



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 May 2023
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 meeting held on 14 March 2023, setting out the key areas of discussion

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of the EASC meeting held on 17 January 2023

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 23 March 2023

NHS Wales Collaborative Leadership Forum (CLF)

- Confirmed minutes of the CLF meeting held on 12 December 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.

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
Parthau Ansawdd: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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 and MWJC.
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 – 14 MARCH 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 14 March 2023. 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:

[2022/2023 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/whsssc/2022/2023-Meeting-Papers-Welsh-Health-Specialised-Services-Committee)

1. Minutes of Previous Meetings

The minutes of the meetings held on 10 January 2023, 17 January 2023, and 13 February 2023 were **approved** as a true and accurate record of the meeting, subject to one minor amendment.

2. Action log & matters arising

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

3. Governance System and Process – WHSSC & HB Shared Pathway Saving Target

Members received a presentation on the outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target, which had been requested following the Joint Committee approving the Integrated Commissioning Plan (ICP) 2023-2024 on 13 February 2023.

Members noted that WHSSC had applied a programme management approach to establishing a mechanism to monitor savings and efficiencies and had developed a Project Initiation Document (PID) outlining that a Programme Board be established comprising of representatives from each Health Board (HB). The PID had been shared with the Management Group in readiness for detailed discussion on the 23 March 2023.

Members noted that updates on progress would be provided as a standing item on the agenda for future Joint Committee meetings.

Members **noted** the presentation.

4. Chair's Report

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

- The Chair's Action taken on 2 February 2023 to approve urgent patient expenditure for Advanced Medicinal Therapeutic Products (AMTPs) through the Blueteq High Cost Drugs (HCD) software programme,
- The request to extend the interim Chair of the Individual Patient Funding Request (IPFR) Panel from 31 March 2023 to 30 September 2023,
- That the Minister for Health & Social Services had approved a review of the national commissioning functions, linked to the commitment within a "Healthier Wales" on a set of actions to strengthen and streamline the NHS landscape in Wales. Members noted that the joint workshop between EASC and WHSSC planned for 14 March 2023 to enable a facilitated discussion on the review had been postponed as the independent facilitator had been taken ill; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Ratified** the Chairs action taken on 2 February 2023 to approve expenditure for Advanced Medicinal Therapeutic Products (AMTPs) through the Blueteq High Cost Drugs (HCD) software programme; and (3) **Approved** the recommendation to extend the tenure of the interim Chair of the Individual Patient Funding Request Panel (IPFR) to 30 September 2023 to ensure business continuity.

5. Managing Director's Report

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

- **Plastic Surgery Outreach Clinics in BCUHB: Update on Quality Concerns** - During the plastic surgery workshop held with the Management Group on 22 September 2022 to consider the future commissioning model for plastic surgery, significant quality concerns were raised by the clinical leads from St Helen's & Knowsley NHS Trust (SHKNT). Since then further concerns were raised during an SLA meeting in February 2023, WHSSC has discussed the issues with colleagues in Welsh Government (WG), and it was agreed that, given the issues did not lie directly within the WHSSC commissioning responsibility, WG will lead on the escalation process but in liaison with WHSSC. In addition, a Harm Review has been commissioned by BCUHB and the Terms of Reference (ToR) are in the process of being signed off through internal HB processes,
- **Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update** - the formal engagement ran between 4 January 2023 and 14 February 2023. The consultation feedback is now being analysed and will be presented to members at the Joint Committee meeting on 16 May 2023; and

- **Spinal Operational Delivery Network (ODN)** - The implementation of the Spinal Operational Delivery Network (ODN) has been delayed due to unforeseen circumstances. A more detailed update will be presented to the Joint Committee meeting on 16 May 2023.

Members **noted** the report.

6. Delivering Thrombectomy Capacity in South Wales

Members received a report outlining WHSSC's position on the commissioning of Mechanical Thrombectomy for the population of Wales.

Members (1) **Noted** the report, (2) **Noted** the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy, (3) **Noted** the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and (4) **Noted** the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.

7. Eating Disorder In-Patient Provision for Adults

Members received a report outlining the medium-term options for adult inpatient eating disorder placements following the end of the contract for eating disorder services between WHSSC and Oxford Health NHS Trust (OHNT) and the current interim arrangements.

Members (1) **Noted** the information presented within the report to progress tendering and procurement options with the independent sector in line with service need for Welsh patients requiring specialist eating disorder services, (2) **Noted** the medium-term options for adult inpatient eating disorder placements following the end of the contract for eating disorder services between WHSSC and Oxford Health NHS Trust (OHNT) and the current interim arrangements; and (3) **Received assurance** that there are robust processes in place to ensure delivery of eating disorder services for adults.

In addition, it was agreed to bring the tender specification back to a future meeting to provide assurance to the JC regarding the quality requirements of the new service.

8. Neonatal Transport ODN – Additional Funding Release

Members received a report advising that the Management Group approved the release of £125k for the establishment of the Neonatal Transport Operational Delivery Network (ODN) for Swansea Bay UHB as the host provider in December 2022, and which sought approval from the Joint Committee for an additional £54k of funding to bridge the shortfall from the original funding request from SBUHB and to allow the implementation of the ODN to proceed.

Members (1) **Noted** the report; and (2) **Approved** the release of an additional £54k funding for the Neonatal Transport ODN to allow the implementation of the Operational Delivery Network (ODN) to proceed.

9. Neonatal Cot Configuration Project

Members received a report outlining the outcomes of the Neonatal Cot Configuration project, the proposed preferred option as recommended by the Project Board and seeking approval for the required long-term next steps.

Members discussed the need for broader discussion linked to interdependencies with maternity services and other core paediatric services, in developing the next steps. The challenges associated with meeting the British Association of Perinatal Medicine (BAPM) standards and the historic work previously undertaken through the South Wales plan were also discussed.

