



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 January 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:

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of EASC meeting held on 8th November 2022;
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 6th December 2022;
- EMRTS Review Briefing Note 6th January 2023

NHS Wales Collaborative Leadership Forum (CLF)

- Approved minutes from the CLF meeting held on 8th June 2022.

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

Welsh Health Specialised Services Committee (WHSSC)

- WHSSC next meets on 17th January 2023 and will report to the next Board meeting.

NHS Wales Shared Services Partnership (NWSSP) Committee

- NWSSP next meets on 19th January 2023 and will report to the next Board meeting.

Mid Wales Joint Committee for Health and Care (MWJC)

- The MWJC will be providing updates twice a year and will report to the next Board meeting.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Not applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: 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 Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee Mid Wales Joint Committee for Health and Care NHS Wales Collaborative Leadership Forum

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	The Board has approved Standing Orders in relation to the establishment of WHSSC, EASC and NWSSP Joint Committees, and Terms of Reference for the CLF 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



EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 8 NOVEMBER 2022 AT 09:30HOURS VIRTUALLY BY MICROSOFT TEAMS LIVE

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, 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 (in part)
Andrew Carruthers	Chief Operating Officer, 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)

In Attendance:	
Nick Wood	Deputy Chief Executive, NHS Wales
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Sian Ashford	Senior Lead Nurse, Quality and Delivery Frameworks, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

In Attendance:	
In Attendance for agenda item 2.3 Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru Service Development Proposal	
David Lockey	National Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Sue Barnes	Chief Executive, Wales Air Ambulance Charity
Mark Winter	Operations Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Matt Cann	Programme Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Steven Stokes	Director of Communications and Strategic Engagement, Wales Air Ambulance Charity

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/111	WELCOME AND INTRODUCTIONS 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. This was the first EASC meeting to be live streamed.	Chair
EASC 22/112	APOLOGIES FOR ABSENCE Apologies for absence were received from Steve Moore, Mark Hackett and Steve Ham.	Chair
EASC 22/113	DECLARATIONS OF INTERESTS There were none.	Chair
EASC 22/114	MINUTES OF THE MEETING HELD ON 6 SEPTEMBER 2022 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 6 September 2022 with the exception of: <ul style="list-style-type: none"> • clarification between the 'Internal Service Analysis' undertaken by the Emergency Medical Retrieval and Transfer Service and the 'Strategic Review' undertaken by the Wales Air Ambulance Charity • the addition of the word 'need' at the top of minute 22/100 (page 9), so that the sentence now reads 'Key headlines from the Strategic Review included under-utilisation and unmet need (geographic, overnight and hours of darkness)' • Amend the resolution to reflect that a service development proposal would be received. 	Chair

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 6 September 2022, subject to the amendments noted above. 	
EASC 22/115	<p>NOTES OF THE BRIEFING MEETING HELD ON 27 OCTOBER 2022</p> <p>The notes were confirmed as an accurate record of the Joint Committee meeting held on 27 October 2022, with the exception of amending to include accurate titles for Hayley Thomas, Stephen Powell and Joanne Abbott-Davies.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the notes of the meeting held 27 October 2022, subject to the amendments noted above. 	Chair
EASC 22/116	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 22/101</p> <ul style="list-style-type: none"> • WAST Provider Report – Red variation <p>Ross Whitehead updated that 'a deep dive' into red performance had been undertaken by WAST. Members were also reminded that changes had been made following the discussion relating to the categorisation of Medical Priority Dispatch System (MPDS) codes within the Dispatch Cross Reference (DCR) Table, held at the September meeting of the EASC Committee. It was agreed that these will be considered at a future EASC Management Group meeting.</p> <ul style="list-style-type: none"> • Clinical Response Model and the Categorisation of the Medical Priority Dispatch System codes within the Dispatch Cross Reference Table <p>Jason Killens confirmed that this had been received at the WAST Board meeting held at the end of September and the changes went live in October. No difficulties had been reported.</p> <p>EASC 22/79</p> <ul style="list-style-type: none"> • Different staff input to WAST Control / call options <p>Jason Killens provided an update on the composition of WAST Control and the clinical support desk with representatives of the paramedic, nursing, midwifery, social work professions now ensuring multi-disciplinary advice was provided to 999 callers. It was agreed it would be important to evaluate the impact of this in due course (item to remain on Action Log).</p>	<p>WAST</p> <p>WAST</p>

	<p>EASC 22/81</p> <ul style="list-style-type: none"> • Roster Reviews Jason Killens reported that this programme of work commenced in October and was on track for completion at the end of November. It was agreed that WAST would provide the numbers of staff available on a health board by health board basis. • WAST Working Practices Jason Killens confirmed that progress had been made on a range of working practices with the Trade Unions, including a potential pathway for emergency medical technicians. It was further noted that industrial action could take place in coming months. • Immediate Red Release The Chair asked Members to ensure that, whilst some progress was being made, a request for red release should continue to be seen as an absolute priority. <p>EASC22/20</p> <ul style="list-style-type: none"> • Performance Report This was on the action log awaiting further update re Digital Health and Care Wales looking at linked data sets related to patient outcomes. In future this would be added as a standing item in the Chief Ambulance Services Commissioner's Report. <p>EASC 22/10</p> <ul style="list-style-type: none"> • Key Reports and Updates It was reported that the new WAST Director of Quality and Nursing was currently in the process of reviewing the reporting process on a range of metrics. An update would be provided at a future meeting. <p>EASC 21/26</p> <ul style="list-style-type: none"> • Committee effectiveness The Chair reported that attempts had been made to contact the Citizen's Voice Body and would report progress at the next meeting. <p>Members RESOLVED to: NOTE the Action Log.</p>	<p>WAST</p> <p>ALL</p> <p>EASCT</p> <p>WAST</p>
EASC 22/117	<p>MATTERS ARISING</p> <p>There were no matters arising from the minutes.</p>	Chair
EASC 22/118	<p>CHAIR'S REPORT</p> <p>The Chair's report was received. Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report and the Chair's finalised objectives as set by the Minister. 	Chair

Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 22/119</p> <p>PERFORMANCE REPORT</p> <p>The Performance Report was received. In presenting the report Ross Whitehead highlighted the following areas:</p> <ul style="list-style-type: none"> • Ambulance Service Indicators - September's data were now available on the EASC website • Handover delays including the handover improvement trajectories • EASC Action Plan – most recent version included in the meeting papers and the EASC Team was due to submit the latest version to Welsh Government (WG) and stakeholders following the meeting. Members noted that this was an integrated plan that draws various elements of work together, was developed with health boards and was aligned to actions from the Six Goals for Urgent and Emergency Care Programme. The winter resilience letter issued by Welsh Government and its expectation for progress was also noted in this context. <p>Members noted the need to use the plan to track progress, to identify and share areas of best practice, to learn from the bad weeks and to ensure mitigating action where required. Two key areas were noted, these were addressing 4 hour waits and generally reducing the variation within the system.</p> <p>Nick Wood noted the actions being undertaken across NHS Wales, summarised in the consolidated EASC Action Plan and sought assurance from health boards and WAST regarding their organisational commitment to being a part of the conversations being held and to delivering the actions in the plan.</p> <p>Jason Killens confirmed the commitment of WAST to its agreed actions and, while noting that further work was required in other areas, reported the progress already made against the roster review programme, working towards stretch targets for 'Consult and Close' and on track in terms of recruitment for the additional 100 full time equivalents by 23 January. The good progress made by WAST was noted.</p> <p>There was discussion regarding the progress in relation to the shared actions between WAST and health boards with the example of active discussion to expand the provision of advanced paramedic practitioners to direct activity away from Emergency Departments provided.</p>	

<p>Members noted that severe pressures exist throughout the system from the 'front door' to community care, and, in addition to the requirement for increased community care capacity, there was a need to maximise the opportunities with regard to admission avoidance schemes and same day emergency care services.</p> <p>The focus on the winter plan and the actions within the Six Goals for Urgent and Emergency Care Programme with a particular focus on improving handover delays, 4 hour waits, red release and reducing community risk.</p> <p>It was recognised that the role of local authorities was critical in addressing delayed transfers, also the impact of ambulance services on other emergency services (primarily police services) and there was therefore a requirement for a joint approach and a wider public service message than was currently being conveyed.</p> <p>Members noted that there was an increasing trend in terms of units of hours produced and this position would further improve once the additional 100 full time equivalents become operational; while red performance was challenging, more patients were receiving a service. Further work was also required in relation to outcomes for patients that do receive a response and outcomes for those that do not.</p> <p>Highlighting the citizen's perspective, the Chair welcomed the weekly dashboard being widely circulated to the NHS by the EASC Team. This was felt to be helpful in identifying where performance had improved and deteriorated and broadly indicated where actions at the front door might have made an impact. Members noted the use of the dashboard and requested further work to better understand the wider context, the correlation between different elements and to understand the key drivers behind the data.</p>	<p>WAST</p>
<p>It was agreed that further work would now be undertaken with the required teams to ensure access to key data and further development of the dashboard.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators • NOTE additional actions that the committee could take to improve performance delivery of commissioned services • NOTE the handover improvement trajectories • NOTE the EASC Action Plan • NOTE the request to progress the dashboard. 	<p>EASCT</p>

