li><b>APPROVE</b> the EASC Assurance Framework (Appendix 5)</li> <li><b>APPROVE</b> the completion of the Internal Audit on EASC Governance (Appendix 6)</li> <li><b>NOTE</b> the information within the EASC Key Organisational Contacts (Appendix 7).</li> </ul>	EASCT
EASC 22/88	<p><b>FORWARD LOOK AND ANNUAL BUSINESS PLAN</b></p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the report.</li> </ul>	
<b>Part 3. OTHER MATTERS</b>		<b>ACTION</b>
EASC 22/89	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussion.</p>	

<b>DATE AND TIME OF NEXT MEETING</b>		
EASC 22/90	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 6 September 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed .....

**Christopher Turner (Chair)**

Date .....



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
Date of last meeting	6 September 2022

**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/september-2022/>.

The minutes of the EASC meeting held on 12 July were approved.

**CHAIR'S REPORT**

Members noted:

- the meeting with the Minister, Chief Ambulance Services Commissioner (CASC) and Welsh Ambulance Services NHS Trust (WAST) Chair and CEO on 20 July
- the meeting with CASC and Audit Wales re Emergency Care on 26 August
- the meeting with CASC and the Chair and Managing Director of the Welsh Health Specialised Services Committee (WHSSC) on 10 August
- the meeting of the Chairs' Peer Group on 16 August
- the induction meeting with Director of Nursing and Quality at WAST on 1 September
- the Chair's Objectives as set by the Minister and the request to focus more generally on its key role within the Six Goals for Urgent and Emergency Care Programme
- the relevance of the 'Focus on' session relating to the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru).

**PERFORMANCE REPORT**

The significant challenge in the provision of timely ambulance services at present was noted and it was explained that data had been used from July (Ambulance Service Indicators) and August in the preparation of this report:

**Ambulance Service Indicators (July data)**

- The improving outcomes and numbers of patients managed via 'hear and treat'
- Incidents receiving a response were reduced, possible impact of the Clinical Safety Plan
- Conveyance has reduced, although it is important to consider this in light of a reduction in attendance in response to escalation decisions relating to the clinical safety plan
- Ongoing work on post production lost hours and now included in the EASC Action Plan
- All-Wales red 8 minute performance was 52% (target 65%)
- Handover lost hours – over 24,000 in July (and subsequently 22,000 in August)



- Weekly performance dashboard now circulated widely within health boards and Welsh Government.

Members raised important points including:

- Relentless demand across Wales, and hours lost, would remain a challenge
- The significant numbers of patients within the system that were 'fit for discharge'
- Concerns regarding the trajectory for the winter and the need for effective partnership working
- That the volume of demand at the front door is likely to increase
- Useful ideas that have been identified within the fortnightly handover improvement meetings, including the measurement of the total wait from dialling 999 to the definitive point of care and development of an evening transport system
- Support for the use of the EASC mechanisms to feed ideas back into the system, for example using the CEO group meetings.

The Chair noted the good work being undertaken and the challenges being encountered, emphasising the need to coordinate efforts and to work together over coming months.

### **Immediate Release**

- WAST had presented the protocols to manage immediate release at the last meeting
- Amber release increased from 31% to 44% with WAST and health boards working together.

### **Handover delays**

- Fortnightly Handover Improvement Plan meetings continue with a focus on working towards the 2 trajectories
- Improvements in both areas across Wales during the last 3 months with the number of patients waiting over 4 hours reducing
- Overall lost hours remain very high.

### **EASC Action Plan**

It was noted that the latest version of the plan had been submitted to Welsh Government on 5 September and that small improvements and positive signs with good local actions were evident. In addition, discussion had taken place at the Directors of Planning meeting regarding the need to link the actions to the integrated medium term plan (IMTP) process.

Members noted that the EASC Action plan was being well received and that it is important that any further actions were captured and included as necessary.

