



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 March 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Clare Moorcroft, Committee Services Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

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

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

Cefndir / Background

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

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

[Welsh Health Specialised Services Committee Website](#)

[Emergency Ambulance Services Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

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

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

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

Asesiad / Assessment

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

Welsh Health Specialised Services Committee (WHSSC)

- Briefing notes from the WHSSC meetings held on 18th January, 8th February and 15th March 2022, setting out the key areas of discussion.

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of EASC meeting held on 18th January 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 20th January 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 is due to meet in late March and will report to the May 2022 Public Board.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Not applicable

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

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

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

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 18 JANUARY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 18 January 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

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

1. Minutes of Previous Meetings

The minutes of the meeting held on the 9 November 2021 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

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

3. Chair's Report

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

- That a Chair's action had been undertaken to update the Terms of Reference (ToR) for the Welsh Renal Clinical Network (WRCN) to ensure effective governance and in the interest of expediency to commence the recruitment exercise for the role of the substantive Chair to the WRCN,
- The proposal to extend the Interim Chair Arrangements for the Chair of the Welsh Renal Clinical Network (WRCN) until the end of March 2022,
- an update concerning WHSSC Independent Member (IM) Remuneration,
- attendance at the Integrated Governance Committee (IGC) held on the 13 December 2021,
- an update on the Royal College of Nursing Wales – Nurse of the Year Awards 2021 ceremony held on the 10 November and that WHSSC had sponsored the Health Care Support Worker (HCSW) Award category,
- that Professor Vivienne Harpwood had appointed Dr Ruth Alcolado, Medical Director, NHS Wales Shared Services Partnership (NWSSP) as the new Vice Chair for the All Wales Individual Patient Funding Request (IPFR) Panel with effect from the 16 December 2021 for 2 years, in accordance with the Standing Orders,
- that the Chair had attended 1 to 1 meetings with Health Board (HB) CEOs.

Members (1) **Noted** the report, (2) **Ratified** the Chairs action undertaken to update the Terms of Reference (ToR) for the Welsh Renal Clinical Network (WRCN) to ensure effective governance and in the interest of expediency to commence the recruitment exercise for the role of the substantive Chair to the WRCN, and (3) **Approved** the extension of the interim WRCN Chair arrangement until 31 March 2022 to ensure business continuity whilst the substantive post is recruited to.

4. Managing Director's Report

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

- Workshops held to consider options for WHSSC to commission Hepato-Pancreato-Biliary (HPB) Services,
- The extension of the Fast-Track Process for Military Personnel,
- Paediatric Inherited Metabolic Diseases (IMD),
- Discussions with SBUHB concerning the commissioning of Burns Treatment from the SBUHB Welsh Centre for Burns,
- The WHSSC Specialised Services Strategy,
- A request for WHSSC to support the National Collaborative Commissioning Unit (NCCU) to commission Surge Beds in response to the current omicron wave.

Members (1) **Noted** the report, (2) **Supported** that WHSSC provides support to the NCCU to enable them to commission mental health Surge Beds in response to the current omicron wave.

5. Individual Patient Funding Request (IPFR) Panel Update

Members received an update report on the Individual Patient Funding Request (IPFR) panel which outlined potential future proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel, provided the JC with an update regarding the recent Judicial Review of an All Wales IPFR Panel decision, and provided an update on the outcome of a recent meeting with Welsh Government (WG) to discuss the governance arrangements of the All Wales IPFR Panel including the authority of the JC to amend the ToR of the Panel.

Members (1) **Noted** the issues with the current ToR of the All Wales IPFR Panel, (2) **Noted** the outcome of the recent Judicial Review and the implications for both the All Wales IPFR Panel and HB panels in Wales, (3) **Noted** the next steps agreed with Welsh Government regarding urgent changes to the existing All Wales IPFR Policy, (4) **Noted** the next steps agreed with Welsh Government regarding the authority of the Joint Committee to approve changes to the All Wales IPFR Panel ToR, and that a formal letter, from WG, confirming the position is awaited; and (5) **Noted** the suggestion from WHSSC officers regarding the need for a wider review of both the All Wales IPFR Policy and the governance arrangements for the policy.