Members (1) **Noted** the background within the report, (2) **Noted** the outcomes of the Neonatal Cot Configuration Project, (3) **Noted** the financial assessment, (4) **Noted** the preferred option of the Project Board, (5) **Approved** the recommended preferred option and the release of funding in line with the provision within the 2022/25 Integrated Commissioning Plan (ICP) as an interim measure; and (6) **Did not Approve** the recommendation of the Management Group for a phase 2 programme of works to be undertaken, but agreed that the NHS Wales Directors of Planning Group consider the approach to reviewing the neonatal service model, aligning with Health Boards' strategic plans, regional work, and key service interdependencies. The output of the discussion to be brought back to the Joint Committee in May.

10. IPFR Engagement Update – ToR and All Wales Policy

Members received a report presenting the outcomes from the WHSSC engagement process with key stakeholders to update the WHSSC Individual Patient Funding Request (IPFR) Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy.

Members (1) **Noted** the report, (2) **Noted** the feedback received from the WHSSC engagement process with key stakeholders to update the WHSSC Individual Patient Funding Request (IPFR) Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy, (3) **Approved** the proposed changes to the WHSSC IPFR Panel ToR, (4) **Noted** that the additional feedback on the specific and limited review of the All Wales IPFR Policy is being reviewed and an update will be presented to the Joint Committee on 16 May 2023; and (5) **Noted** that when the limited review of the policy was completed and approved by the Joint Committee, the updated All Wales IPFR Policy (including the WHSSC ToR) will go to each Health Board (HB) for final approval.

11. WHSSC Governance & Accountability Framework – SOs and SFIs

Members received a report providing an update on the WHSSC Governance and Accountability Framework.

Members (1) **Noted** the report, (2) **Approved** the proposed changes to the Standing Orders (SOs), prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 within their respective HB SOs, (3) **Approved** the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 within their respective HB SOs; and (4) **Approved** the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).

12. Performance & Activity Report Month 9 2022-2023

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period, and outlining signs of recovery in specialised services activity. The activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements

Members **noted** the report.

13. Financial Performance Report – Month 10 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 10 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 10 for WHSSC is a year-end outturn forecast under spend of (£14.353m). Members noted that the under spend predominantly relates to releasable reserves of (£18m) arising from 2021-2022 as a result of WHSSC assisting Health Boards manage resources over financial years on a planned basis, as HBs could not absorb underspends above their own forecasts and to ensure the most effective use of system resources.

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

14. Neonatal Delivery Assurance Group (DAG) Update

Members received a report providing a summary of South Wales Neonatal Transport Delivery Assurance Group (DAG) Report for July-November 2022.

Members (1) **Noted** the information in the report; and (2) **Received assurance** that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).

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:

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





**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
17 JANUARY AT 14:30HOURS
VIRTUALLY BY MICROSOFT TEAMS LIVE**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen HARRY	Chief Ambulance Services Commissioner (CASC)
Jennifer Winslade	Executive Nurse Director, Aneurin Bevan ABUHB
Gill Harris	Interim Chief Executive, Betsi Cadwaladr BCUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Chief Operating Officer, Velindre University NHS Trust

In Attendance:	
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Ross Whitehead	Deputy Chief Ambulance Services Commissioner (DCASC)
Aled Brown	Policy Division, Welsh Government
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary
Sian Ashford	Senior Nurse Lead, Quality and Delivery Frameworks
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 23/001	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' 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 23/002	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Nicola Prygodzicz, Mark Hackett, Steve Ham and Tracey Cooper.</p>	Chair
EASC 23/003	<p>DECLARATIONS OF INTERESTS</p> <p>There were none.</p>	Chair
EASC 23/004	<p>MINUTES OF THE MEETING HELD ON 6 DECEMBER 2022</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 6 December 2022.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 6 December 2022. 	Chair
EASC 23/005	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 22/139</p> <ul style="list-style-type: none"> • Performance Report (Ministerial Summit 28 November) <p>It was reported that discussions were being held with Chief Operating Officers to ensure a coordinated approach. Action closed.</p> <p>EASC 22/119</p> <ul style="list-style-type: none"> • Performance Report <p>Jason Killens reported that relevant metrics and charts have been updated following the roster changes, ensuring an accurate reflection of the current position. This action has been completed and was closed.</p> <p>EASC 22/123</p> <ul style="list-style-type: none"> • WAST Provider Report <p>Jason Killens confirmed that work to provide additional information on the improvement trajectory and understand the impact of interventions was underway and a more detailed report would be included at a future meeting.</p> <p>EASC 22/101</p> <ul style="list-style-type: none"> • WAST Provider Report – Red variation <p>As previously agreed, this would be to be discussed in more detail at the EASC Management Group to be held on 16 February.</p>	Chair

	<p>Stephen Harry added that this been identified in the Welsh Government Integrated Quality, Planning and Delivery (IQPD) meetings with the Welsh Ambulance Services NHS Trust (WAST) and WAST had been asked to undertake some modelling for this matter.</p> <p>EASC 22/79</p> <ul style="list-style-type: none"> • Different staff input to WAST Control / call options <p>It was reported that the number of patients in 'hear and treat' had increased and this was expected to rise further.</p> <p>EASC 22/79</p> <ul style="list-style-type: none"> • Red Demand and Variation <p>It was felt that this has already been picked up and that this action could be linked link with above action (EASC 22/101).</p> <p>EASC 22/81</p> <ul style="list-style-type: none"> • Roster Reviews <p>Members noted that the roster reviews had been completed and a table showing the breakdown of numbers and the investment level would be shared via the Committee Secretary.</p> <ul style="list-style-type: none"> • Changes to WAST working practices <p>It was reported that these discussions were currently on hold.</p> <p>EASC 22/20</p> <ul style="list-style-type: none"> • Performance Report <p>It was noted that this would be a standard item in the Chief Ambulance Services Commissioner's (CASC) Report.</p> <p>Members RESOLVED to: NOTE the Action Log.</p>	<p>WAST</p> <p>WAST/ EASCT</p>
<p>EASC 23/006</p>	<p>MATTERS ARISING</p> <p>There were no matters arising from the minutes.</p>	<p>Chair</p>
<p>EASC 23/007</p>	<p>CHAIR'S REPORT</p> <p>The Chair's report including the Chair's Objectives was received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report • NOTE the Chair's objectives set by the Minister • NOTE the continuation of Chair's action from the last meeting in relation to the engagement materials for the formal engagement on the Emergency Medical Retrieval and Transfer Service Review process. 	<p>Chair</p>

Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 23/008	<p>PERFORMANCE REPORT</p> <p>The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • the report provided an update on current emergency ambulance performance and an overview of the range of actions and processes that have been, or are being, implemented to support performance improvement • the report presented information in line with the most recent publication of the Ambulance Service Indicators (November information), the publication of December performance data would take place on 19 January • Chart 1 – significant challenge in relation to call volume and answer times • Chart 3 – the impact of remote clinical support for patients, the increasing numbers of patients receiving an outcome of “hear and treat” and the collection of more granular data on patient outcomes as a result of investment in both staff and technology within the clinical support desk • while there has been a reduction in the number of incidents receiving a response overall, there has been an increase in Red incident volume and that by their nature red incidents often require multiple responses at scene (Chart 4) • the addition of the Cymru High Acuity Resource Unit (CHARU) [a new type of resource that is replacing rapid response vehicles (RRVs), focused on improving clinical outcomes for the sickest patients] to the chart illustrating the total level of emergency medical services (EMS) hours produced (Chart 5) • that CHARU is a key driver of improved outcomes for sicker patients • the continued challenges regarding red and amber performance (Chart 7 & 8) • the unprecedented levels of ambulance handover lost hours and how these posed a real and significant challenge to the delivery of timely, safe and effective emergency ambulance provision for the population (Chart 10) • the Ministerial Summit held on 28 November 2022 related to handover delays with the aim of discussing ongoing concerns around impact of delays on patient harm. Each health board provided an update on their handover improvement plans and commitments • further, the Minister closed the meeting by asking attendees to continue to work with the Chief Ambulance Services Commissioner (CASC) and the EASC team to update handover improvement plans and to make immediate improvements to reduce the risk to patients in the community 	

	<ul style="list-style-type: none"> the EASC Action Plan including the actions that had been agreed to improve the current position. This is also taken through the Cwm Taf Morgannwg UHB Audit and Risk Committee. <p>Agreed that:</p> <ul style="list-style-type: none"> a summary of the Briefing Session on emergency ambulance performance that took place prior to the EASC Committee meeting would be presented with the minutes. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the discussion content of the report NOTE the Ambulance Services Indicators NOTE the handover improvement Ministerial summit discussion and the specific requirements of organisations AGREE to consider all additional actions that could be taken to improve performance delivery of commissioned services. 	
<p>EASC 23/009</p>	<p>LOCAL INTEGRATED COMMISSIONING ACTION PLANS (ICAP) UPDATE</p> <p>The Local Integrated Commissioning Actions Plan Update report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> progress has been made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement the EASC Team have been working collaboratively with health boards and WAST in the development of the ICAPs each health board has submitted outline ICAPs which have been reviewed by the EASC Team going forward meetings will be held with health boards and WAST to review performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in the health board’s ICAP, also to consider any operational or strategic matters arising. Performance data will be monitored via the weekly performance dashboard that is circulated to all health boards and WAST meetings will also be held to focus on the delivery of joint actions (health board and WAST) and individual actions set out in the ICAPs as well as to consider opportunities for shared learning, again these will include both health boards and WAST the actions and outputs of the ICAP process will provide direction and content for the development of each organisation’s IMTPs updated ICAPs will also be included within the EASC Action Plan. <p>Members RESOLVED to: NOTE the report as presented.</p>	

<p>EASC 23/013</p>	<p>UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW</p>	
	<p>The update report was received.</p>	
	<p>Noted that:</p>	
	<ul style="list-style-type: none"> • the report updates members on the progress made with the EMRTS Service Review and specifically that the review would be independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal, previously received by the Committee • members had agreed to explore opportunities for service improvement, particularly utilisation and the impact of rurality and population density on levels of utilisation • members had also agreed to explore and maximise the additional activity that could be achieved from existing bases and to explore options to reconfigure the service • in relation to the formal public engagement process, Members agreed the need to engage upon the constraints, investment objectives and weightings as part of Phase 1, and that those applied as part of the decision-making process for the EMRTS 24/7 Service Expansion Review in 2018 would also be appropriate for this process • while Members had approved Chair’s Action to commence the formal engagement process once engagement materials were agreed by all parties (but not before 9 January), the EASC Team had been supporting the NHS response to the current system pressure and therefore the required materials were not yet ready • nevertheless, the EASC Team had continued to work with health board engagement, communication and service change leads to draft the required engagement materials for development with CHC colleagues and this work would now continue apace • there was a high level of public interest in the service and in taking part in the engagement process. The work would ensure that materials are agreed in a timely manner • further, there was a commitment to get the engagement process right, not to rush the process and to ensure that plenty of notice is provided to ensure that those that want to participate would be provided with the opportunity to do so • an overview of the activities and engagement undertaken by the EASC Team was provided including responding to the comments and questions received from stakeholders, preparing and circulating briefing notes, updating CHC lead representatives and ongoing meetings with health board communication and engagement leads 	