Following discussion, Members **RESOLVED** to:

- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Quality Indicators
- **ENDORSE** the EASC Action Plan
- **ENDORSE** the handover improvement trajectories
- **NOTE** the performance reporting information submissions.

### **QUALITY AND SAFETY REPORT**

The Quality and Safety Report on commissioned services was received and Members were reminded that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).

Members noted:

- The work of the Healthcare Improvement Wales (HIW) Task & Finish Group (convened by the EASC Team) with work undertaken with stakeholders to develop a position update, this would now be discussed with HIW with a view to closing some recommendations. Further update to be provided at the next meeting
- An update on progress of the NHS Wales Delivery Unit on Appendix B Task & Finish Group (convened by the EASC Team). The group consists of representatives of health boards (Directors of Nursing and Assistant Directors of Quality and Safety), WAST, the EASC Team and the NHS Wales Delivery Unit. The meeting had been well attended by a mixed group of. Members noted that the next meeting would take place on 8 September 2022 with the aim of agreeing a consistent approach to joint investigations. Progress to be reported back to the EASC Management Group
- The general growth in the number of adverse incidents and the renewed focus on quality and safety issues which were closely linked to the deteriorating performance position
- That this report would be strengthened to include other commissioned services such as non-emergency patient transport services and emergency medical retrieval and transfer services.

The Chair thanked the EASC Team for the report and highlighted the importance of considering the performance report and the quality and safety report together at meetings as they were both fundamental to the effectiveness of the Committee as a commissioning body.

Members **RESOLVED** to:

- **NOTE** the content of the report and the progress made by both Task and Finish Groups
- **NOTE** the content of the discussion in the Appendix B Task and Finish Group and the agreed next steps
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services
- **NOTE** the provision of Quality and Safety Reports relating to commissioned services at all future meetings.

### **FOCUS ON' EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)**

The Chair introduced the session referencing the recent media coverage of proposals by the Wales Air Ambulance charity to rationalise its operational bases, within a context of a procurement exercise for new aircraft. It was agreed that the session was timely and would provide Members with a greater understanding as a starting point of the process for assessing viability of the high-level proposal both as a partner organisation and also from a commissioning perspective.

As EMRTS National Director, David Lockey led a presentation which gave an overview of the EMRTS Cymru service which included:

- The journey in the development of EMRTS Cymru since becoming operational in 2015 and the service changes made over recent years
- The service continues to work closely with the Wales Air Ambulance Charity (the Charity)

- Use of the CAREMORE Quality and Delivery Framework
- 2021/22 data: 3,247 incidents; 46% by road; 54% by air; 68% conveyance to hospital; 9 calls per day; 8 trauma desk calls per night; 16% air stand down (compared to industry average of c. 25%); 141 sedations; 119 blood transfusions; 561 intubations and 412 anaesthetics
- Longitudinal view of the service from 2016 to present; seeing an increase in activity
- An overview of EMRTS Commissioning Intentions for 2022/23
- A presentation by Dr Michael Slattery covering the first year of the newly established ACCTS service including the strong relationship with the Welsh Critical Care Network, work undertaken with NHS England and activity 22% higher than forecasted and continuing to grow
- A focus on the Strategic Review undertaken by the Charity System to determine “the optimal operational configuration and physical footprint for our lifesaving services that brings greatest benefit to all the people of Wales” ahead of a forthcoming commercial aviation procurement process.

Members noted that the review had included consideration of base activity data since establishment of the service in 2015, service reviews already undertaken including the EMRTS Service Evaluation (undertaken with Swansea University) and comprehensive demand and capacity modelling. It was confirmed that this analysis has been undertaken at a health board and regional level in order to understand the demand and current unmet need.

Key headlines from the Strategic Review included under-utilisation and unmet (geographic, overnight and hours of darkness). The robust analysis and modelling indicated the need for extended hours of operation and changes to optimise base location.

Members noted recent challenges due to a media leak ahead of the finalisation of the data analysis and the subsequent planned stakeholder engagement process. A strong reaction was reported and a perception of a loss of a service in Powys.