6. Audit Wales WHSSC Committee Governance Arrangements Update

Members received an update on progress against the recommendations outlined in the Audit Wales "WHSSC Committee Governance Arrangements" report.

Audit Wales presented the report and advised that the management responses were comprehensive and well thought out and that positive progress had been made against the actions. The ongoing scrutiny being undertaken through the Integrated Governance Committee (IGC) was noted.

Members were informed that the updated audit tracker document will be shared with the NHS Wales Board Secretaries in HBs for inclusion on HB Audit Committee agendas in February/March 2022. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee (JC) of each HB in Wales.

Members (1) **Noted** the progress made against the WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (2) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (3) **Approved** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in February/March 2022.

7. Assurance on Patients Waiting for Specialised Services

Members received a report providing detail on the processes being used within WHSSC to seek assurance around how patients are being managed whilst on a waiting list.

Members (1) **Noted** the report, (2) **Noted** the robust processes in place to gain assurance that provider organisations are managing and supporting patients waiting for specialised care and treatment; and (3) **Noted** that the position in our NHS England specialised service providers has been generally more stable with recovery and activity across most contracts back to pre-pandemic levels. However given the rise in cases of the omicron variant and the reports in the media that Trusts in NHS England are suspending elective care, the WHSS Team will urgently ascertain the position in our main specialised service contractors in NHS England. This will be reported to Joint Committee in the routine activity report.

8. Independent Member Remuneration Update

Members received an update on discussions with Welsh Government (WG) to review the options to recruit and retain WHSSC Independent Members

(IMs) in response to the recommendation outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".

Members (1) **Noted** the report, (2) **Discussed** and **approved** the proposal to transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs, (3) **Discussed** and **approved** that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs, (4) **Discussed** and **approved** the suggested proposals to remunerate WHSSC IMs including the requirement for a review following the recruitment process, (5) **Discussed** and **approved** the additional annual cost of remunerating WHSSC IMs; and **approved** an uplift to the Direct Running Costs (DRC) budget to enable a financial pool of resource to recurrently fund the remunerated IM positions.

9. COVID-19 Period Activity Report for Month 8 2021-2022

COVID-19 Period

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

Members **noted** the report.

10. Financial Performance Report – Month 9 2021-2022

Members received a report providing the final outturn for the financial year. The financial position reported at Month 9 for WHSSC was a year-end outturn forecast under spend of £13,261k.

Members **noted** the report.

11. Corporate Governance Matters

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

Members **noted** the report.

12. Other reports

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

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

- Welsh Renal Clinical Network (WRCN).



WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 8 FEBRUARY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 8 February 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. Integrated Commissioning Plan (ICP) 2022-2025

Members received the WHSSC Integrated Commissioning Plan (ICP) 2022-2025 for approval prior to being submitted to Welsh Government.

Members discussed the financial elements of the ICP 2022-2025 and thanked colleagues in the specialist commissioning teams for their hard work in developing the plan in readiness for HBs to finalise their own Integrated Medium Term Plans (IMTP's).

Members were unanimous in approving the ICP and requested that minor updates be made to strengthen the document, to include WHSSC's commitment to the legislative framework on Welsh Language; and to be more explicit on how WHSSC are sufficiently representing the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year.

Members (1) **Noted** the discussions at Management Group on 20 January 2022 and their support on a revised risk profile; (2) **Noted** that the actions supported by Management Group reduced the total uplift required for non-recurrent funding for the 2022-2023 ICP to 4.97%, down by 1.6% (£11.4m) from the previous iteration of the ICP presented in December; (3) **Noted** that Management Group were supportive of the plan for approval by Joint Committee; (4) **Approved** the Integrated Commissioning Plan 2022-2025; **noting** the Joint Committee's request to strengthen the reference to supporting the Welsh language; and to be more explicit on how WHSSC are sufficiently representing the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year; (5) **Approved** the plan as the basis of information to be included in Health Board IMTPs; and (6) **Approved** the plan for submission to Welsh Government in response to the requirements set out in the Welsh Government Planning Guidance.