<p>EASC 22/120</p>	<p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report on commissioned services was received.</p> <p>In presenting the report, Ross Whitehead reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).</p> <p>The following areas were highlighted:</p> <ul style="list-style-type: none"> • The work of the Healthcare Inspectorate Wales (HIW) Task & Finish Group (convened by the EASC Team) established to lead and coordinate the work in response to the recommendations made as part of the HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover'. <p>A formal update was provided to HIW on 30 September, outlining the positions of all health boards and WAST relating to each of the recommendations.</p> <p>A formal response from HIW had been received requesting further detail on a number of the recommendations. Health Boards and WAST had also been asked for a response.</p> <p>A further 'Fundamentals of Care' workshop was planned to take place at the end of November to further address recommendations relating to patient care whilst waiting for delayed periods of time, on ambulances, outside hospitals.</p> <ul style="list-style-type: none"> • Fortnightly meetings had been held in response to the NHS Wales Delivery Unit Report on Appendix B submissions. <p>As a result of these meetings, a section of the policy had been developed to improve the process for the joint investigation between WAST and other NHS Wales organisations. Members noted this process would be tested over the forthcoming weeks.</p> <p>The Deputy Chief Ambulance Service Commissioner had written to each health board asking for written confirmation that they accepted the recommended new process.</p> <p>In order to provide support in the testing of the process a new form had been developed to replace the Appendix B form. A draft all Wales agenda template for joint meetings had also been produced to support this new process.</p>	
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	<p>Rachel Marsh noted the potential additional workload and capacity issues for WAST and the need to review the impact of this as soon as feasible. It was confirmed that the group would continue to meet to review the new process and to intervene and adapt as required.</p> <ul style="list-style-type: none"> • Regulation 28 – Prevention of Future Deaths – Members were asked to note the Regulation 28 – Prevention of future death notice that had been issued to the Welsh Ambulance Service NHS Trust and Betsi Cadwaladr University Local Health Board. <p>Whilst the report related to a specific case within the health board, Members recognised similar challenges across Wales in the delivery of effective ambulance services both for community response and inter-hospital transfers.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report and the progress made by both Task and Finish Groups • NOTE the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services, including the recent issuing of a regulation 28. • NOTE that Quality and Safety Reports relating to commissioned services would be received at all future meetings. 	EASCT
EASC 22/121	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL</p> <p>The Service Development Proposal report was received. In introducing the report, Ross Whitehead, provided Members with background information and an introduction to the proposal developed by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity Trust.</p> <p>Members noted that the proposal had been received and discussed at the EMRTS Delivery Assurance Group held on 1 November 2022 and further work and scrutiny had been requested, including in relation to weather, modelling and resource requirements.</p> <p>Members noted that the proposal had been developed following internal service analysis undertaken by the EMRT service (the Charity had carried out a Strategic Review), with key findings indicating under-utilisation of assets and confirming unmet need (geographic, overnight and hours of darkness).</p>	

	<p>The analysis and modelling indicated the opportunity for extended hours of operation and also included changes to base locations. The proposal suggested that by optimizing the operational configuration the service could:</p> <ul style="list-style-type: none"> • potentially attend an additional 583 patients and • achieve 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope). <p>Members were aware there had been significant public and political concerns raised around the development of the proposal, particularly in relation to the potential closure of air bases. This has resulted in challenges for both the Charity and EMRTS and there had also been an impact on individual health boards.</p> <p>Additional challenges were recognised in relation to the Charity including its need to renew aviation contracts and the associated commercial negotiations, both of which could be impacted by the timeliness of the work required to assess the proposal.</p> <p>The proposal outlined the level of unmet need that exists for the all Wales Service and the Committee would need to understand, and evaluate this, either through the adoption of this proposal or through further work.</p> <p>Professor David Lockey, EMRTS National Director thanked members for considering the proposal. He noted that it built upon service developments already undertaken by the service since its establishment in 2015, including an increase in the number of air bases, commencement of night operations, the introduction of the Adult Critical Care Service (ACCTS) in both North and South Wales and the work linked to the Major Trauma network.</p> <p>Prof Lockey also referred to the Strategic Review undertaken by the Charity. Sue Barnes, Chief Executive of the Charity, outlined the process undertaken by the Charity working with EMRTS to understand what further opportunities could be realized. This included alignment with the opportunity afforded by the Charity's required long-term aircraft procurement process with renewal due at the end of 2023.</p> <p>Members recognised that the EASC Team had not had the opportunity to undertake appropriate due diligence and scrutiny of the proposal ahead of presenting it and making recommendations to Members. However, in view of the public interest it was felt that it was appropriate to receive the proposal at the meeting.</p>	
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	<p>Ross Whitehead explained that there could be an impact on the capacity of the EASC team to support the process of scrutiny and engagement on this proposal, whilst also maintaining business as usual in terms of the commissioning arrangements for all EASC commissioned services. It was agreed that the Committee might need to consider providing temporary additional support once the likely impact has been fully considered.</p> <p>Stephen Harray, the Chief Ambulance Services Commissioner summarised some of the key issues that had been raised and noted by the EASC Team during the activities already undertaken with stakeholders and the comments and questions received to date. These included:</p> <ul style="list-style-type: none"> • clarifying the position regarding resource implications • responding to the significant comments raised and views regarding the importance of response times • understanding how the air and road response model works, recognizing that for urban and rural areas it would be different • further work required regarding the impact of weather • consideration of the data reference period to ensure that this is appropriate and not unintentionally biased • understanding any seasonal variation • improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted • working with health board colleagues to consider the modelling undertaken. <p>Members agreed with the proposed approach for additional scrutiny, including the need to develop a streamlined and simplified proposal and to better understand the options identified. Members felt it would benefit health boards to better understand the data and modelling already undertaken and supported utilising the data analysis tool that was being developed to identify the impact on local communities. It was felt that this approach would ensure that the benefits and risks of each option could be fully understood and appraised including the implications relating to key elements such as air and road response, equity of access for the population and resource effectiveness.</p> <p>Members stressed the need for an open and robust engagement process, in line with the direction provided by the Community Health Councils in Wales and questioned whether the January decision timeline was feasible, considering the need for the development and agreement of suitable engagement material, agreeing the equality impact assessment and the requirements for a mid-process review.</p>	
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	<p>The CASC agreed that there were a number of phases to be undertaken and that there was a need to be transparent and realistic, to ensure the correct process was undertaken and that timelines would need to be revisited. In addition to the initial phase of due diligence and scrutiny already discussed, it was also noted that Community Health Councils had recommended that a meaningful and comprehensive public engagement process should be undertaken for at least 8 weeks, this engagement phase would need to be incorporated in to the timeline. The CASC assured Members that the EASC Team would now work closely with the EMRTS and the Charity to scrutinise the detail in the proposal. Discussions would also need to take place with health board communication, engagement and service change leads to ensure a robust process.</p> <p>It was recognised that there were many elements to focus on before an update could be provided and next steps agreed at the scheduled EASC session on 6 December.</p> <p>After discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal and appendices • AGREE the next steps for additional scrutiny by the EASC Team and the development of a simplified proposal, including suitable engagement materials to meet the requirements of the Community Health Councils in respect of the proposal • NOTE the key risks and any mitigations the Committee need to be put in place. 	<p>EASCT</p> <p>EASCT</p>
<p>EASC 22/122</p>	<p>PROGRESS REPORT ON THE PLAN IN RELATION TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EMRTS CYMRU AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL</p> <p>The progress report on the plan in relation to the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal was received. Ross Whitehead presented an update on the activity that had taken place following the request made by Members at the EASC meeting in September and included the:</p> <ul style="list-style-type: none"> • Activities already undertaken with stakeholders • Comments and questions received to date • Draft Communications and Engagement Plan • Draft Project Plan • Initial Equality Impact Assessment. 	