The key headlines of a proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales (within existing resources) included:

- attending an additional 583 patients
- improved average response times (on average 11 minutes quicker) and
- achieving 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

The Chair thanked the team for their work to date and the clarity provided by the presentation in terms of the service provided but also the potential for an enhanced service in the future.

Members raised:

- The need to have follow up conversations related to the Powys health board area and the Powys related data
- Carol Shillabeer recognised the importance of embracing the opportunity for change and the need to celebrate the excellent service developed to date but also emphasised the need to be sensitive about this as an all-Wales service and the importance of equity of access (particularly for people in rural Wales and representing the views of people in mid Wales)

- Members noted that Powys had disproportionately benefited from the service but on the other hand it was important in terms of the use of 'Cardiff' within the slides providing the impression of a south Wales centric service – important therefore to see the all-Wales view
- It would be helpful to map out and present the changing demand and the service changes over the years
- The ability of the expanded service to reach more people and the usefulness of the graphics in demonstrating this
- The importance of clarifying the distinctive roles of the ambulance service and EMRTS
- Future opportunities for the ACCTS service and other transfer services like neonatal
- The emotional ties of communities to the Wales Air Ambulance Charity (particularly to bases) and the impact of any change
- Carol Shillabeer raised the issue related to the role of EASC as the commissioners in progressing this matter. It was agreed that this is a commissioning issue for the committee
- The question regarding who would lead on the ongoing work to ensure a robust, appropriate and managed process ensuring the required engagement; it was agreed that further discussions would take place at the next EMRTS Delivery Assurance Group (to be held 12 September) and the CASC also undertook to consult with CEOs
- That a briefing session has been planned with the Minister week commencing 12 September to consider the press leak
- That it is important to recognise the current level of service and how it was delivered as an all Wales service and that 65% of the Welshpool based air ambulance activity provided services outside Powys; at night the only service was provided from Cardiff but the proposed changes may widen this provision
- The importance of ensuring an all-Wales view during the consideration process, for example, David Lockey explained the impact that the expanded day shift in Cardiff had in ensuring that the aircraft in West Wales was available to support rural areas
- Stephen Harray suggested the importance of using the commissioning resource envelope, aligned to health board strategies, to meet the needs of the population of Wales
- The desire to support the system to get this right and it was agreed that further consultation with CEOs would help to better understand the information and the local nuances
- That the presentation was compelling but that this is an emotive subject and there is a need for wide engagement
- Important to consider the impact on the Charity
- The importance of ensuring the approach is fair and balanced in terms of service change and the potential impact on WAST in terms of their roster changes The variety of transfer services would need to be scoped out and with a report back to the next meeting (Action Log)
- Next steps and the need for a structured approach including clear project plan, clear governance and decision-making framework (including decision timelines) and a clear engagement (or consultation) / handling plan with clarity in relation to whether this is significant service change.

(Tef Jansma joined the meeting)

The Chair thanked members for their contribution to this important discussion, confirming that Members were receiving the information as a starting point of the engagement process. Members were advised that a structured and considered approach would be undertaken in line with the discussion held.

Members **RESOLVED** to:

- **NOTE** the presentation
- **RECEIVE** formally the Strategic Service Review at a future meeting
- **AGREE** in the meantime to develop a structured approach including a project plan, to include a detailed engagement plan, to clarify the next steps.

### **WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE**

The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:

- The link to the performance and quality & safety reports (already received)
- Clinical outcomes implementation of electronic patient clinical record (EPCR) which went live nationally in March 2022. Members noted that there was more to come in this area and would be received in future meetings
- Capacity – good progress had been made on recruiting the additional 100 front line staff (by January 2023) and confident of recruitment
- Immediate release and the latest compliance report had been shared with week on week improvement.