	<ul style="list-style-type: none"> • following discussion at the December meeting, the team had been successful in securing dedicated communication and engagement support from a health board • a Senedd debate had taken place on Wednesday 11 January and that the approach being taken has been endorsed by Senedd Members. Key points raised by Members during the debate would be considered in this engagement work. <p>Agreed that</p> <ul style="list-style-type: none"> • (as at previous meeting), Chair’s Action would be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be in early February. <p>Further noted that</p> <ul style="list-style-type: none"> • members recognised the impact of supporting the wider system during times of unprecedented pressure on the NHS over recent weeks and months • key stakeholders were keen to understand when the formal public engagement process was likely to commence, even an indicative date would be helpful • early February was being worked towards, and that if further support was required from health boards during this period this would be forthcoming. <p>The Chair reported that he had been closely briefed on the work being undertaken in recent weeks and was keen to ensure that due process was undertaken. The Chair would continue to track the progress being made and would undertake Chair’s Action when he has the required assurance that all materials and arrangements were in place.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report as presented • AGREE that Chair’s Action will be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be early February in line with agreement at EASC meeting on 6 December 2022. 	
<p>EASC 23/010</p>	<p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • report provided Members with an update on the quality and safety matters for commissioned services currently being supported by the EASC Team 	

	<ul style="list-style-type: none"> • responding to the Healthcare Inspectorate Wales (Welsh Ambulance Services NHS Trust) Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover. Following feedback from HIW a further update was provided on a number of specific areas with HIW recently accepting the progress made to date. During 2023, the EASC Team would be required to develop a final output response for HIW on the recommendations. Input from Health Boards and WAST would be essential in the development of this response • establishing and coordinating a task and finish group to review the Appendix B process, to make recommendations for improvement and to monitor the impact of these. While the pilot process was live across Wales, the group continued to meet to share learning and good practice, alongside evaluating the impact of the new process. EASC Management Group will be asked to endorse the approach at their next meeting (see Action Log 'EASC 22/120') • that the pilot process was felt to be working well and that it would be useful to have a performance framework to track the progress of investments made and the improved outcomes for patients • work would also now be undertaken to include key quality and safety matters relating to Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service within the EASC Quality & Safety Report • there has been a growth in the levels of adverse incidents, media interest, HM Coroner inquests and subsequent Regulation 28 reports, Prevention of Future Deaths. This was likely to increase as a result of the deteriorating performance and escalation position that had been seen since the autumn of 2021 • the EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances • the intention to develop the report to include more metrics and performance measures to sit alongside the existing Performance Report and to enhance the Committee's knowledge in terms of quality, outcomes and harm. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report as presented. 	
<p>EASC 23/011</p>	<p>EASC INTEGRATED MEDIUM TERM PLAN UPDATE</p> <p>Stephen Harray provided an oral update on the development of the EASC Integrated Medium Term Plan (IMTP).</p>	

	<p>Noted that:</p> <ul style="list-style-type: none"> • the private briefing session held prior to the Committee meeting had been helpful in discussing performance matters and the actions in place to improve these • the briefing session would ensure that similar ambitions and assumptions aligned to EASC Commissioning Intentions would be built in to the EASC, WAST and health board IMTPs • IMTPs would now be drafted and developed via the EASC governance arrangements and peer groups for discussion at the February meeting of the EASC Management Group and agreement at the March meeting of EAS Committee • IMTPs would need to be submitted to Welsh Government by end of March 2023. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided. 	
<p>EASC 23/012</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST REPORTS</p> <p>The reports of the Welsh Ambulance Services NHS Trust (WAST) were received. These included:</p> <ul style="list-style-type: none"> • Provider Report • Immediate Release • Manchester Inquiry Recommendations • Meeting requirements of the Civil Contingencies Act • WAST Integrated Medium Term Plan (Oral). <p>WAST Provider Report</p> <p>Members received the Provider Update.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • this provided an update on key issues affecting quality and performance for Emergency Medical Services (EMS) and Ambulance Care (including Non-emergency Patient Transport Services NEPTS) and provided an update on commissioning and planning for EMS and Ambulance Care (including NEPTS); • work is currently being undertaken to reduce the length of the Provider report • there is concern regarding red and amber response times and patient waits, as reported in the EASC Performance Report • progress had been made with 'consult and close' rates as a result of investment in the Clinical Support Desk during 2021-22 and this was currently close to the 15% benchmark, hopefully working towards 17/18% next year. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report as presented. <p>Immediate Release</p> <p>Members received the Report.</p>	

Noted that:

- the All Wales Immediate Release Protocol was approved in July 2022 subject to a review after 3 months
- feedback from partners (Chief Operating Officers) had now informed a review of the protocol as requested
- from a commissioning perspective, this was felt to be a sensible approach.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **APPROVE** the amendments to the All Wales Immediate Release Protocol as set out in paragraph 2.2, Appendix 1 and Appendix 2.

Manchester Inquiry Recommendations

Members received the Report.

Noted that:

- the report was prepared following an initial review of the emergency response to the Manchester Arena bombing
- the WAST Emergency Preparedness, Resilience & Response (EPRR) team would need to develop the capacity to receive, review, consider and plan a response to the 149 recommendations contained in volumes 2 and 3 of the report
- the Inquiry recommendations (specifically drawn to recommendations R105 and R106) are clear that ambulance trusts should make recommendations to NHS commissioners about additional resources required to ensure an effective response to mass casualty incidents.

Agreed that:

- WAST would collaborate with the CASC and the EASC team and bring forward recommendations to EASC.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **AGREE** that WAST collaborate with the CASC and the team and bring forward recommendations to EASC.

Meeting requirements of the Civil Contingencies Act

Members received the Report.

Noted that:

- the operational and clinical pressures were worsening across health and social care in Wales

- WAST were concerned about its ability to provide a major incident and/or mass casualty incident response to the people of Wales in a way that met the obligations as established within the Civil Contingencies Act (CCA) and as a Category 1 responder
- during prolonged periods, WAST had seen more than 50% of its conveying capacity being unavailable to respond to patient incidents due to extreme handover delays with some handovers reaching over 48 hours
- when business continuity and critical incidents were declared by WAST last month, due to WAST’s inability to respond to patients categorised as immediately life threatening, no meaningful improvements to ambulance availability were seen
- WAST were concerned that the health system would not be able to release ambulances held at emergency departments without delay should a major incident be declared. This would delay arrival of life saving care to those sadly caught up in any incident
- WAST had developed a new risk for entry on its corporate risk register covering this issue and intended to raise this at the next public Trust Board meeting on Thursday 26 January 2023. It was anticipated that this risk would score as HIGH.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **NOTE** the system risk that WAST may fail to meet its Civil Contingency Act Category 1 responder responsibility if inhibited from sending its pre-determined attendance to a declared major incident or mass casualty incident due to emergency department handover delays
- **AGREE** that Health board CCA officers engage with WAST to confirm WAST/health board CCA arrangements and for any issues arising to be escalated where needed to EASC Management Group.