GIG
CYMRU
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WALES

Tîm Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



PARCH
-
RESPECT



PARTNERIAETH
-
PARTNERSHIP



GWELLA AC
ARLOESI
-
IMPROVEMENT
& INNOVATION

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 15 MARCH 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 15 March 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 meetings held on the 11 January 2022, 18 January 2022 and 8 February 2022 were **approved** as a true and accurate record of the meetings.

2. Action log & matters arising

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

3. Neonatal Transport Update

Members received an update report on progress to establish an Operational Delivery Network (ODN) for the neonatal transport service.

Members noted that the Joint Committee (JC) had supported that Swansea Bay University Health Board (SBUHB) host the ODN and the intention was that the ODN would be in place by January 2022. However, due to operational pressures and the ongoing pandemic progress had been delayed and the intended “go live” date for the ODN had moved to June 2022.

Members **noted** the report.

4. Chair’s Report

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

- No chairs actions had been undertaken since the last meeting,
- An update on the substantive appointment of a Chair for the Welsh Renal Clinical Network (WRCN),
- An update on WHSSC Independent Member (IM) Remuneration,
- Attendance at the Integrated Governance Committee (IGC) 28 February 2022; and
- 1 to 1 Meetings with Health Board (HB) CEOs.

Members **noted** the report.

5. Managing Director's Report

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

- The SBUHB Welsh Centre for Burns; and
- The De-escalation of Cardiac Surgery at SBUHB from Level 4 to Level 3.

Members **noted** the report.

6. Implementing a 12 Week Clinical Pathway for the Management and Treatment of Aortic Stenosis

Members received a report seeking support for the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis.

Members (1) **Noted** the report; and (2) **Supported** in principle the implementation of a 12 week clinical pathway for the management and treatment of aortic stenosis.

7. WHSSC Process for Responding to the Ministerial Measures

Members received a report providing an overview of the recently received Ministerial measures and which proposed a process through which WHSSC could respond.

Members **noted** the new Ministerial priority measures and the process through which WHSSC will respond to them.

8. Major Trauma Update

Members received a report providing an update on the performance and key issues in the Major Trauma Network covering south, mid and west Wales.

Members **noted** the report.

9. Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group

Members **noted** that this agenda item had been deferred until the next meeting.

10. All Wales Individual Patient Funding Request (IPFR) Panel Update

Members received a report providing an update regarding proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel. The report also proposed that an engagement process is undertaken related to future changes to the ToR as well as arrangements for a strengthened governance structure for the Joint Committee's sub-committee.

Members discussed the ongoing risks to WHSSC and it was agreed that Dr Sian Lewis (SL), Managing Director, WHSSC would meet with Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government (WG) to discuss how to progress the IPFR Governance issue as a matter of urgency within WG; and that the WHSS Team would write to Andrew Evans, Chief Pharmaceutical Officer, WG expressing the Joint Committee's concerns and to provide him with a copy of the meeting report.

Members (1) **Noted** the progress made and the proposed changes to the All-Wales IPFR WHSSC Panel Terms of Reference (ToR), which are being discussed with Welsh Government, (2) **Noted** the progress made following discussions with Welsh Government regarding urgent changes to the existing NHS Wales Policy "Making Decisions on Individual Funding Requests (IPFRs)", (3) **Supported** that the WHSS Team undertake an engagement process around proposals to change the All-Wales IPFR WHSSC Panel ToR; and (4) **Approved** an uplift to the Direct Running Costs (DRC) budget by £57K per annum to fund the additional governance resource within WHSSC.

11. Corporate Risk Assurance Framework (CRAF)

Members received the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Approved** the updated Corporate Risk Assurance Framework (CRAF); and (2) **Noted** that a follow up risk management workshop will be held in summer 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

12. WHSSC Joint Committee Annual Plan of Committee Business 2022-2023

Members received the Joint Committee's Annual Plan of Committee Business for 2022-2023 that outlined the annual business cycle for the work of the Committee.