### **Red Demand and Variation**

Tef Jansma gave a presentation 'Variables affecting Red Performance'. It was highlighted that there was an inverse relationship between Red performance and vehicle utilisation and that red underperformance was not the result of a single issue and therefore required a multi-faceted approach.

A further presentation by WAST 'Actions being undertaken to reduce variation and improve red performance' was provided which highlighted:

- The number of responded incidents (WAST expansion of clinical support desk; ECNS patient triage and streaming and implementation of forecasting and modelling; in Health boards roll out PTAS in all areas)
- Red performance varies significantly from one day to the next and is the result of many correlations
- Number of hours produced with key actions identified
- Capacity and utilisation including hours produced
- Re-rostering and Cymru High Acuity Response Unit (CHARU)
- Travel durations and mobilisation (time spent on scene; deep dive into clinical contact centre analysis and modelling on community first responders)
- Duration at hospital including alternatives.

The Chief Ambulance Services Commissioner explained that he had expected that if an improvement had been seen in amber performance there would also be an improvement in red performance. The CASC wanted to understand why this was not the case and how additional capacity could be deployed to improve red performance.

The CASC raised that significant variation was occurring on a day-by-day basis and there was a need to undertake more analysis to explain this. Members noted that Amber performance did not chase seconds but this would make a big difference in red call performance times. It was agreed to consider this at the next EASC Management Group meeting to ensure the most effective use of the additional capacity being progressed within the service and improve red performance, this would then need to be reported back to Committee.

## **Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table**

Jason Killens presented the report on the Clinical Response model and the Dispatch Cross Reference Table. Members noted the variation with red, amber and green categories used in Wales, conversely categories 1 to 5 were used in England. The Clinical Priority and Assessment Software (CPAS) Group in Wales regularly review the Dispatch Cross Reference Table and usually any changes were minor and were managed internally. However, the changes proposed were significant and were driven by patient safety concerns.

Members noted:

- Changes to patients fitting and the poor outcomes for this group of patients
- Codes for haemorrhage proposed to change from Amber 1 to Red
- As a consequence of the changes to be made this would impact on the movement of patients and would lead to a marginal positive impact (improvement) but would have a noticeable impact on Amber 1. Although a strong clinical outcome it was likely to see a slight improvement in red but a negative impact on Amber performance
- The proposition to move to the changes from the 1<sup>st</sup> Monday in October in line with the clinical recommendation.

Following discussion it was agreed that this would be formally taken through the WAST Board at the end of September and the CASC offered to work with WAST to discuss appropriate engagement regarding the changes, also offering to inform the Welsh Government regarding this matter so that they were aware of the impact.

Members **RESOLVED** to:

- **NOTE** the WAST Provider Report
- **NOTE** the actions around the engagement required for Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table

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

The Chief Ambulance Services Commissioner's report was received.

Stephen Harray presented the report and highlighted that for the remainder of the financial year the additional commissioning allocation agreed as part of the EASC IMTP would be targeted at additional transfer and discharge services and targeted outcomes to support performance and mitigating clinical risk. The escalation policy that was previously agreed by the NHS Leadership Board would be introduced following agreement of an implementation plan with COOs. Members **RESOLVED** to: **NOTE** the report.

## **AMBULANCE SERVICES COMMISSIONING FRAMEWORK**

The report on the Emergency Ambulance Services Commissioning Framework was received. The following areas were highlighted:

- Enhanced commissioning framework as a key element of the collaborative commissioning approach
- Frameworks designed to support system leaders to work in a collaborative way, encouraging open and transparent discussions between commissioners and providers