WAST Integrated Medium Term Plan (Oral)

Noted that:

- the WAST IMTP would need to be consistent with Commissioning Intentions and financial constraints;
- there were 3 key areas:
 - actions to improve the quality of service and to improve patient outcomes
 - staff (recognising the pressure that staff have been under in recent years)
 - financial sustainability including reducing costs, improved efficiency and generating additional income with the aim to deliver a balanced financial plan

	<ul style="list-style-type: none"> • the WAST team were meeting with the EASC Team fortnightly as they develop the IMTP • the WAST IMTP would be taken to the EASC Management Group in February, presented to the WAST Board and then EAS Committee for approval at the March meeting • there was an appropriate balance of strengthening core services and the longer-term strategic view. <p>Members RESOLVED to: NOTE the report as presented.</p>	
<p>EASC 23/014</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER’S UPDATE REPORT</p> <p>The Chief Ambulance Services Commissioner’s Update Report was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • the ‘Plurality Model’ was operated as part of the commissioning arrangements for Non-Emergency Patient Transport Services (NEPTS). As part of this approach, WAST was the provider of choice with other providers commissioned as appropriate. A tender process had recently been completed and was currently in the novation and implementation phase, this would ensure consistent standards of service delivery, cost efficiencies and savings. WAST were commended for the successful tender exercise • a review was being undertaken by NEPTS relating to access to dialysis and oncology services to ensure that these were in line with the expectation, this would be taken through the NEPTS Delivery Assurance Group (DAG) • there was much information available relating to NEPTS and that a NEPTS Dashboard was currently being developed, again this would be taken through the NEPTS DAG and would become part of the EASC performance management mechanism • one of the Commissioning Intentions related to the development of a National Transfer and Discharge Service to support service changes at a health board level and to improve patient flow. This work was ongoing and would be developed and shared via the NEPTS DAG, EASC Management Group and EAS Committee • there was a responsibility to firstly ensure best use of current resources ahead of seeking additional resources • WAST had recently commissioned work to model how best to use resources as part of this work • there were a number of patient transport services operating in Wales and the need to ensure robust oversight, coordination and management of these and the avoidance of duplication. <p>Members RESOLVED to: NOTE the report as presented.</p>	

<p>EASC 23/015</p>	<p>EASC COMMISSIONING UPDATE</p> <p>The EASC Commissioning Update Report was received. This included</p> <ul style="list-style-type: none"> • Commissioning Framework • Integrated Medium Term Plan • Commissioning Intentions <p>Noted that:</p> <ul style="list-style-type: none"> • progress had been made against the key elements of the collaborative commissioning approach • the EASC team had developed a process through the framework mechanism to enable this collaborative approach to transition and transformation through the development of local Integrated Commissioning Action Plans (ICAPs), update against Agenda item 2.2 • the EASC IMTP Quarter 2 Update was presented at the previous meeting. A Quarter 3 Update would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023 • a Quarter 2 Update against Commissioning Intentions for 2022-23 was provided at the November meeting. A Quarter 3 update against the EASC Commissioning Intentions (EMS, NEPTS and EMRTS Cymru) would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023 • Commissioning Intentions for 2023-24 were currently being reviewed as part of the IMTP Process for 2023-26, however it was anticipated that the majority of intentions would remain extant. These would be considered for endorsement at the February meeting of the EASC Management Group and then approved at the EASC Committee. <p>Members RESOLVED to: NOTE the report as presented.</p>	
<p>EASC 23/016</p>	<p>EASC FINANCIAL PERFORMANCE REPORT MONTH 8 2022/23</p> <p>The EASC Financial Performance Report at month 8 in 2022/23 was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • there was a current break-even position with no significant variance • work would continue on the income received from Welsh Government • health board Directors of Finance would be involved as appropriate 	

	<ul style="list-style-type: none"> work would be undertaken in relation to WHSSC and EASC Standing Financial Instructions and presented at the next meeting (Action Log). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the current financial position and forecast year-end position. 	
<p>EASC 23/016</p>	<p>EASC SUB GROUPS</p> <p>The Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group notes from 6 October 2022 were received.</p> <p>Members RESOLVED to APPROVE the notes.</p>	
<p>EASC 23/017</p>	<p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received.</p> <p>Noted that:</p> <ul style="list-style-type: none"> the Risk Register had been reviewed and updated by the EASC Team during January 2023 in response to issues raised at the Cwm Taf Morgannwg University Health Board Audit and Risk Committee meeting on 12 December (as the host body). Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm the EASC Assurance Framework would be updated for the next meeting in line with the changes above approved for the Risk Register the EASC Standing Orders were due for review at the November 2022 meeting. However, there was ongoing work with the Standing Financial Instructions related to the Welsh Health Specialised Services Committee (WHSSC) /EASC and it was felt would be helpful to receive both sets of Standing Orders and Standing Financial Instructions at the same meeting the Standing Financial Instructions for WHSSC were presented for approval at the meeting on 10 January 2023 and the EASC version would be presented alongside the Standing Orders at the next meeting in March 2023 the term of the Vice Chair would be completed in February 2023 and a new Vice Chair would need to be agreed at the meeting in March the Chair thanked Steve Moore, the current Vice Chair, for his help and support over the last two years a letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal 	