Members **approved** the Joint Committee's Annual Plan of Committee Business for 2022-2023.

13. COVID-19 Period Activity Report for Month 9 2021-2022 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.

14. Financial Performance Report – Months 10 and 11 2021-2022

Members received the financial performance reports setting out the financial position for WHSSC for months 10 and 11 of 2021-2022. The financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.

The financial position reported at Month 11 for WHSSC was a year-end outturn forecast under spend of £14,058k.

Members **noted** the report.

15. 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.

16. Other reports

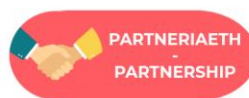
Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).

17. Any Other Business (AOB)

Members received verbal updates on:

- The Annual Committee Effectiveness Exercise for 2021-2022 which will be circulated at the end of March 2022 and all members were encouraged to complete the online survey; and
- Recognition that Ian Phillips, Independent Member (IM) WHSSC, would be resigning from his position, as he had been appointed as the substantive Chair of Welsh Renal Clinical Network (WRCN).



EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

‘CONFIRMED’ MINUTES OF THE MEETING HELD ON 18 JANUARY 2022 AT 11:15HOURS VIRTUALLY BY MICROSOFT TEAMS

PRESENT

Members:	
Chris Turner	Independent Chair
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer	Chief Executive, Powys Teaching Health Board PTHB
Stuart Walker	Interim Chief Executive, Cardiff and Vale CVUHB
Mark Hackett	Chief Executive, Swansea Bay SBUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
In Attendance:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Roshan Robati	Senior Programme Advisor for Unscheduled Care, Betsi Cadwaladr BCUHB
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/01	WELCOME AND INTRODUCTIONS 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.	Chair

	<p>Members were reminded that, following discussion with the Chairs of both EASC and the Welsh Health Specialised Services Committee (WHSSC), it had been agreed to hold a shortened meeting in light of the current severe operational pressures that Health Boards were facing.</p> <p>The Chair explained that an abbreviated agenda had been prepared with the meeting focussed on two main items, these were emergency ambulance capacity and the draft EASC Integrated Medium Term Plan (IMTP). It was stated that the performance report, Chief Ambulance Services Commissioner (CASC) report and the Welsh Ambulance Services NHS Trust (WAST) provider update had also been included for noting and information. Whilst the three items would not be considered during the meeting, the Chair confirmed that members could raise any related matters with the Chair or any member of the EASC Team.</p> <p>In light of operational pressures and the need for a shortened meeting, other routine reports were deferred to the next meeting of the Committee, due to be held on Tuesday 15 March 2022.</p>	
EASC 22/02	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Tracey Cooper, Steve Ham, Stephen Harry, Gwenan Roberts and Jo Whitehead.</p>	Chair
EASC 22/03	<p>DECLARATIONS OF INTERESTS</p> <p>The Chair reminded those that had not yet responded to the request for Declarations of Interest to respond and suggested that the EASC Team could be contacted if there were any queries.</p>	Chair
EASC 22/04	<p>MINUTES OF THE MEETING HELD ON 9 NOVEMBER</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 9 November 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 9 November 2021. 	Chair
EASC 22/05	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p>	

	<p>EASC 21/64 Ambulance Handover Delays It was noted that discussions were ongoing with various sites and options being discussed regarding this matter.</p> <p>EASC 21/65 Focus on session - Update on Demand & Capacity It was agreed that a short paper would be prepared to include the assumptions used in the modelling.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>EASC Team</p> <p>EASC Team</p>
EASC 22/06	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 22/07	<p>CHAIR'S REPORT</p> <p>The Chair's report was received.</p> <p>It was noted that the Chair had recently met with both Velindre University NHS Trust and Betsi Cadwaladr UHB. Each presentation had been tailored to suit local requirements and priorities and, again, this resulted in positive interactions and welcome feedback.</p> <p>The Chair advised that personal objectives had now been received from the Minister following the end of year appraisal. In addition to the core objectives, three additional targeted objectives had been included to reflect the specific role of the Committee.</p> <p>It was agreed that the inclusion of the specific Six Goals objective indicated the Minister's clear wish to formally extend the Committee's role in the urgent and emergency care arena.</p> <p>The Chair confirmed that the in-year review with the Minister would be held shortly.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 22/08	<p>EMERGENCY AMBULANCE CAPACITY (2022-23)</p> <p>Ross Whitehead presented the report relating to emergency ambulance capacity and the continuing challenge in ensuring the delivery of effective and responsive emergency ambulance services.</p>	