- Discussions regarding the framework and the approach to commissioning emergency ambulance services going forward have been held at EASC Committee and EASC Management Group meetings over many months
- At the EASC Management Group meeting in April it was agreed to work together to develop local plans that respond to the needs of the local population and the challenges being faced by each health board in the short and longer term. It was felt that this local approach would help to identify the actions already being undertaken (by health boards, by WAST or jointly by HBs and WAST), identify opportunities for service re-design and ensure that evidence-based commissioning decisions were made
- The development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST, has been the focus at subsequent meetings
- The key principles and content of the draft framework agreement were endorsed by Committee members at the July 2022 meeting of EASC. The draft agreement has now been formatted and finalised to include comments received from Members
- The key principles of an implementation plan were noted, this plan would:
  - ensure that local ICAPs were developed and signed off as required
  - inform the development of commissioning intentions for 2023-24
  - inform the IMTP section relating to EASC and emergency ambulance services for each organisation.
- As a new element of the commissioning frameworks, the EASC Team would continue to develop and adapt the approach relating to ICAPs ahead of any future refreshes. Members noted the need to align the development of ICAPs with the IMTP planning process and the requirements of the Six Goals for Urgent and Emergency Care.

Following discussion Members **RESOLVED** to:

- **NOTE** the collaborative approach undertaken to refresh and enhance the emergency ambulance services commissioning framework
- **NOTE** the development of local Integrated Commissioning Action Plans that respond to the needs of the local population
- **NOTE** the key principles of the implementation plan and next steps as described above
- **APPROVE** the Collaborative Commissioning Framework Agreement.

### **EASC COMMISSIONING UPDATE**

The report on the EASC Commissioning Update was received. Members noted updates against:

- **EASC Integrated Medium Term Plan (IMTP)**

It was reported that confirmation had been received from Welsh Government that the EASC IMTP was acceptable and that the correspondence included certain accountability conditions, including the need for a greater emphasis on risk and quality.

Members also noted the expectation within the accountability letter that progress against the plan must be monitored effectively and therefore received the detailed EASC IMTP Quarter 1 Update. Further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

### • **EASC Commissioning Intentions**

Members were reminded that commissioning intentions were worked up with health boards for each of the commissioned services to provide a clear indication of the strategic priorities of the Committee for the next financial year.

The EASC Management Group, on behalf of EASC, continue to hold responsibility for the development, monitoring and reporting of progress against intentions to ensure the strategic intent was achieved. The agreement of the EASC commissioning cycle in 2021-22 has already ensured increased engagement and a more timely approach to the agreement of commissioning intentions for 2022-23.

Members received the detailed Quarter 1 update against the EASC Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service). This update highlighted key areas of progress for each commissioned service with many already discussed at length during the Committee meeting.

Key progress relating to the NEPTS service was noted by Members including:

- The Quality Management Framework - including 3Qs (Quality Assurance, Quality Control and the Quality Award)
- Increasing the number of providers in line with the NEPTS business case and the plurality model
- Early work in relation to re-rostering with the Project Initiation Document anticipated for October.

Further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

Members **RESOLVED** to:

- **NOTE** the collaborative commissioning approach in place
- **APPROVE** the progress made against the EASC IMTP in Quarter 1 as set out in the update provided
- **NOTE** the Quarter 1 update against the commissioning intentions for each of the commissioned services.

### **FINANCE REPORT MONTH 4**

The Month 4 EASC Finance Report was received and the purpose of the report was to set out the estimated financial position for EASC for the 4<sup>th</sup> month of 2022/23 together with any corrective action required. No corrective action was required.

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

### **EASC SUB-GROUPS CONFIRMED MINUTES**

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- Chair's Summary EASC Management Group – 18 August 2022
- EASC Management Group – 16 June 2022
- NEPTS Delivery Assurance Group – 6 June 2022.

### **EASC GOVERNANCE**

The report on EASC Governance was received. Governance documentation is available at <https://easc.nhs.wales/the-committee/governance/>



Members **RESOLVED** to:

- **APPROVE** the risk register
- **APPROVE** the EASC Assurance Framework
- **NOTE** the information within the EASC Key Organisational Contacts

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

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories)
- Structured approach relating to the engagement process for the proposal by the Wales Air Ambulance Charity

#### **Matters requiring Board level consideration**

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Note the roll out of WAST roster reviews for each area before the end of November 2022
- From the Performance Report
  - Red performance remained extremely challenging (52%)
  - Handover lost hours consistently in excess of 20,000 hours
- To acknowledge the key headlines from the Strategic Review undertaken by the Wales Air Ambulance Charity and the proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales, improving average response times and meeting 88% of demand (compared to the existing 72%). This information was received as the starting point of the engagement process and a structured approach would now be developed including a detailed engagement plan
- To approve the Collaborative Commissioning Framework Agreement for Emergency Ambulance Services, including the development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST as a key enhancement of the commissioning framework.