	<p>The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website</p> <ul style="list-style-type: none"> • This occurred due to annual leave of a member of the EASC Team with responsibility for the website • Further, arrangements had been made to avoid this happening again. The EASC website had been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content • a further update would be provided as the investigation continued. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report as presented • APPROVE the updated risk register. 	
EASC 23/018	<p>FORWARD LOOK AND ANNUAL BUSINESS PLAN</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 RESOLVED to: APPROVE.</p>	
Part 3. OTHER MATTERS		ACTION
EASC 23/019	<p>ANY OTHER BUSINESS</p> <p>There was no other business raised.</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
DATE AND TIME OF NEXT MEETING		ACTION
EASC 23/020	<p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 14 March 2023 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed

Christopher Turner (Chair)

Date

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	23 March 2023
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Matters Arising – Recruitment Update</u>	
<p>The Recruitment Modernisation Plan is positively impacting performance, with the time to hire for new recruits effectively being halved at the initial sites where the changes have been fully implemented. Actions have included the training of over 1800 Recruitment Managers across NHS Wales in the last twelve months and the provision of regular and dedicated communications. One area still in need of improvement is to receive more comprehensive forecast information from Health Boards, Trusts, and Special Health Authorities, in terms of recruitment plans for the medium and longer term.</p> <p>The Committee NOTED the update.</p>	
<u>Chair’s Report</u>	
<p>The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. The Chair also confirmed the dates of further Committee development sessions, on the 9th of June and the 10th of November.</p> <p>The Committee NOTED the update.</p>	
<u>Managing Director Update</u>	
<p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> • The number of fleet electric vehicles has increased but the UK Government trial of electric HGVs is stalled. • Consultation with staff has started regarding the move from Companies House to Cathays Park. • Brecon House accommodation in Mamhilad continues to have structural issues 	

with the concrete roof structure which means that we will need to look for alternative accommodation to store the primary care records.

- Welsh Government have confirmed that the required capital is not available to support the OBCs for the Laundry Service, and we are therefore working on an alternative “do minimum” plan which will allow us to refurbish three of the existing sites but within a substantially reduced capital envelope.
- There is an ongoing conversation with colleagues in Welsh Government around PPE storage, stock management, ordering, delivery, and the links to supplies to Primary Care and Social Care.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Duty of Quality

The Committee discussed and **APPROVED** a paper setting out the proposed approach that NWSSP will adopt to take forward compliance with the Duty of Quality. This includes the role of the Partnership Committee to provide oversight and the twofold role NWSSP will have in providing evidence under Duty of Quality.

Chair’s Action – Telephony and Contact Centre

This relates to a joint procurement led by DHCW to award a new contract for telephony and contact centre systems that just missed the deadline for the January Committee. Approval had been given under Chair’s Action on behalf of both the Committee and the Velindre Trust Board.

The Committee **RATIFIED** the contract award.

Energy Procurement

Eifion Williams attended to present this item. Following the withdrawal of British Gas from the commercial energy market, alternative options had been presented to Directors of Finance and a decision taken to establish a revised procurement arrangement with Crown Commercial Service (CCS), due to their substantial presence in the energy market across the public sector. The new arrangements will come into force in October of this year, NHS Wales would participate in fixed price energy baskets to cover the first 18 months of the contract removing financial uncertainty. Existing forward purchases with British Gas will be sold back to the supplier generating a surplus for NHS Wales. The Directors of Finance also suggested a change in governance arrangements and consequently the Energy Price Risk Management Group will be replaced by the Welsh Energy Group and the Welsh Energy Operating Group, with the former being a sub-committee to the Partnership Committee.

The Committee **APPROVED** the transfer to CCS, the fixed purchase price of energy, the sale back of existing forward purchase to British Gas, and the establishment of the Welsh Energy Group and the Welsh Energy Operating Group.

Items for Noting

Chair's Appraisal

The Chair's appraisal was conducted earlier in the month and included feedback by Committee members. A summary of the appraisal was provided to Committee members.

The Committee **NOTED** the paper.

Overpayment Policy

The Committee Members discussed the Overpayments update report presented by the Director of Finance. It was agreed that further work was needed to develop an all-Wales Overpayment policy as well as to review the end-to-end processes and streamline procedures which would make it easier for managers to submit termination documentation. It was agreed that further updates would be provided to the Committee members once the various Task and Finish Groups and Service Improvement Team had looked into the issues in more detail.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance –The position at M11 forecasts a break-even position with £2m re-distributed to Health Boards. The Welsh Risk Pool forecast outturn position remains as forecast in the IMTP, and all allocated capital funding should be utilised by the end of March.

People & OD Update – Sickness absence rates remain very low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion is almost at green. The only area of concern is staff turnover, which is higher than expected, and a review is being undertaken to investigate the reasons for this.

Performance – The in-month (January) performance was generally good with 32 out of 37 KPIs achieving target. The one red-rated indicator was Payroll call-handling, but steady improvements are now being noted in this area.

IMTP Q3 Progress Report - 78% of required actions are either complete or on-track, with those actions that are off track are assessed during the quarterly review process within NWSSP.

Project Management Office Update – The Case Management System and the Laundry Transformation Projects remain red-rated and are also included as red risks on the Corporate Risk Register. All other projects are on track.

Corporate Risk Register – There remain seven red-rated risks covering areas such as energy costs and provision, industrial action, insufficient staff resource, the Legal and Risk and Laundry project risks, and an issue with the roof of Brecon

House that may require the lease to be terminated.	
The Committee NOTED the above Reports.	
Papers for Information	
The following items were provided for information only:	
<ul style="list-style-type: none"> • Audit Committee Assurance Report; • Finance Monitoring Returns (Months 10 and 11). 	
AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none"> • 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	18 May 2023



GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Final Minutes of Meeting held on 12 December 2022