	<p>Members noted that changes in demand and lost capacity through handover, sickness and other areas had resulted in poor responses for patients, failure to achieve response targets and episodes of harm for some patients.</p> <p>The Welsh Ambulance Services NHS Trust (WAST) had recently provided a transition case to the Chief Ambulance Services Commissioner outlining their preferred option for additional capacity next year.</p> <p>This option included the recruitment and training of an additional 294 full time equivalents (FTEs) during 2022-23 to aid in reducing patient harm and system risk and supporting the move towards the strategic ambition previously presented to the Committee.</p> <p>Additional capacity would bolster operational resources and mitigate the impact of lost capacity through handover delays and workforce practices, whilst improvement plans to address these were being implemented. This capacity would predominantly come from recruiting and training additional Emergency Medical Technicians and would be unlikely to draw significantly on candidates that Health Boards would be seeking.</p> <p>Members noted that the case had been considered and agreed by the WAST Board during a closed board session and would be made available to Members on request.</p> <p>It was noted that the EASC Team were currently reviewing the case on behalf of the Committee. Whilst it has not been possible to fully appraise the case in the timescale between its submission and the meeting of the Joint Committee, it was clear from an operational delivery and patient safety perspective that the ambulance service would require additional capacity next year.</p> <p>The case presented as the WAST preferred option which included the £10m revenue during 2022-23 with an ongoing revenue tail of £16m plus an additional £16m capital requirement.</p> <p>It was noted that there were multiple risks associated with delivering the preferred model, particularly from a recruitment perspective, that would result in a significant underspend against this requirement if they materialised.</p>	
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	<p>There was currently no identified funding source from the committee or centrally to fund any uplifts in ambulance capacity on a recurrent basis. In addition, the committee does not have responsibility for capital funding for emergency ambulance services, but effective delivery of any additional capacity could require capital funding.</p> <p>The paper presented aimed to seek the views of the Committee Members on the approach to increasing operational capacity within the emergency ambulance service during the financial year 2022-23, with a view to improving responsiveness of emergency ambulances for the population and supporting the wider health system.</p> <p>The Chair thanked Ross Whitehead for the report adding that this would stimulate discussion among Members regarding their views around the approach to emergency ambulance capacity for the next financial year. The Chair requested that Members:</p> <ul style="list-style-type: none"> • considered the principle of recruiting additional frontline Ambulance staff in 2022-23 • note that the CASC and his team undertake a full assessment of the transitional plan recently received from WAST and provide clear recommendations to the committee via the EASC Management Group • agree that reference would be made to the transition plan in the EASC IMTP. <p>It was confirmed that the 294 FTEs would be in addition to the additional resources funded in 2020-21 and 2021-22. It was also noted that during this time there had been a significant increase in activity and a material increase in lost capacity due to the increase in ambulance handover delays. Members were reminded that the modelling undertaken used an average of 6,000 lost handover hours per month; the current average was now 18,000 hours.</p> <p>Members were advised that the modelling undertaken indicated that in excess of 300 FTEs were required, the 294 FTEs indicated the level that WAST feel that they were able to recruit and train.</p> <p>It was agreed that this was a significant request and that, whilst this may address the pressure across the system in the short term, there should a robust effort to explore more sustainable opportunities to relieve the pressure across the system in the longer term.</p>	
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	<p>Members agreed that this request to increase emergency ambulance capacity reflected an inherently inefficient health and social care system. Equally, it was agreed that this was not just a case for additional resources due to capacity being held outside of our hospitals, but that there were key risks in terms of patient safety and experience.</p> <p>It was suggested that a process of scrutiny and assurance be undertaken. It was agreed that involving Health Board Directors of Finance, Directors of Planning and Chief Operating Officers, working with WAST colleagues, would ensure a robust process involving key stakeholders.</p> <p>The Chair thanked Members for their views and contribution to this important discussion. The EASC Team would coordinate the process, linking in with the EASC Management Group. This would ensure that appropriate EASC governance processes were followed and also that the risks, benefits and assumptions made within the case were fully understood.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report and agreed actions. 	EASC Team
EASC 22/09	<p>DRAFT EASC Integrated Medium Term Plan (IMTP) 2022-25</p> <p>Ross Whitehead provided an update on the work to develop the EASC IMTP for 2022-25. It was suggested that Members would be familiar with many of the key principles adopted.</p> <p>The plan aimed to reflect and align with key strategic documents, Welsh Government policy, EASC Chair's objectives, plans for transformational change across Health Boards (HB) and Trusts and Commissioning Intentions (2022-23).</p> <p>The key priorities for EASC commissioned services were confirmed as:</p> <ul style="list-style-type: none"> • Emergency Medical Services (EMS) Building upon the engagement undertaken with a wide range of stakeholders in relation to the vision for a modern ambulance service (initially presented, discussed and agreed at the EASC Committee in July 2021). Steps were already being taken on this journey and a case for additional emergency ambulance capacity and additional funding for Year 1 (2022-23) has been submitted. 	