#### **Forward Work Programme**

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
<b>Date of next meeting</b>	<b>8 November 2022</b>			

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	21 July 2022
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<b><u>Matters Arising – Procurement Update</u></b>	
<p>Jonathan Irvine, Director, Procurement Services, provided an update on the New Operating Model for Procurement. This built on an initial presentation given to the Committee in January of this year, and particularly focused on the perspective of NHS Wales organisations as customers of the service.</p> <p>The objectives for the new model include greater exploitation of opportunities for regional and all-Wales procurement; ensuring support for national initiatives such as decarbonisation, the foundational economy and social value, and utilising expert procurement resource more effectively. Progress will be monitored through a revised suite of KPIs.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b><u>Matters Arising – Recruitment Update</u></b>	
<p>Gareth Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal overview on progress with the modernisation plan for Recruitment. There has been effective dialogue with Workforce Directors, leading to the establishment of a Programme Board to oversee the development of the plan. Moves to implement technology to facilitate more effective checking of ID is still on track for August and is awaiting final Government sign-off.</p> <p>The Committee <b>NOTED</b> the presentation.</p>	
<b><u>Chair's Report</u></b>	
<p>The Chair updated the Committee on the activities that she had been involved with since the May meeting. These have included:</p> <ul style="list-style-type: none"> <li>• Attending a development session with the Velindre Trust Board on 28 June</li> </ul>	

to update Board members on recent developments within NWSSP and to assess how the Trust and NWSSP can work more effectively together;

- Continuing to meet with NWSSP Directors and undertaking a further visit to IP5; and
- Attending the Audit Committee and the Welsh Risk Pool Committee during July.

The Chair also had two papers as part of her presentation as follows:

- The first related to the re-negotiation of the contract for the Microsoft Licences for NHS Wales where the work had been led by DHCW. This included the financial allocations for all NHS Wales organisations, and due to the need to agree this by the end of May, the paper had been approved previously via a Chair's Action. The Committee ratified the action taken and endorsed the paper;
- The second paper concerned the proposal for the Committee to have a development session(s) in the autumn to provide time for Committee members to debate how it can be more effective in its role for the benefit of all NHS Wales organisations. The paper suggested the option of either a full-day session or a number of half-day sessions. There was universal support for the session(s) but mixed views on which option to select. It was hoped that the sessions would be in person and further work would be undertaken outside the meeting to progress this.

The Committee **NOTED** the update and **Endorsed** the Chair's Action.

### **Managing Director Update**

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

- The recent Joint Executive Team meeting with Welsh Government was very constructive with positive feedback provided on progress to date and future plans;
- The proposal for Welsh Government to take back the revenue savings resulting from the purchase of Matrix House did however come as a surprise and will adversely impact the NWSSP financial position;
- The risk-sharing agreement on the Welsh Risk Pool will be invoked again this year and is forecast to be £25m;
- We continue to work with the Chief Pharmacists Peer Group to develop the product ranges being developed through the Medicines Unit in IP5. The validation of the new automated filling equipment is going well and should become available for use in the next few weeks; and
- The expansion of SMTL services within IP5 is also going well, with the new equipment being validated and an expectation that additional testing facilities and methodology will be in place by August.

The Committee **NOTED** the update.