<p>Members noted that the CASC was continuing to work with Community Health Councils in Wales and was receiving advice and recommendations for the engagement process required. It was confirmed that discussions with health board and CHC colleagues would continue to take place to agree what would be engaged upon, including the required engagement materials and to further develop the communications and engagement plan.</p> <p>Following the briefing note issued on 14 October, a second briefing note would be prepared to update stakeholders with regards discussions held at today's meeting and the next steps would be clarified. In addition, the comments and questions received to date would continue to be collated via the online facility on the dedicated page on the EASC website; an important part of the scrutiny process to lead to the engagement phase.</p> <p>In line with discussions held, the timeline would be reassessed and reconsidered in readiness for an update to be provided at the EASC meeting on 6 December. Members noted the importance of mitigating any impact on the Wales Air Ambulance Charity in the next phase of the work.</p> <p>In light of the previous agenda item and discussions held relating to the detailed proposal received and the need to undertake appropriate due diligence and scrutiny ahead of a process of engagement, the final recommendation relating to commencement of the formal engagement process was withdrawn.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the structured approach adopted since the Committee meeting held 6 September • NOTE the activities already undertaken with stakeholders both face-to-face and online • NOTE the discussions held with CHCs, attendance at CHC meetings as requested by them and completion of the CHC 'Joint Services, Planning & Change Committee Service Change Pro forma' • NOTE the record of activities undertaken to date • NOTE the key themes arising from the questions, comments and letters received by stakeholders • NOTE the Briefing Note sent to stakeholders on 14 October • NOTE the development of a dedicated page on the EASC website • NOTE the draft Communications and Engagement Plan developed to date and a further document would be developed for engagement with the public based on a simplified proposal to be developed • NOTE the draft project plan included for comment • NOTE the Initial Equality Impact Assessment. 	<p>EASCT</p> <p>EASCT</p>
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EASC 22/123	WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE	
	<p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:</p> <ul style="list-style-type: none"> • Point 2.5 - challenging red performance in September 2022 • Point 2.8 - almost 900 patients waiting more than 12 hours • Points 2.16 & 2.17 following temporary cessation of clinical indicator reporting relating to transition to the electronic patient clinical record (ePCR) new data was now available for stroke, fractured neck of femur, hypoglycaemia and ST elevation myocardial infarction (STEMI). Deep dive audits had been completed for these clinical indicators and the return of spontaneous circulation (ROSC) (at hospital door) deep dive audit was ongoing with this clinical indicator scheduled to be published over the coming months • Point 2.21 – increase in red demand • Point 2.21 – ambulance production was encouraging with unit hour production at 96% in September against the benchmark of 95% • Point 2.21 – improvements in sickness aligned to IMTP trend • Point 2.21 – highest ever handover lost hours at 28,500 hours, equating to over 30% of WAST conveying capacity • A verbal update was provided regarding NEPTS and the letting of new contracts as a result of the all-Wales business case with the new providers recently notified of the outcome of the tendering process. <p>It was agreed that the additionality diagram at the bottom of page 12 was useful, that it is a complicated picture and that it would now be sensible to build an improvement trajectory and to understand the likely impact of all interventions.</p> <p>The Chair summarised including to:</p> <ul style="list-style-type: none"> • Note the positive impact in relation to additional capacity and unit hour production, however it was noted that this was not sufficient to counter the losses across the system as noted above • Welcome the progress made re the electronic patient clinical record and the next steps in terms of data linkages • Note the update in terms of NEPTS procurement, resulting efficiencies and the focus on service quality. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the WAST Provider Report 	<p>WAST</p> <p>WAST</p>

EASC 22/124	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</p> <p>The Chief Ambulance Services Commissioner's report was received. Stephen Harrhy presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • Progress on the recruitment of the additional 100 front line staff at WAST • Ongoing work with Heads of Midwifery in health boards and the particular impact of delayed ambulance response on obstetric emergencies. Work was underway to find out what could be achieved and an urgent temporary position was being sought. <p>Members RESOLVED to: NOTE the report.</p>	
EASC 22/125	<p>EASC COMMISSIONING UPDATE</p> <p>The EASC Commissioning Update was received. Matthew Edwards presented the report and Members noted that it provided an overview of the progress being made against the key elements of the collaborative commissioning approach.</p> <p>Members noted the many discussions in relation to the commissioning framework for emergency ambulance services over recent months at EASC Committee, EASC Management Group and other related fora. These discussions have resulted in a collaborative approach to transition and transformation through the development of local integrated commissioning action plans (ICAPs).</p> <p>The commissioning framework was included as a 'focus on' item at a previous meeting of the EASC Management Group and discussions have more recently taken place with all health boards. Work is being undertaken throughout November to use handover improvement plans to populate ICAPs. Health boards are asked to commit to sending appropriate representation to these meetings.</p> <p>The update also stated that there would be a focus on aligning actions within the ICAPs to the Six Goals for Urgent and Emergency Care Programme.</p> <p>In addition to the update on the commissioning framework, the update also included a Quarter 2 update against the EASC integrated Medium Term Plan and the agreed EASC Commissioning Intentions for 2022-23, with detailed updates appended.</p>	

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the collaborative commissioning approach • NOTE the progress made in terms of developing the EMS Commissioning Framework, including the development of the local Integrated Commissioning Action Plans • NOTE the progress made against the EASC IMTP in Quarter 2 as set out in the update provided • NOTE the Quarter 2 update against the commissioning intentions for each of the commissioned services. 	
EASC 22/126	<p>FINANCE REPORT MONTH 6</p> <p>The Month 6 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 6th month of 2022/23 together with any corrective action required.</p> <p>A forecasted break-even position was reported.</p> <p>In light of the significant financial pressure within the system, it was agreed that there is a need for robust financial planning. It was reported that the financial assumptions are in line with the assumptions made by health boards and that there is a need to demonstrate the best use of existing commissioning allocations.</p> <p>Further discussions would be held to ensure alignment with the IMTP process.</p> <p>Members RESOLVED to: NOTE the report.</p>	
EASC 22/127	<p>EASC SUB-GROUPS CONFIRMED MINUTES</p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> • Chair's Summary EASC Management Group – 20 October 2022 – Members noted that the meeting was not quorate and agreed to consider how their organisation would be represented at future meetings. • EASC Management Group – 18 August 2022 • NEPTS Delivery Assurance Group – 4 August 2022 • EMRTS Delivery Assurance Group – 7 June 2022 <p>Members RESOLVED to: APPROVE the confirmed minutes.</p>	
EASC 22/128	<p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including:</p>	

	<ul style="list-style-type: none"> • The EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation) • The 3 red risks within the EASC Risk Register relating to key items already discussed at the meeting • EASC Assurance Framework report, it was noted that this was in same style as the host body's assurance framework (CTMUHB) • The EASC Standing Orders would be reviewed prior to the next meeting in line with arrangements by the Welsh Health Specialised Services Committee and would tie into the review of the WHSSC / EASC Standing Financial Instructions • The list of key organisational contacts was noted. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • APPROVE the EASC Assurance Framework • NOTE the EASC Standing Orders would be reviewed prior to the next meeting • NOTE the information within the EASC Key Organisational Contacts. 	
EASC 22/129	<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: NOTE the report.</p>	
Part 3. OTHER MATTERS		ACTION
EASC 22/130	<p>ANY OTHER BUSINESS</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
DATE AND TIME OF NEXT MEETING		
EASC 22/131	<p>The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 6 December 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.</p>	Committee Secretary

Signed
Christopher Turner (Chair)

Date



CYFARFOD CYD-BWYLLGOR GWASANAETHAU AMBIWLANS BRYS

COFNODION 'WEDI EU CADARNHAU' O'R CYFARFOD A GYNHALIUYD

8 TACHWEDD 2022 AM 09:30

YN RHITHIOL GAN MICROSOFT TEAMS LIVE

PRESENNOL

Aelodau:	
Chris Turner	Cadeirydd Annibynnol
Stephen Harrhy	Prif Gomisiynydd y Gwasanaethau Ambiwylans (CASC)
Nicola Prygodzicz	Prif Weithredwr, Bwrdd Iechyd Prifysgol Aneurin Bevan
Gill Harris	Prif Weithredwr Dros Dro, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Suzanne Rankin	Prif Weithredwr, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Paul Mears	Prif Weithredwr, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (yn rhannol)
Andrew Carruthers	Prif Swyddog Gweithredu, Bwrdd Iechyd Prifysgol Hywel Dda
Carol Shillabeer	Prif Weithredwr, Bwrdd Iechyd Addysgu Powys
Sian Harrop-Griffiths	Cyfarwyddwr Strategaeth, Bwrdd Iechyd Prifysgol Bae Abertawe
Aelodau Cyswllt:	
Jason Killens	Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST)