Author: Teri Harvey**Version:** 0e**Members present**

Ann Lloyd, Chair, Aneurin Bevan UHB (Chair) (AL)
 Carl Cooper, Chair, Powys tHB (CC)
 Kevin Davies, Board Member, Welsh Ambulance Service NHS Trust (KD)
 Sian Harrop-Griffiths, Director of Strategy, Swansea Bay UHB (SHG)
 Alex Howells, Chief Executive, HEIW (AH)
 Chris D V Jones, Chair, HEIW (CJ)
 Simon Jones, Chair, DHCW (SJ)
 Dilys Jouvenat, Board Member, Cwm Taf Morgannwg UHB (DJ)
 Meng Khaw, National Director of Screening, Public Health Wales (MK)
 Paul Mears, Chief Executive, Cwm Taf Morgannwg UHB (PM)
 Nicola Prygodzicz, Chief Executive, Aneurin Bevan UHB (NP)
 Suzanne Rankin, Chief Executive, Cardiff and Vale UHB (SR)
 Carol Shillabeer, Chief Executive, Powys tHB (CS)
 Helen Thomas, Chief Executive, DHCW (HT)

In attendance

Claire Birchall, NHS Wales Health Collaborative (CB)
 Rhys Blake, NHS Wales Health Collaborative (RB)
 Matt John, Swansea Bay UHB (MJ)

Apologies

Maria Battle, Chair, Hywel Dda UHB
 Tracey Cooper, Chief Executive, Public Health Wales
 Emrys Elias, Chair, Cwm Taf Morgannwg UHB
 Colin Dennis, Chair, Welsh Ambulance Service NHS Trust
 Mark Hackett, Chief Executive, Swansea Bay UHB
 Steve Ham, Chief Executive, Velindre NHS Trust
 Gill Harris, Deputy Chief Executive, Betsi Cadwaladr UHB
 Charles Janczewski, Chair, Cardiff and Vale UHB
 Jason Killens, Chief Executive, Welsh Ambulance Service Trust
 Mark Polin, Chair, Betsi Cadwaladr UHB
 Donna Mead, Chair, Velindre NHS Trust
 Steve Moore, Chief Executive, Hywel Dda UHB
 Jan Williams, Chair, Public Health Wales

Emma Woollett, Chair, Swansea Bay UHB

Welcome and introduction	Action
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AL welcomed colleagues to the meeting and noted apologies.	
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Approval of minutes of previous meeting (LF-2212-01)	Action
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The minutes of the meeting held on 8 June 2022 were approved as a correct record.	
The minutes will be forwarded to the board secretaries of the 12 NHS Wales organisations for noting at board meetings.	MD

Matters arising	Action
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<p><i>NHS Executive</i></p> <p>AL advised that the group had still not received the mandate for the NHS Executive and that this was important for everyone to see as soon as possible. This would be discussed further in the meeting.</p> <p><i>Precision medicine</i></p> <p>SR attended a meeting on 9 December where supply issues around the digital ask were discussed. The workforce development enablement infrastructure that was discussed in the last meeting of CLF remains a challenge.</p> <p>A piece of work had been undertaken around the digital cellular pathology programme and the business case would be coming back through the mechanism, with a largely revenue-based model which was hoped would make it more achievable.</p> <p>Overall things were progressing relatively well in the context of the challenging operational environment.</p> <p>SR advised that Geonomics had good infrastructure and some very good people working on it. Cardiff has advanced genome sequencing capability, which matches the best in the world.</p> <p>Wales does not currently have the infrastructure or the capability to deploy advanced medicinal therapeutics to our patients which does mean sending some of them to England to access these medicines. It is hoped that progression would be made in this area.</p>	
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Informatic programmes update (LF-2212-02)	Action
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<p><i>LINC Programme</i></p> <p>HT updated CLF on the progress made with LINC and RISP.</p>	
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The Collaborative Executive Group (CEG) made the decision in October 2022 to transfer LINC and RISP over to the management of DHCW following the decision that they would not be transferring into the NHS Executive. DHCW have put in place interim programme leadership arrangements to work alongside the senior leadership in the Collaborative to make the improvements that are needed to ensure programme delivery.

The TUPE transfer was near completion, and it was felt this was going well and positive feedback had been received from staff.

A separate independent review of the programme governance had been commissioned jointly with WG and DHCW to provide more clarity on accountability and responsibility. A draft report would be shared in the new year.

A key meeting was being held on 13.12.22 with all HBs and Trusts to look at the revised plan from Citadel where they will review the implementation plan and to see whether there can be an agreement on shortening the implementation planning window. A workshop was held last week with SRs team in Cardiff, and this was helpful and positive.

Citadel have confirmed that as the new system is rolled out the old system will remain up and that the two systems will be running in parallel, therefore the data will need to be synchronized across. There are still some older pathology systems running certain functions in some local organisations that would need to form part of individual Health Board implementation plans.

There has been more senior input and better engagement from the supplier, and it was felt that they now understood the seriousness of our concerns, but progress was still critical over the next few months to assure delivery.

Peter Carr had been appointed the SRO of the LINC programme, bringing a positive influence. Programme leadership and the dynamics within the programme have been addressed and the teams were working well together so it was feeling quite positive. HT wanted to reassure the group that improvements were being made.

HT asked CLF to note the update in the report.

RISP

Currently going through the procurement stage. There was a new Programme Lead who was working well with the teams within DHCW.