## Items Requiring SSPC Approval/Endorsement

### Laundry Outline Business Case

The Programme Business Case for the Laundry Service concluded that a total of three units would be required in the future to serve Wales as follows:

- A new build facility in South-West Wales to replace the laundries at Glangwili Hospital and Llansamlet;
- A new build facility in North Wales to replace Glan Clwyd Laundry;
- A refurbishment of Green Vale to upgrade the existing laundry facility and to allow closure of Church Village Laundry.

Following feedback the Welsh Government required the new facilities in South-West Wales and North Wales to proceed as Outline Business Cases, whereas the refurbishment at Green Vale is subject to a separate Business Justification Case.

The paper presented to the Committee concerned only the Outline Business Cases for South-West and North Wales. Governance of the Transformation Programme is through the Laundry Programme Board who approved these outline business cases on the 22<sup>nd</sup> of June. The outline business cases have also been subject to two Gateway reviews and an assessment by Internal Audit.

The main benefits in taking over the Laundries was to ensure that the Laundries were compliant with relevant standards and legislation and not to deliver a cheaper service although efficiencies would be made. There has been a lack of investment in Laundry services for a very long time and the three business cases require capital investment of £77m. NHS Wales is hugely dependent on the laundries – as an example the two current sites in South-West Wales process over 9m items per annum. The outline business cases, whilst undoubtedly requiring capital investment, do make sound economic sense and they tick all the environmental boxes, and provide the workforce with much better working conditions. The All-Wales capital position may mean that Welsh Government may not be able to afford to fund the business cases concurrently, so NWSSP will need to explore the options with them.

The Committee **APPROVED** the Outline Business Cases to proceed to Full Business Cases to enable formal requests for funding from Welsh Government to be submitted.

### Patient Medical Record Accommodation Business Case

The Patient Medical Records Store in Brecon House, Mamhilad, has now reached maximum capacity and consequently no additional records are able to be accommodated without additional space being procured. In practice this means that not only will no additional GP practices be able to take advantage of this service, which frees up space for additional clinical services, but NWSSP will also be unable to take additional medical records from GP Practices who already use the service, from deceased patients, patient movements or practice mergers for example.

A number of options for expansion of the scheme have been explored in the business case but the preferred option is the acquisition of a further warehouse on a 10-year lease providing a further 75,000 square feet of storage space. Whilst this acquisition provides some funding challenges, these will be met through the generation of additional income; savings resulting from moving PPE from commercial storage facilities to this new warehouse (until capacity is reached on the PMR scheme) and internal savings on the Primary Care budget.

Questions were raised by Committee members as to whether future plans should focus more on digitisation rather than acquiring more space to store paper records. AB confirmed that this is the aspiration for the longer-term, but for the time being GP Practices are requesting that paper records continue to be stored, and the costs of digitisation are very substantial.

The Committee **APPROVED** the Business Case.

### **Annual Review 2021/22**

The Annual Review for the 2021/22 financial year was reviewed by Committee members who commented favourably on both the content and presentation and suggested that this should be shared more widely where possible.

The Committee **APPROVED** the Annual Review.

### **Audit Committee Terms of Reference**

The Audit Committee Terms of reference were reviewed and approved by the Partnership Committee.

The Committee **APPROVED** the Terms of Reference.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – The Month 3 financial position is a cumulative non-recurrent underspend of £1.338m after anticipating £0.943m of WG funding for the 1.25% NI increase, Covid recovery support costs and energy pressures. This funding can only be anticipated at risk at present – the financial position would have been £0.395m underspent without the assumption of this funding or any utilisation of centrally held reserves. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. The position also does not reflect the claw back of £176k of funding from WG in respect of Matrix House, notified in July 2022. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits and savings to NHS Wales. The forecast outturn remains at break-even with the assumption of exceptional pressures funding from Welsh Government. £10.277m Welsh Risk Pool expenditure has been incurred to 30<sup>th</sup> June 2022. A high-level review of cases due to settle in 2022/23 indicates that the £134.8m included in our IMTP remains within the forecast range, requiring £25.3m to be funded under the Risk Share Agreement in 2022/23. The 2022/23 risk share apportionment has been revised to reflect the updated cost driver information