	<p>Implementation of a new commissioning framework for EMS that started to reflect the progress made towards the vision for a modern ambulance service, would be a key part of this work around EMS. This new framework would be enacted on 1 April 2022.</p> <ul style="list-style-type: none"> • Non-Emergency Patient Transport Services (NEPTS) Following completion of the transfers of work from HBs, NEPTS would focus on: <ul style="list-style-type: none"> – delivering the best patient transport model for Wales ensuring value and utilisation efficiency – strengthening the quality assurance process for providers – understanding the current and future needs of HBs and developing and implementing a responsive and adaptive NEPTS service – developing a robust forecasting and modelling framework – collaborating with the system to reduce system inefficiencies. • Emergency Medical Retrieval and Transfer Service (EMRTS) including the Adult Critical Care Transfer Service (ACCTS) EASC will continue to work with EMRTS Cymru to: <ul style="list-style-type: none"> – consolidate the implementation of the ACCTS with a clear focus on improving patient outcomes, value, quality and safety – explore opportunities for an enhanced Critical Care Practitioner-led response – finalise and circulate EMRTS Service Evaluation – support the work of the Wales Air Ambulance Charity in the implementation of their new organisational strategy. <p>In terms of wider system transformational work programmes, the key priorities included within the EASC IMTP were confirmed as:</p> <ul style="list-style-type: none"> • National Transfer and Discharge Service Work will be undertaken to ensure a more effective and efficient approach to transfer and discharge services, ensuring reduced fragmentation and improving patient flow into and out of secondary care facilities. Next steps would include: <ul style="list-style-type: none"> – developing the service through collaborative working with partner organisations – developing and seeking agreement for the business case. 	
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- **NHS 111 Wales**

It was confirmed that:

- options for commissioning NHS 111 Wales were currently being considered
- there were many cross-cutting themes
- there was a need to realise opportunities to simplify the NHS 111 Wales approach and service as we transition to commissioning phase
- further discussions are required to ensure close alignment between EMS and 111 services.

- **Emerging System Change**

In response to plans for transformational change, it was confirmed that the EASC would:

- act as a forum for discussing the plans that are being developed across HBs at the earliest opportunity
- support the wider urgent and emergency care system, with transport as a key element of the work to improve patient flow within the wider health system
- work with partners to improve service delivery and performance and to lead the commissioning of new transport models in response to system need.

In terms of the EASC financial plan it was confirmed that:

- Early sight of financial requirements has been provided with a draft financial plan presented at EASC in November
- Draft financial plan was then presented to the deputy directors of finance including timelines and assumptions
- Engagement undertaken with peer groups to ensure inclusion in HB IMTPs
- Final draft of the financial plan to be presented to EASC MG in February and EASC Joint Committee in March.