Yn mynychu:	
Nick Wood	Dirprwy Brif Weithredwr, GIG Cymru
Rachel Marsh	Cyfarwyddwr Cynllunio, Strategaeth a Pherfformiad, Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST)
Matthew Edwards	Pennaeth Comisiynu a Pherfformiad Tîm PGAB, Uned Comisiynu Cydweithredol Genedlaethol (NCCU)
Phill Taylor	Pennaeth Comisiynu a Pherfformiad Tîm PGAB, Uned Comisiynu Cydweithredol Genedlaethol (NCCU)
Sian Ashford	Uwch Nyrs Arweiniol, Fframweithiau Ansawdd a Chyflawni, Uned Comisiynu Cydweithredol Genedlaethol (NCCU)
Gwenan Roberts	Ysgrifennydd y Pwyllgor

Yn mynychu:	
Yn mynychu ar gyfer eitem agenda 2.3 Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS) Cymru Cynnig Datblygu Gwasanaeth	
David Lockey	Cyfarwyddwr Cenedlaethol, Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)
Sue Barnes	Prif Weithredwr, Elusen Ambiwylans Awyr Cymru
Mark Winter	Cyfarwyddwr Gweithrediadau, Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)
Matt Cann	Rheolwr Rhaglen, Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)
Steven Stokes	Cyfarwyddwr Cyfathrebu ac Ymgysylltu Strategol, Elusen Ambiwylans Awyr Cymru

Rhan 1. MATERION RHAGARWEINIOL		GWEITHREDU
PGAB 22/111	CROESO A CHYFLWYNIADAU Croesawodd Chris Turner (Cadeirydd) yr Aelodau i gyfarfod rhithwir 'Teams Live' (gan ddefnyddio platfform Microsoft Teams) y Pwyllgor Gwasanaethau Ambiwylans Brys a rhoddodd drosolwg o'r trefniadau ar gyfer y cyfarfod. Hwn oedd y cyfarfod PGAB cyntaf i gael ei ffrydio'n fyw.	Cadeirydd
PGAB 22/112	YMDDIHEURIADAU AM ABSENOLDEB Derbyniwyd ymddiheuriadau am absenoldeb gan Steve Moore, Mark Hackett a Steve Ham.	Cadeirydd
PGAB 22/113	DATGANIADAU O FUDDIANNAU Nid oedd dim.	Cadeirydd
PGAB 22/114	COFNODION Y CYFARFOD A GYNHALIWDYD AR 6 MEDI 2022 Cadarnhawyd bod y cofnodion yn gofnod cywir o gyfarfod y Cyd-bwyllgor a gynhaliwyd ar 6 Medi 2022 ac eithrio: <ul style="list-style-type: none"> • eglurhad rhwng y 'Dadansoddiad Gwasanaeth Mewnol' a gynhaliwyd gan y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys a'r 'Adolygiad Strategol' a gynhaliwyd gan Elusen Ambiwylans Awyr Cymru • ychwanegu'r gair 'angen' ar frig cofnod 22/100 (tudalen 9), fel bod y frawddeg bellach yn darllen 'Roedd penawdau allweddol o'r Adolygiad Strategol yn cynnwys tanddefnyddio ac angen heb ei ddiwallu (daearyddol, dros nos ac oriau o dywyllwch)' • Diwygio'r penderfyniad i adlewyrchu y byddai cynnig datblygu gwasanaeth yn cael ei dderbyn. 	Cadeirydd

	<p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • CYMERADWYO cofnodion y cyfarfod a gynhaliwyd ar 6 Medi 2022, yn amodol ar y newidiadau a nodir uchod. 	
PGAB 22/115	<p>NODIADAU'R CYFARFOD BRIFFIO A GYNHALIWDYD AR 27 HYDREF 2022</p> <p>Cadarnhawyd y nodiadau fel cofnod cywir o gyfarfod y Cyd-bwyllgor a gynhaliwyd ar 27 Hydref 2022, ac eithrio diwygio i gynnwys teitlau cywir ar gyfer Hayley Thomas, Stephen Powell a Joanne Abbott-Davies.</p> <p>PENDERFYNODD yr Aelodau :</p> <ul style="list-style-type: none"> • CYMERADWYO cofnodion y cyfarfod a gynhaliwyd ar 27 Hydref 2022, yn amodol ar y newidiadau a nodir uchod. 	Cadeirydd
PGAB 22/116	<p>LOG GWEITHREDU DERBYNIODD yr Aelodau y log gweithredu a NODWYD:</p> <p>PGAB 22/101</p> <ul style="list-style-type: none"> • Adroddiad Darparwr WAST – Amrywiad coch Diweddarodd Ross Whitehead fod WAST wedi cynnal 'plymiad dwfn' i berfformiad coch. Atgoffwyd yr aelodau hefyd fod newidiadau wedi'u gwneud yn dilyn y drafodaeth ynghylch categoraiddio codau System Anfon â Blaenoriaeth Feddygol (MPDS) o fewn y Tabl Croesgyfeirio Anfon (DCR), a gynhaliwyd yng nghyfarfod mis Medi o'r Pwyllgor PGAB. Cytunwyd y byddai'r rhain yn cael eu hystyried mewn cyfarfod Grŵp Rheoli PGAB yn y dyfodol. • Model Ymateb Clinigol a Chategoreiddio codau'r System Anfon â Blaenoriaeth Feddygol yn y Tabl Croesgyfeirio Anfon Cadarnhaodd Jason Killens fod hwn wedi dod i law yng nghyfarfod Bwrdd WAST a gynhaliwyd ddiwedd mis Medi ac aeth y newidiadau yn fyw ym mis Hydref. Nid oedd unrhyw anawsterau wedi'u hadrodd. <p>PGAB 22/79</p> <ul style="list-style-type: none"> • Mewnbwn staff gwahanol i Reoli WAST / opsiynau galw Rhoddodd Jason Killens ddiweddariad ar gyfansoddiad Rheoli WAST a'r ddesg cymorth clinigol gyda chynrychiolwyr o'r proffesiynau parafeddygol, nyrsio, bydwreigiaeth a gwaith cymdeithasol bellach yn sicrhau bod cyngor amlddisgyblaethol yn cael ei roi i alwyr 999. Cytunwyd y byddai'n bwysig gwerthuso effaith hyn maes o law (eitem i aros ar y Log Gweithredu). 	<p>WAST</p> <p>WAST</p>

	<p>PGAB 22/81</p> <ul style="list-style-type: none"> Adolygiadau Cylchrestr Dywedodd Jason Killens fod y rhaglen waith hon wedi cychwyn ym mis Hydref a'i bod ar y trywydd iawn i'w chwblhau ddiwedd mis Tachwedd. Cytunwyd y byddai WAST yn darparu nifer y staff sydd ar gael fesul bwrdd iechyd. Arferion Gwaith WAST Cadarnhaodd Jason Killens fod cynnydd wedi'i wneud ar amrywiaeth o arferion gwaith gyda'r Undebau Llafur, gan gynnwys llwybr posibl ar gyfer technegwyr meddygol brys. Nodwyd ymhellach y gallai gweithredu diwydiannol ddigwydd yn y misoedd nesaf. Rhyddhad Coch ar Unwaith Gofynnodd y Cadeirydd i'r Aelodau sicrhau, er bod rhywfaint o gynnydd yn cael ei wneud, y dylai cais am ryddhad coch barhau i gael ei ystyried yn flaenoriaeth lwyr. <p>PGAB 22/20</p> <ul style="list-style-type: none"> Adroddiad Perfformiad Roedd hwn ar y log gweithredu yn aros am ddiweddariad pellach ynghylch Iechyd a Gofal Digidol Cymru yn edrych ar setiau data cysylltiedig yn ymwneud â chanlyniadau cleifion. Yn y dyfodol byddai hyn yn cael ei ychwanegu fel eitem sefydlog yn Adroddiad Prif Gomisiynydd y Gwasanaethau Ambiwylans. <p>PGAB 22/10</p> <ul style="list-style-type: none"> Adroddiadau a Diweddariadau Allweddol Dywedwyd bod Cyfarwyddwr Ansawdd a Nyrsio newydd WAST yn y broses o adolygu'r broses adrodd ar ystod o fetrigau ar hyn o bryd. Byddai diweddariad yn cael ei ddarparu mewn cyfarfod yn y dyfodol. <p>PGAB 21/26</p> <ul style="list-style-type: none"> Effeithiolrwydd pwyllgorau Dywedodd y Cadeirydd fod ymdrechion wedi'u gwneud i gysylltu â Chorff Llais y Dinesydd ac y byddai'n adrodd ar gynnydd yn y cyfarfod nesaf. <p>PENDERFYNODD yr Aelodau: NODI'r Log Gweithredu.</p>	<p>WAST</p> <p>PAWB</p> <p>TPGAB</p> <p>WAST</p>
PGAB 22/117	<p>MATERION YN CODI</p> <p>Nid oedd unrhyw faterion yn codi o'r cofnodion.</p>	Cadeirydd