<p>There were still some concerns raised by clinicians, particularly the clinical lead, and a meeting with the lead was taking place at the end of the week with HT, Stuart Morris (who led the LINC review), and Matt John as SRO where it was hoped that any outstanding concerns would be alleviated about the shift to DHCW. The message will be that this will continue to be a clinically-led programme.</p> <p>MJ confirmed that a gateway review was planned for RISP for the end of February which would hopefully provide more assurance for the way forward.</p> <p>AL thanked HT for her update and all the work that DHCW had put in to taking on this programme. It was recognised that in comparison to the last report received, progress had been made and it felt that the programme was going in the right direction.</p> <p>AH wanted to reassure CLF that since the discussion in May, LINC had been the major issue on the CEG agenda and that this also included several extra special meetings devoted to discussing what the right route was to take.</p> <p>AH had written to JP, as the previous lead CEO for CEG, to inform her in more detail of the risks around both LINC and RISP.</p> <p>CJ asked that we synchronised the risk registers and that there was a need to strengthen the risk register from this point forward.</p> <p>HT to work with AH and the team in the Collaborative on the risk register. HT confirmed that a synchronised LINC risk had been shared with all CEOs to add to their risk registers.</p>	HT/AH
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Update on the NHS Executive	Action
<p>CB advised that she had only recently been attending the Executive meetings on MD's behalf, and that the slides to be shown were from the Collaborative perspective and the impact that the current NHS Executive planning assumptions would have.</p> <p>The main areas were:</p> <ul style="list-style-type: none"> • <u>The mandate</u> - this was being discussed in various workstream groups and the CEG and CLF hope to see this by the end of the year. This has been delayed has caused some frustration to some work going forward and to stakeholders, including Chairs and CEOs on what the Collaborative remit would be once we join the Executive. • <u>Subgroups</u> - the Collaborative have senior representation on all but two of the subgroup meetings. The mandate workstream we do not attend but we have very good links with Jeremy Griffith and John Boulton. 	

- Functions – progress had been made on functions and this should move on significantly once the mandate had been agreed
- Staff engagement – there have been three staff engagement events chaired by JP with various presentations from people within WG and the NHS. These have been very helpful with questions being answered live by the team followed up by a list of Q and As.
- Communication – MD had been providing staff with a Director’s Update regularly and also the Collaborative Comms Team disseminate staff newsletters, so we are trying to keep those conversations going through a worrying time. Pastoral care will also be offered to staff.
- NCF – MD, RB and Allan Wardhaugh have been working on this piece of work around the strengthening of medical networks and a set of five documents describing what this would like have been shared for feedback. A separate meeting with CEOs was arranged last week to discuss NCF and good feedback was received, and the team will look at this and address any further issues that were raised by the CEOs.
- OCP – Still unsure if the Collaborative will go through OCP but the feeling was that there is quite significant change. The SMT are working with Neil Lewis in PHW about this to ensure staff are not exposed to two OCPs at the same time with regards to the Executive and the NCF changes.

SR asked about the funding issue with regards that the assumption was that all the money from the Collaborative would go to WG for the Executive.

AH advised that SM, TC AH and Huw George (HG) have had email correspondence regarding this. HG was doing a piece of work around this for the CEOs to consider. AH had also spoken to JP about the possibility that we may want to retain some money for regional working, and she was open to that, so the CEOs and CLF do need to draft sensible propositions.

AL thanked AH for taking this forwarded as there was a concern that there would be some residual functions left with the Health Boards and Trusts.

AH advised that CEOs had met with RB and AW last week to discuss the clinical networks and it was felt that there was more work to do. The CEOs were concerned that they would lose an awful lot if the right collective mechanism was not in place to have that conversation. One of the features of the papers that is currently being discussed was that the current CEOs and executive leads would no longer necessarily be the leads of the new networks. Further clarification of this was required from the NCF proposal but there was a recognition that the operating model was not yet clear enough to describe how that might happen.

<p>CJ thanked CB for her summary and that the last point about how we ensure the new arrangements continue to collaborate and succeed with HBs and Trusts/CEOs and Chair was one that CLF would want to keep an eye on. There have been a lot of conversations on how the governance knits together, and responsibilities change. The Chairs would agenda their outstanding queries regarding the NHS Executive and the changes to the Collaborative's further meeting the following week.</p> <p>CB emphasised that managers are making sure that they reach out to staff to make sure they are getting the right support and that managers are also well briefed.</p> <p>AL was concerned about the hosting responsibilities of PHW and the liabilities they will have to carry so hoped this was being well thought through.</p>	AL
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Half year report against workplan (LF-2212-03)	
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<p>CB wanted to reassure the group that work was still progressing, and it was business as usual while we wait to hear more about the NHS Executive.</p> <p><u>Cancer</u> – SCP work was a little off target due to Covid, but it was starting to catch up. Another tranche of money had been disseminated out through SCP towards improving time to diagnosis. Lung Health Check was slightly behind mainly due to procurement of the managed service contract to deliver the actual end to end service, but good work was being done around the modelling and some of the assumptions. Real progress being made with HEIW and workforce which will come out in the national plan.</p> <p><u>Cardiac</u> – ACS work and the work with the Quality Improvement methodology were well underway.</p> <p><u>Critical care network</u> – capacity and unexpected demand was a real issue, and the Network were supporting that work with WG around contingency planning. The Network have drafted a service specification and a new network manager is in post.</p> <p><u>Maternity and Neonatal</u> – really good work being achieved around perinatal workforce approach.</p> <p><u>Mental Health</u> – Legacy work around closing down T4CYP, and good planning work around Suicide and Self-Harm which has been endorsed with an extension of funding from WG to March 2025.</p> <p><u>Endoscopy</u> – This was now linked to the National Diagnostic Board. The programme board would take forward some of the issues around capacity and furnishing the additional capacity that's required on the back of that programme.</p>	

<p><u>Imaging</u> – The only outstanding issues was around the Point of Care Strategy. This needs to be revisited and put back on the table to take forward.</p> <p><u>Major Conditions</u>– the main issues were the changes of these groups going forward especially in light that funding for the IGs would be coming to an end in March.</p> <p>RB confirmed that the £1m per condition would not exist but that the money would be grouped together to invest in health care conditions and new networks and not for individual conditions.</p> <p>AL felt it was important that the Health Boards and Trusts should understand any residual liabilities it may get when this money stops being issued.</p> <p>CB assured the group that the Director of Resources had been working on this over the last eight months and that conversations were taking place on ensure everyone understood the situation.</p>	
AOB	Action
<p>SARC</p> <p>Paper was attached to the agenda for information. It was important to keep a very close on the this and the fragility of the paediatric rota in Swansea.</p> <p>AL thanked staff for their work in a very difficult circumstances with uncertainty surrounding them. The half year report showed they have not taken their foot of the pedal and AL thanked the Collaborative for their progress.</p>	
Date of next meeting - TBC	