Members were advised of the timeline for submission of the approved EASC IMTP to Welsh Government in March.

A discussion was then held, key points raised included:

- non-emergency patient transport services - noting the completion of transfers of work from HBs, it was agreed that a position report would now be prepared to capture the issues, risks and opportunities in this area in light of the COVID-19 pandemic and the constraints of social distancing, the reported increase in virtual consultations and the development of alternative pathways

	<ul style="list-style-type: none"> that, as commissioners, the Committee should take action to remove inefficiencies that exist within the system and should embrace the innovation and opportunities that exist including same day emergency care, palliative paramedics that a comprehensive baseline analysis and scoping exercise would be undertaken as part of the work to develop the case for a national transfer and discharge service in order to remove duplication and to ensure an efficient and effective service. <p>The Chair thanked Ross Whitehead for the presentation and thanked Members for their contribution and suggestions for the EASC IMTP. The EASC Team would now refine the plan in light of the helpful comments received and circulate in line with the timeline presented.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the presentation and agreed actions. 	
Part 3. ITEMS FOR NOTING AND DISCUSSION		ACTION
EASC 22/10	<p>KEY REPORTS AND UPDATES</p> <p>Due to the agreement for a shortened meeting and an abbreviated agenda to reflect the operational pressure being faced across the NHS system, the performance report, CASC report and WAST provider update were included for noting and information.</p> <p>Whilst these three items were not considered during the meeting, the Chair confirmed that members should raise any related matters with the Chair or any member of the EASC Team.</p> <p>It was agreed that the WAST Team would undertake work to develop a system that would capture and report on episodes where the ambulance services was not able to deploy a response vehicle or where the patient decided to find their own transport to hospital.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the performance report, CASC report and WAST provider update 	WAST Team
Part 4. OTHER MATTERS		ACTION
EASC 22/11	<p>ANY OTHER BUSINESS</p> <p>There was none.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 22/12	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 15 March 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

Confirmed

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	20 January 2022
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<p><u>Support to Vaccination Booster Campaign</u></p> <p>A presentation was received from Health Courier Services (HCS) on their role in supporting the booster campaign across Wales. Since Mid-December, almost 1m vaccines have been delivered to 155 separate sites with no delayed or failed deliveries. Over 8,500 journeys have been made to support the vaccination roll-out and 2.3 million miles driven by HCS staff to help NHS Wales to respond to the pandemic. The Committee were very appreciative of the presentation and the work to support their organisations and were keen to understand how they could assist in making the service even more effective through eliminating any unnecessary activities.</p> <p><u>Procurement National Operating Model</u></p> <p>The Committee also received a presentation on the new national operating model for Procurement Services which is currently out to staff consultation. This will facilitate a more regionalised approach and will enhance the relationship between national sourcing and frontline teams. It should also lead to a greater focus on strategic relationships with key suppliers and support the efforts to promote the Foundational Economy. The Committee were supportive of the proposed changes, and it was agreed that a summary information document would be produced for NHS bodies once the staff consultation period closes.</p> <p><u>Chair's Report</u></p> <p>This was the first meeting chaired by Tracy Myhill since her appointment to NWSSP on 1 December. Tracy outlined her delight in being appointed, the induction activities that she had undertaken to date, and her intention to meet regularly with key stakeholders across NHS Wales.</p>	

Managing Director Update

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

- In response to COVID and the Omicron variant, the NWSSP Planning and Response Group had been stepped up again. Thus far, no major issues have been noted and whilst there was an initial jump in sickness absence, figures have returned to the previous low levels. Where necessary, business continuity plans were implemented for drivers in Health Courier Services to ensure that services to the rest of NHS Wales were maintained;
- A Joint Executive Team meeting with Welsh Government was held on 14 January which generated a lot of positive feedback for NWSSP and during which NWSSP were requested to assist with the establishment of the Citizens Voice Body which will come into being from April 2023;
- The Medical Examiner Service, which is not devolved, is likely to become a statutory service from September 2022; and
- The NWSSP financial position is forecast to achieve a break-even position with all capital monies spent. The business case for the purchase of the Matrix House building in Swansea, has been signed off by the Minister.