PGAB 22/118	ADRODDIAD Y CADEIRYDD Derbyniwyd adroddiad y Cadeirydd. PENDERFYNODD yr Aelodau: <ul style="list-style-type: none"> • NODI adroddiad y Cadeirydd ac amcanion terfynol y Cadeirydd fel y'u pennwyd gan y Gweinidog. 	Cadeirydd
Rhan 2. EITEMAU I'W TRAFOD A'U CYMERADWYO		GWEITHREDU
PGAB 22/119	ADRODDIAD PERFFORMIAD Derbyniwyd yr Adroddiad Perfformiad. Wrth gyflwyno'r adroddiad amlygodd Ross Whitehead y meysydd canlynol: <ul style="list-style-type: none"> • Dangosyddion Gwasanaeth Ambiwylans - Roedd data mis Medi bellach ar gael ar wefan PGAB • Oedi wrth drosglwyddo gan gynnwys y llwybrau gwella trosglwyddo • Cynllun Gweithredu PGAB – y fersiwn diweddaraf wedi'i gynnwys ym mhapurau'r cyfarfod ac roedd Tîm PGAB i fod i gyflwyno'r fersiwn ddiweddaraf i Lywodraeth Cymru (LIC) a rhanddeiliaid yn dilyn y cyfarfod. Nododd yr aelodau fod hwn yn gynllun integredig sy'n tynnu gwahanol elfennau o waith ynghyd, wedi'i ddatblygu gyda byrddau iechyd ac yn cyd-fynd â chamau gweithredu o'r Rhaglen Chwe Nod ar gyfer Gofal Brys ac Argyfwng. Nodwyd hefyd y llythyr gwytnwch gaeaf a gyhoeddwyd gan Lywodraeth Cymru a'i disgwyliad ar gyfer cynnydd yn y cyd-destun hwn. <p>Nododd yr aelodau'r angen i ddefnyddio'r cynllun i olrhain cynnydd, i nodi a rhannu meysydd o arfer gorau, i ddysgu o'r wythnosau gwael ac i sicrhau camau lliniaru lle bo angen. Nodwyd dau faes allweddol, sef mynd i'r afael ag amseroedd aros 4 awr a lleihau'r amrywiad o fewn y system yn gyffredinol.</p> <p>Nododd Nick Wood y camau sy'n cael eu cymryd ar draws GIG Cymru, a grynhowyd yn y Cynllun Gweithredu PGAB cyfunol. Gofynnodd am sicrwydd gan fyrddau iechyd a WAST ynghylch eu hymrwymiad sefydliadol i fod yn rhan o'r sgysiau sy'n cael eu cynnal, ac i gyflawni'r camau gweithredu yn y cynllun.</p> <p>Cadarnhaodd Jason Killens ymrwymiad WAST i'r camau y cytunwyd arnynt ac, er yn nodi bod angen gwneud rhagor o waith mewn meysydd eraill, adroddodd ar y cynnydd a wnaed eisoes yn erbyn y rhaglen adolygu rhestr ddyletswyddau, gan weithio tuag at dargedau ymestyn ar gyfer 'Ymgynghori a Chau' ac ar y trywydd iawn o ran recriwtio ar gyfer y 100 swydd gyfwerth ag amser llawn ychwanegol erbyn 23 Ionawr. Nodwyd y cynnydd da a wnaed gan WAST.</p>	

	<p>Cafwyd trafodaeth ynglŷn â'r cynnydd mewn perthynas â'r camau gweithredu a rennir rhwng WAST a byrddau iechyd gyda'r enghraifft o drafodaeth weithredol i ehangu'r ddarpariaeth o uwch ymarferwyr parafeddygol i gyfeirio gweithgarwch oddi wrth Adrannau Achosion Brys a ddarperir.</p> <p>Nododd yr aelodau fod pwysau difrifol yn bodoli drwy'r system gyfan o'r 'drws ffrynt' i ofal cymunedol, ac, yn ogystal â'r gofyniad am fwy o gynhwysedd gofal cymunedol, roedd angen gwneud y mwyaf o'r cyfleoedd o ran cynlluniau osgoi derbyniadau a gwasanaethau gofal brys yr un diwrnod.</p> <p>Mae'r ffocws ar gynllun y gaeaf a'r camau gweithredu yn y Chwe Nod ar gyfer y Rhaglen Gofal Brys ac Argyfwng, gyda ffocws penodol ar wella oedi wrth drosglwyddo, amseroedd aros o 4 awr, rhyddhau coch a lleihau risg cymunedol.</p> <p>Cydnabuwyd bod rôl awdurdodau lleol yn hollbwysig o ran mynd i'r afael ag oedi wrth drosglwyddo, hefyd effaith gwasanaethau ambiwlans ar wasanaethau brys eraill (gwasanaethau heddlu'n bennaf), ac felly roedd angen gofyniad am ddull gweithredu ar y cyd a neges gwasanaeth cyhoeddus ehangach nag a oedd yn cael ei gyfleu ar hyn o bryd.</p> <p>Nododd yr aelodau fod tuedd gynyddol o ran yr unedau oriau a gynhyrchir ac y byddai'r sefyllfa hon yn gwella ymhellach unwaith y byddai'r 100 swydd gyfwerth ag amser llawn ychwanegol yn dod yn weithredol; tra bod perfformiad coch yn heriol, roedd mwy o gleifion yn derbyn gwasanaeth. Roedd angen gwaith pellach hefyd mewn perthynas â chanlyniadau i gleifion sy'n derbyn ymateb a chanlyniadau i'r rhai nad ydynt yn derbyn ymateb.</p> <p>Gan amlygu safbwynt y dinesydd, croesawodd y Cadeirydd y dangosfwrdd wythnosol a oedd yn cael ei ddosbarthu'n eang i'r GIG gan Dîm PGAB. Teimlwyd bod hyn yn ddefnyddiol o ran nodi lle'r oedd perfformiad wedi gwella a gwaethygu ac roedd yn nodi'n fras lle gallai camau gweithredu wrth y drws ffrynt fod wedi cael effaith. Nododd yr aelodau'r defnydd o'r dangosfwrdd a gofynnwyd am waith pellach i ddeall yn well y cyd-destun ehangach, y gydberthynas rhwng gwahanol elfennau ac i ddeall y prif yrwyr y tu ôl i'r data.</p> <p>Cytunwyd y byddai rhagor o waith yn cael ei wneud gyda'r timau angenrheidiol i sicrhau mynediad at ddata allweddol a datblygu'r dangosfwrdd ymhellach.</p>	<p>WAST</p> <p>TPGAB</p>
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	<p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • NODI cynnwys yr adroddiad • NODI dangosyddion y Gwasanaethau Ambiwylans • NODI camau ychwanegol y gallai'r pwyllgor eu cymryd i wella perfformiad y gwasanaethau a gomisiynir • NODI'R llwybrau gwella trosglwyddo • NODI Cynllun Gweithredu PGAB • NODI'R cais i symud y dangosfwrdd yn ei flaen. 	
PGAB 22/120	<p>ADRODDIAD ANSAWDD A DIOGELWCH</p> <p>Derbyniwyd yr Adroddiad Ansawdd a Diogelwch ar wasanaethau a gomisiynwyd.</p> <p>Wrth gyflwyno'r adroddiad, atgoffodd Ross Whitehead yr Aelodau fod ffocws cynyddol ar faterion ansawdd a diogelwch yn flaenoriaeth yng Nghynllun Tymor Canolig Integredig (IMTP) PGAB.</p> <p>Amlygwyd y meysydd canlynol:</p> <ul style="list-style-type: none"> • Gwaith Grŵp Gorchwyl a Gorffen Arolygiaeth Gofal Iechyd Cymru (AGIC) (a gynullwyd gan y Tîm PGAB) a sefydlwyd i arwain a chydlynu'r gwaith mewn ymateb i'r argymhellion a wnaed fel rhan o 'Adolygiad o Ddiogelwch, Preifatrwydd, Urddas a Phrofiad Cleifion wrth Aros mewn Ambiwylansys yn ystod Oedi wrth Drosglwyddo' AGIC. <p>Rhoddwyd diweddariad ffurfiol i AGIC ar 30 Medi, yn amlinellu safbwyntiau pob bwrdd iechyd a WAST mewn perthynas â phob un o'r argymhellion.</p> <p>Derbyniwyd ymateb ffurfiol gan AGIC yn gofyn am ragor o fanylion am nifer o'r argymhellion. Gofynnwyd hefyd i Fyrddau Iechyd a WAST am ymateb.</p> <p>Cynlluniwyd gweithdy 'Hanfodion Gofal' pellach ar ddiwedd mis Tachwedd i fynd i'r afael ymhellach ag argymhellion yn ymwneud â gofal cleifion wrth aros am gyfnodau o oedi, ar ambiwlansys, y tu allan i ysbytai.</p> <ul style="list-style-type: none"> • Cynhaliwyd cyfarfodydd bob pythefnos mewn ymateb i Adroddiad Uned Gyflawni GIG Cymru ar gyflwyniadau Atodiad B. O ganlyniad i'r cyfarfodydd hyn, roedd rhan o'r polisi wedi'i ddatblygu i wella'r broses ar gyfer yr ymchwiliad ar y cyd rhwng WAST a sefydliadau eraill GIG Cymru. Nododd yr aelodau y byddai'r broses hon yn cael ei phrofi dros yr wythnosau nesaf. 	