from the 2021/22 outturn position. This has resulted in some changes to the contributions from organisations as a result of movements in the actual 2021/22 data. The updated shares are being reported to the Welsh Risk Pool Committee on 20<sup>th</sup> July 2022 and will be subsequently shared with Directors of Finance. Our current Capital Expenditure Limit for 2022/23 is £1.473m. The NWSSP discretionary allocation for 2022/23 has been reduced by Welsh Government to £0.457m from £0.6m and the IP5 discretionary allocation reduced from £0.25m to £0.19m. Capital expenditure to Month 3 is £0.297m. A review of all discretionary capital funding requests is being undertaken which includes any capital funding requirements identified in the IMTP and any new requests flagged by our Services. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service. Attached to the report were the Audit Wales Management Letter and review of Nationally Hosted Systems that both provided positive opinions on the integrity of NWSSP systems and procedures.

**IMTP Q1 Update** – The first formal quarterly update against the IMTP was presented to the Committee. 2022/23 is a year of transition as new measures of performance are developed. The update looks at how NWSSP adds value in terms of quality and socio-economic benefit alongside cost reductions and savings. At the end of Quarter 1, 1% of divisional objectives have been 'completed and closed', 76% of objectives are 'on track' to be completed, 15% are 'at risk of being off track', 4% are 'off track for delivery' and 4% have 'not yet started'. The Committee were also asked to feedback on the content and format of the report.

**Performance** – 34 KPIs are reported of which 31 are rated as green and three as amber. Two of these relate to the number of calls handled which should be at 95% but this is not being met in either Payroll (73%) or Student Awards Services (92%). The remaining amber indicator is in Recruitment where the average time to create an unconditional offer from first creating the vacancy should be no more than 71 days and this is currently measuring 91 days. Work is on-going to address all these areas and improvements are already being noted. The report also included an assessment of Professional Influence Benefits to NHS Wales which are calculated at £35m for the first quarter of the financial year.

**Project Management Office Update** – Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. NWSSP are currently undertaking a procurement exercise to source a replacement system

**People & OD Update** – The report is in a new dashboard format which was commented on favourably by Committee members. Sickness absence rates continue to be very low, but improvement is needed in the timeliness of reporting absence. PADR rates continue to improve but still require more work – a particular focus recently has been on Laundry Services where compliance was initially very low but is now at 73%. Headcount is now nearly at 5,300 following

the transfer of the final cohorts of the Single Lead Employer Scheme. Questions were asked on how NWSSP can undertake research to look at better facilitation of apprenticeships and new ways of working to make NHS Wales an attractive employer in the future. This is something that will be considered going forward.

**Corporate Risk Register** – there remains one red risk relating to the inflationary impact on goods and services, particularly relating to energy. This continues to be mitigated as far as possible through the actions of the Energy Price Risk Management Group. There is one new risk that has been added relating to the reputational risks associated with NWSSP’s role in helping to establish the Citizens’ Voice Body. The risks associated with the replacement of the GP Payments system in Primary Care Services, and the upgrade of CLERIC in Health Courier Systems, have both been removed from the Corporate Risk Register as the new systems are working successfully in both cases.

**Declarations of Interest** – the Committee reviewed a report summarising the recent declarations of interest exercise within NWSSP. This has now been extended to all staff on the basis that they complete a lifetime declaration which only needs updating if circumstances change. However, Directors and Independent Members will be required to continue to provide an annual Declaration and an appendix containing details of their most recent declarations was included in the report.

#### **Papers for Information**

The following items were provided for information only:

- Decarbonisation Action Plan;
- Annual Governance Statement 2021/22;
- Health & Safety Annual Report 2021/22
- Finance Monitoring Returns (Months 2 and 3)

#### **AOB**

**N/a**

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

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

#### **Matters referred to other Committees**

N/A

#### **Date of next meeting**

22 September 2022