Items Requiring SSPC Approval/Endorsement

IMTP

The Committee received the NWSSP IMTP for approval. The Director of Planning, Performance, and Informatics had met individually with SSPC members over recent weeks to inform the plan and has incorporated their comments and feedback into the final version. While, for now, there are no major changes to the overall goals and objectives, there is a greater focus on the Welsh Language, Equality and Diversity and outcome-based measures.

The IMTP is based on a solid foundation where NWSSP has continued to deliver all services despite the pandemic, and where we have a balanced financial plan. New services such as the Temporary Medicines Unit, Laundry Services, and more recently International Nurse Recruitment, have been introduced. The plan reflects ministerial priorities and positions NWSSP at the forefront of many national initiatives, particularly around climate change and the foundational economy.

In respect of the financial plan an additional savings target had been applied across directorates to generate a reserve to invest in IMTP priorities, but the plan will be challenging as it contains significant cost pressures including the hike in the price of energy and the O365 licences. The risk sharing agreement for clinical negligence claims is currently £16.5m but is forecast to rise to £28m in three years' time. The IMTP requires significant capital investment over the next five years particularly in respect of the laundry and TRAMs projects. The recently announced 24% cut in the discretionary budget will cause significant challenges for NWSSP in future years.

The Committee were supportive of the plan and highlighted NWSSP's role as an economic driver for change through the increased use of business intelligence to inform Health Boards and Trusts in both clinical and non-clinical settings. It also stressed the need for the various assurance processes (Internal Audit, Local Counter Fraud, National Counter Fraud, PPV) to be effectively co-ordinated to support delivery of the IMTP, and the Committee recommended that the current arrangements should be reviewed.

The Committee **APPROVED** the IMTP with the proviso that it may need to be revisited if there were any subsequent and significant changes to Health Board plans that impacted NWSSP.

Items For Noting

International Recruitment

The Committee received a paper relating to the recruitment of 436 nurses from overseas prior to financial year-end, to help fill vacancies within Health Boards and support the Covid recovery programme. Welsh Government have approved the funding for this initiative and contracts have been placed. Interviews are now being undertaken and although the deadline is challenging, there is confidence that this will be achieved. Invoices to the recruitment agencies will be paid at the offer acceptance stage, and if for any reason the recruitment is not followed through, the agencies have to find an acceptable replacement nurse or repay the amount. Nurses are only being recruited from countries with surplus staff and who are included on the Home Office Approved List.

The Committee **NOTED** and **ENDORSED** the paper.

Finance, Workforce, Programme and Governance Updates

Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed. It was agreed that the consequences of any slippage in project timelines would be more meaningfully described in the report.

Finance Report – The Committee reviewed the finance report and noted the position at the end of Quarter 3. The outturn position is still forecast to be break-even and there is a plan in place to utilise any additional savings generated in the year. The paper also highlighted the significant sums spent on PPE, and the further donations of PPE to both India and Namibia. The Welsh Risk Pool position is still in line with the IMTP. Capital spend is on schedule, but a large proportion of the funding has only recently been confirmed and/or received. Stock values, which in a normal year would be approximately £3m are currently around £80m due to the need to maintain 16-weeks' stock of PPE. However, this value is reducing and was in excess of £100m last summer.

People & OD Update – sickness absence rates, after an initial spike due to the

impact of the Omicron variant, have now returned back to the lower levels seen over recent months and currently stands at 2.93% for the last quarter. Headcount continues to grow due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. PADR rates were generally good although there were a few directorates where performance needed to be improved. The ESR database has now been modified such that the majority of the facilities it provides can be accessed and delivered in Welsh.

Corporate Risk Register – there is one red risk relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services.

Papers for Information

The following items were provided for information only:

- Annual Review 2020/21; and
- Finance Monitoring Returns (Months 8 & 9).

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

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

Matters referred to other Committees

N/A

Date of next meeting

24 March 2022