	<p>Roedd Dirprwy Brif Gomisiynydd y Gwasanaeth Ambiwylans wedi ysgrifennu at bob bwrdd iechyd yn gofyn am gadarnhad ysgrifenedig eu bod yn derbyn y broses newydd a argymhellwyd.</p> <p>Er mwyn darparu cefnogaeth i brofi'r broses roedd ffurflen newydd wedi'i datblygu i gymryd lle ffurflen Atodiad B. Roedd templed agenda Cymru gyfan drafft ar gyfer cyfarfodydd ar y cyd hefyd wedi'i gynhyrchu i gefnogi'r broses newydd hon.</p> <p>Nododd Rachel Marsh y problemau llwyth gwaith a chynhwysedd ychwanegol posibl ar gyfer WAST, a'r angen i adolygu effaith hyn cyn gynted ag y bo modd. Cadarnhawyd y byddai'r grŵp yn parhau i gyfarfod i adolygu'r broses newydd ac i ymyrryd ac addasu yn ôl yr angen.</p> <ul style="list-style-type: none"> • Rheoliad 28 – Atal Marwolaethau yn y Dyfodol – Gofynnwyd i'r aelodau nodi Rheoliad 28 – Hysbysiad Atal Marwolaeth yn y dyfodol a roddwyd i Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru a Bwrdd Iechyd Lleol Prifysgol Betsi Cadwaladr. <p>Er bod yr adroddiad yn ymwneud ag achos penodol o fewn y bwrdd iechyd, cydnabu'r Aelodau heriau tebyg ledled Cymru o ran darparu gwasanaethau ambiwlans effeithiol ar gyfer ymateb cymunedol a throsglwyddiadau rhwng ysbytai.</p> <p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • NODI cynnwys yr adroddiad a'r cynnydd a wnaed gan y ddau Grŵp Tasg a Gorffen • NODI effaith perfformiad sy'n gwaethygu a'r heriau sy'n deillio o hynny wrth gomisiynu darpariaeth gwasanaethau ambiwlans brys diogel, effeithiol ac amserol, gan gynnwys cyhoeddi rheoliad 28 yn ddiweddar • NODI y byddai Adroddiadau Ansawdd a Diogelwch yn ymwneud â gwasanaethau a gomisiynir yn cael eu derbyn ym mhob cyfarfod yn y dyfodol. 	TPGAB
PGAB 22/121	<p>CYNNIG DATBLYGU GWASANAETH CASGLU A THROSGLWYDDO MEDDYGOL BRYN (EMRTS CYMRU) AC ELUSEN AMBIWLANS AWYR CYMRU</p> <p>Derbyniwyd yr adroddiad Cynnig Datblygu Gwasanaeth. Wrth gyflwyno'r adroddiad, rhoddodd Ross Whitehead wybodaeth gefndir i'r Aelodau a chyflwyniad i'r cynnig a ddatblygwyd gan y Gwasanaeth Casglu a Throsglwyddo Meddygol Bryn (EMRTS Cymru) ac Ymddiriedolaeth Elusennol Ambiwylans Awyr Cymru.</p>	

	<p>Nododd yr aelodau fod y cynnig wedi'i dderbyn a'i drafod yn y Grŵp Sicrwydd Cyflawni EMRTS a gynhaliwyd ar 1 Tachwedd 2022 a bod cais wedi'i wneud am waith pellach a chraffu, gan gynnwys mewn perthynas â gofynion tywydd, modelu ac adnoddau.</p> <p>Nododd yr aelodau fod y cynnig wedi'i ddatblygu yn dilyn dadansoddiad gwasanaeth mewnol a wnaed gan y gwasanaeth EMRT (roedd yr Elusen wedi cynnal Adolygiad Strategol), gyda chanfyddiadau allweddol yn nodi bod asedau'n cael eu tanddefnyddio, a chadarnhau angen nas diwallwyd (daearyddol, dros nos ac oriau o dywyllwch). Roedd y dadansoddiad a'r modelu yn dangos bod cyfle i ymestyn oriau gweithredu a hefyd yn cynnwys newidiadau i leoliadau sylfaen.</p> <p>Roedd y cynnig yn awgrymu y gallai'r gwasanaeth, wrth wneud y gorau o'r cyfluniad gweithredol:</p> <ul style="list-style-type: none"> • o bosibl wasanaethu 583 o gleifion ychwanegol a • cyflawni 88% o gyfanswm y galw o'i gymharu â'r model presennol sy'n bodloni 72% (o fewn yr un amlen adnoddau). <p>Roedd yr Aelodau'n ymwybodol bod pryderon cyhoeddus a gwleidyddol sylweddol wedi'u codi ynghylch datblygu'r cynnig, yn enwedig mewn perthynas â'r posibilrwydd o gau canolfannau awyr. Mae hyn wedi arwain at heriau i'r Elusen ac EMRTS a bu effaith hefyd ar fyrdau iechyd unigol.</p> <p>Cydnabuwyd heriau ychwanegol mewn perthynas â'r Elusen gan gynnwys ei hangen i adnewyddu contractau hedfan a'r trafodaethau masnachol cysylltiedig, y gallai amseroldeb y gwaith sydd ei angen i asesu'r cynnig effeithio ar y ddau ohonynt.</p> <p>Roedd y cynnig yn amlinellu lefel yr angen heb ei ddiwallu sy'n bodoli ar gyfer y Gwasanaeth Cymru Gyfan, a byddai angen i'r Pwyllgor ddeall a gwerthuso hyn, naill ai drwy fabwysiadu'r cynnig hwn neu drwy waith pellach.</p> <p>Diolchodd yr Athro David Lockey, Cyfarwyddwr Cenedlaethol EMRTS i'r aelodau am ystyried y cynnig. Nododd ei fod yn adeiladu ar ddatblygiadau gwasanaeth a ymgwymerwyd eisoes gan y gwasanaeth ers ei sefydlu yn 2015, gan gynnwys cynnydd yn nifer y canolfannau awyr, cychwyn gweithrediadau nos, cyflwyno'r Gwasanaeth Gofal Critigol Oedolion (ACCTS) yng Ngogledd a De Cymru, a'r gwaith sy'n gysylltiedig â'r rhwydwaith Trawma Mawr.</p>	
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	<p>Cyfeiriodd yr Athro Lockey hefyd at yr Adolygiad Strategol a gynhaliwyd gan yr Elusen. Amlinellodd Sue Barnes, Prif Weithredwr yr Elusen, y broses a ddilynwyd gan yr Elusen yn gweithio gydag EMRTS i ddeall pa gyfleoedd pellach y gellid eu gwireddu. Roedd hyn yn cynnwys aliniad â'r cyfle a roddwyd gan broses caffael cerbydau awyr hirdymor gofynnol yr Elusen gyda'i hadnewyddu i ddigwydd ar ddiwedd 2023.</p> <p>Cydnabu'r Aelodau nad oedd y Tîm PGAB wedi cael y cyfle i ymgymryd â diwydrwydd dyladwy a chraffu priodol ar y cynnig cyn ei gyflwyno a gwneud argymhellion i'r Aelodau. Fodd bynnag, yn wyneb budd y cyhoedd teimlwyd ei bod yn briodol derbyn y cynnig yn y cyfarfod.</p> <p>Esboniodd Ross Whitehead y gallai fod effaith ar gynhwysedd tîm PGAB i gefnogi'r broses o graffu ac ymgysylltu ar y cynnig hwn, tra hefyd yn cynnal busnes fel arfer o ran y trefniadau comisiynu ar gyfer yr holl wasanaethau a gomisiynir gan PGAB. Cytunwyd y gallai fod angen i'r Pwyllgor ystyried darparu cymorth ychwanegol dros dro unwaith y bydd yr effaith debygol wedi'i hystyried yn llawn.</p> <p>Crynhodd Stephen Harrhy, Prif Gomisiynydd y Gwasanaethau Ambiwlans rai o'r materion allweddol a godwyd ac a nodwyd gan y Tîm PGAB yn ystod y gweithgareddau a gynhaliwyd eisoes gyda rhanddeiliaid, a'r sylwadau a'r cwestiynau a dderbyniwyd hyd yma. Roedd y rhain yn cynnwys:</p> <ul style="list-style-type: none"> • egluro'r sefyllfa o ran goblygiadau adnoddau • ymateb i'r sylwadau arwyddocaol a godwyd a safbwyntiau ynghylch pwysigrwydd amseroedd ymateb • deall sut mae'r model ymateb awyr a ffyrdd yn gweithio, gan gydnabod y byddai'n wahanol ar gyfer ardaloedd trefol a gwledig • yr angen am waith pellach ynglŷn ag effaith y tywydd • ystyried y cyfnod cyfeirio data i sicrhau bod hyn yn briodol ac nad yw'n anfwriadol ragfarnllyd • deall unrhyw amrywiad tymhorol • gwella dealltwriaeth o'r opsiynau sydd ar gael, gan gynnwys ystyried a oes angen newid canolfannau, nodi opsiynau pellach a deall pam y diystyrwyd opsiynau • gweithio gyda chydweithwyr yn y byrddau iechyd i ystyried y gwaith modelu a wnaed. <p>Cytunodd yr Aelodau â'r ymagwedd arfaethedig ar gyfer craffu ychwanegol, gan gynnwys yr angen i ddatblygu cynnig symlach a mwy modern a deall yr opsiynau a nodwyd yn well.</p>	
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	<p>Teimlai'r aelodau y byddai o fudd i fyrddau iechyd ddeall yn well y data a'r modelu a wnaed eisoes, a chefnogwyd defnyddio'r offeryn dadansoddi data a oedd yn cael ei ddatblygu i nodi'r effaith ar gymunedau lleol. Teimlwyd y byddai'r dull hwn yn sicrhau bod manteision a risgiau pob opsiwn yn cael eu deall a'u harfarnu'n llawn, gan gynnwys y goblygiadau'n ymwneud ag elfennau allweddol megis ymateb yr awyr a'r ffyrdd, mynediad teg i'r boblogaeth ac effeithiolrwydd adnoddau.</p> <p>Pwysleisiodd yr Aelodau yr angen am broses ymgysylltu agored a chadarn, yn unol â'r cyfeiriad a ddarparwyd gan Gyngorau Iechyd Cymuned Cymru, a chwestiynwyd a oedd amserlen penderfyniad mis Ionawr yn ymarferol, gan ystyried yr angen am ddatblygu a chytuno ar ddeunydd ymgysylltu addas, cytuno ar yr asesiad effaith cydraddoldeb a'r gofynion ar gyfer adolygiad canol-proses.</p> <p>Cytunodd y CASC fod nifer o gamau i'w cymryd a bod angen bod yn dryloyw ac yn realistig er mwyn sicrhau bod y broses gywir yn cael ei dilyn, ac y byddai angen ailedrych ar yr amserlenni. Yn ogystal â'r cam cychwynnol o ddiwydrwydd dyladwy a chraffu a drafodwyd eisoes, nodwyd hefyd bod Cyngorau Iechyd Cymuned wedi argymhell y dylid cynnal proses ymgysylltu â'r cyhoedd ystyrlon a chynhwysfawr am o leiaf 8 wythnos, a byddai angen ymgorffori'r cam ymgysylltu hwn yn y llinell amser. Sicrhodd y CASC yr Aelodau y byddai Tîm PGAB bellach yn gweithio'n agos gyda'r EMRTS a'r Elusen i graffu ar fanylion y cynnig. Byddai angen cynnal trafodaethau hefyd ag arweinwyr cyfathrebu, ymgysylltu a newid gwasanaeth y byrddau iechyd er mwyn sicrhau proses gadarn.</p> <p>Cydnabuwyd bod llawer o elfennau i ganolbwyntio arnynt cyn y gellid darparu diweddariad a chytundeb ar y camau nesaf yn y sesiwn PGAB a drefnwyd ar gyfer 6 Rhagfyr.</p> <p>Wedi'r drafodaeth PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • NODI cynnwys Cynnig Datblygu Gwasanaeth EMRTS Cymru ac Elusen Ambiwylans Awyr Cymru a'r atodiadau • CYTUNO ar y camau nesaf ar gyfer craffu ychwanegol gan y Tîm PGAB a datblygu cynnig symlach, gan gynnwys deunyddiau ymgysylltu addas i fodloni gofynion y Cyngorau Iechyd Cymuned mewn perthynas â'r cynnig • NODI'R risgiau allweddol ac unrhyw fesurau lliniaru sydd angen i'r Pwyllgor eu rhoi yn eu lle. 	<p>TPGAB</p> <p>TPGAB</p>
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PGAB 22/122	<p>ADRODDIAD CYNNYDD AR Y CYNLLUN MEWN PERTHYNAS Â'R CYNNIG DATBLYGU GWASANAETH CASGLU A THROSGWLWYDDO MEDDYGOL BRYD (EMRTS CYMRU) AC ELUSEN AMBIWLANS AWYR CYMRU</p> <p>Derbyniwyd yr adroddiad cynnydd ar y cynllun mewn perthynas â Chynnig Datblygu Gwasanaeth EMRTS Cymru ac Elusen Ambiwylans Awyr Cymru. Cyflwynodd Ross Whitehead ddiweddariad ar y gweithgaredd a oedd wedi digwydd yn dilyn y cais a wnaed gan Aelodau yng nghyfarfod PGAB ym mis Medi ac roedd yn cynnwys:</p> <ul style="list-style-type: none"> • Gweithgareddau a ymgwymerwyd â hwy eisoes gyda rhanddeiliaid • Sylwadau a chwestiynau a dderbyniwyd hyd yma • Cynllun Cyfathrebu ac Ymgysylltu drafft • Cynllun Prosiect Drafft • Asesiad Cychwynnol o'r Effaith ar Gydraddoldeb. <p>Nododd yr aelodau fod y CASC yn parhau i weithio gyda Chynghorau Iechyd Cymuned yng Nghymru a'i fod yn derbyn cyngor ac argymhellion ar gyfer y broses ymgysylltu angenrheidiol. Cadarnhawyd y byddai trafodaethau gyda chydweithwyr o'r bwrdd iechyd a'r Cyngor Iechyd Cymuned (CIC) yn parhau i gael eu cynnal i gytuno ar yr hyn a fyddai'n cael ei ymgysylltu, gan gynnwys y deunyddiau ymgysylltu gofynnol, ac i ddatblygu'r cynllun cyfathrebu ac ymgysylltu ymhellach.</p> <p>Yn dilyn y nodyn briffio a gyhoeddwyd ar 14 Hydref, byddai ail nodyn briffio yn cael ei baratoi i roi'r wybodaeth ddiweddaraf i rhanddeiliaid am y trafodaethau a gynhaliwyd yn y cyfarfod heddiw, a byddai'r camau nesaf yn cael eu hegluro. Yn ogystal, byddai'r sylwadau a'r cwestiynau a dderbyniwyd hyd yma yn parhau i gael eu coladu drwy'r cyfleuster ar-lein ar y dudalen benodol ar wefan PGAB; rhan bwysig o'r broses graffu i arwain at y cyfnod ymgysylltu.</p> <p>Yn unol â'r trafodaethau a gynhaliwyd, byddai'r amserlen yn cael ei hailasesu a'i hailystyried yn barod ar gyfer darparu diweddariad yng nghyfarfod PGAB ar 6 Rhagfyr. Nododd yr aelodau bwysigrwydd lliniaru unrhyw effaith ar Elusen Ambiwylans Awyr Cymru yng nghan nesaf y gwaith.</p> <p>Yng ngoleuni'r eitem agenda flaenorol a thrafodaethau a gynhaliwyd ynghylch y cynnig manwl a dderbyniwyd, a'r angen i gynnal diwydrwydd dyladwy a chraffu priodol cyn proses ymgysylltu, tynnwyd yr argymhelliad terfynol ynghylch cychwyn y broses ymgysylltu ffurfiol yn ôl.</p>	<p>TPGAB</p> <p>TPGAB</p>
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	<p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • NODI'R dull strwythuredig a fabwysiadwyd ers cyfarfod y Pwyllgor a gynhaliwyd ar 6 Medi • NODI'R gweithgareddau a ymgwymerwyd â hwy eisoes gyda rhanddeiliaid wyneb yn wyneb ac ar-lein • NODI'R trafodaethau a gynhaliwyd gyda'r CICau, presenoldeb yng nghyfarfodydd y CICau yn unol â chais ganddynt a chwblhau 'Pro forma Newid Gwasanaeth y Cyd-bwyllgor Gwasanaethau, Cynllunio a Newid' CIC • NODI'R cofnod o'r gweithgareddau a gyflawnwyd hyd yma • NODI'R themâu allweddol sy'n codi o'r cwestiynau, y sylwadau a'r llythyrau a dderbyniwyd gan randdeiliaid • NODI'R Nodyn Briffio a anfonwyd at randdeiliaid ar 14 Hydref • NODI datblygiad tudalen bwrpasol ar wefan PGAB • NODI'R Cynllun Cyfathrebu ac Ymgysylltu drafft a ddatblygwyd hyd yma, a datblygir dogfen bellach ar gyfer ymgysylltu â'r cyhoedd yn seiliedig ar gynnig symlach i'w ddatblygu • NODI'R cynllun prosiect drafft sydd wedi'i gynnwys ar gyfer sylwadau • NODI'R Asesiad Effaith Cydraddoldeb Cychwynnol. 	
PGAB 22/123	<p>DIWEDDARIAD YMDDIRIEDOLAETH GIG GWASANAETHAU AMBIWLANS CYMRU (WAST)</p> <p>Derbyniwyd adroddiad diweddar Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru. Wrth gyflwyno'r adroddiad, amlygodd Jason Killens y meysydd canlynol:</p> <ul style="list-style-type: none"> • Pwynt 2.5 - perfformiad coch heriol ym mis Medi 2022 • Pwynt 2.8 - bron i 900 o gleifion yn aros mwy na 12 awr • Pwyntiau 2.16 & 2.17 ar ôl rhoi'r gorau dros dro i adrodd ar ddangosyddion clinigol yn ymwneud â throsglwyddo i gofnod clinigol electronig y claf (ePCR), roedd data newydd bellach ar gael ar gyfer strôc, toriad yng ngwddf y forddwyd, hypoglycaemia a chnawdnychiant myocardaidd dyrchafiad ST (STEMI). Roedd archwiliadau plymiad dwfn wedi'u cwblhau ar gyfer y dangosyddion clinigol hyn ac roedd yr archwiliad plymiad dwfn a ddychwelwyd yn ddigymell (ROSC) (wrth ddrws yr ysbyty) yn parhau, gyda'r dangosydd clinigol hwn i fod i gael ei gyhoeddi dros y misoedd nesaf • Pwynt 2.21 – cynnydd mewn galw coch • Pwynt 2.21 – roedd cynhyrchu ambiwlansys yn galonogol gyda chynhyrchiad awr uned o 96% ym mis Medi yn erbyn y meincnod o 95% • Pwynt 2.21 – gwelliannau mewn salwch yn cyd-fynd â thuedd Cynllun Tymor Canolig Integredig 	

	<ul style="list-style-type: none"> • Pwynt 2.21 – yr oriau trosglwyddo a gollwyd uchaf erioed ar 28,500 awr, sy'n cyfateb i dros 30% o gynhwysedd cludo WAST • Cafwyd diweddariad llafar ar NEPTS a gosod cytundebau newydd o ganlyniad i'r achos busnes Cymru gyfan, gyda'r darparwyr newydd wedi cael eu hysbysu yn ddiweddar o ganlyniad y broses dendro. <p>Cytunwyd bod y diagram ychwanegedd ar waelod tudalen 12 yn ddefnyddiol, ei fod yn ddarlun cymhleth ac y byddai'n synhwyrol yn awr adeiladu llwybr gwelliant a deall effaith debygol pob ymyriad.</p> <p>Crynhodd y Cadeirydd gan gynnwys:</p> <ul style="list-style-type: none"> • Nodi'r effaith gadarnhaol mewn perthynas â chynhwysedd ychwanegol a chynhyrchiad oriau uned, ond nodwyd nad oedd hyn yn ddigon i wrthbwysu'r colledion ar draws y system fel y nodir uchod • Croesawu'r cynnydd a wnaed o ran cofnod clinigol electronig y claf, a'r camau nesaf o ran cysylltiadau data • Nodi'r diweddariad o ran caffael NEPTS, yr arbedion effeithlonrwydd o ganlyniad, a'r ffocws ar ansawdd gwasanaeth. <p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • TRAFOD a NODI Adroddiad Darparwr WAST 	<p>WAST</p> <p>WAST</p>
<p>PGAB 22/124</p>	<p>ADRODDIAD PRIF GOMISIYNYDD Y GWASANAETHAU AMBIWLANS (CASC)</p> <p>Derbyniwyd adroddiad Prif Gomisiynydd y Gwasanaethau Ambiwylans. Cyflwynodd Stephen Harrhy yr adroddiad a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"> • Cynnydd o ran recriwtio'r 100 o staff rheng flaen ychwanegol yn WAST • Gwaith parhaus gyda Phenaethiaid Bydwreigiaeth mewn byrddau iechyd, ac effaith benodol oedi wrth ymateb gan ambiwlansys ar argyfyngau obstetrig. Roedd gwaith ar y gweill i ddarganfod beth ellid ei gyflawni ac roedd swydd dros dro ar frys yn cael ei cheisio. <p>PENDERFYNODD yr Aelodau: NODI'R adroddiad.</p>	
<p>PGAB 22/125</p>	<p>DIWEDDARIAD COMISIYNU PGAB</p> <p>Derbyniwyd Diweddariad Comisiynu PGAB. Cyflwynodd Matthew Edwards yr adroddiad a nododd yr Aelodau ei fod yn rhoi trosolwg o'r cynnydd sy'n cael ei wneud yn erbyn elfennau allweddol y dull comisiynu cydweithredol.</p>	

	<p>Nododd yr aelodau y trafodaethau niferus mewn perthynas â'r fframwaith comisiynu ar gyfer gwasanaethau ambiwlans brys dros y misoedd diwethaf ym Mhwyllgor PGAB, Grŵp Rheoli PGAB a fforymau cysylltiedig eraill. Mae'r trafodaethau hyn wedi arwain at ddull cydweithredol o bontio a thrawsnewid trwy ddatblygu cynlluniau gweithredu comisiynu integredig lleol (ICAPau).</p> <p>Cafodd y fframwaith comisiynu ei gynnwys fel eitem 'ffocws ar' mewn cyfarfod blaenorol o Grŵp Rheoli PGAB, ac mae trafodaethau wedi'u cynnal yn fwy diweddar gyda'r holl fyrddau iechyd. Mae gwaith yn cael ei wneud drwy gydol mis Tachwedd i ddefnyddio cynlluniau gwella trosglwyddo i lenwi ICAPau. Gofynnir i fyrddau iechyd ymrwymo i anfon cynrychiolaeth briodol i'r cyfarfodydd hyn.</p> <p>Roedd y diweddariad hefyd yn nodi y byddai ffocws ar alinio camau gweithredu o fewn yr ICAPau â'r Rhaglen Chwe Nod ar gyfer Gofal Brys ac Argyfwng.</p> <p>Yn ogystal â'r diweddariad ar y fframwaith comisiynu, roedd y diweddariad hefyd yn cynnwys diweddariad Chwarter 2 yn erbyn Cynllun Tymor Canolig integredig PGAB a'r Bwriadau Comisiynu PGAB y cytunwyd arnynt ar gyfer 2022-23, gyda diweddariadau manwl wedi'u hatodi.</p> <p>PENDERFYNODD yr Aelodau:</p> <ul style="list-style-type: none"> • NODI'R dull comisiynu cydweithredol • NODI'R cynnydd a wnaed o ran datblygu Fframwaith Comisiynu Gwasanaethau Meddygol Brys (EMS), gan gynnwys datblygu Cynlluniau Gweithredu Comisiynu Integredig lleol • NODI'R cynnydd a wnaed yn erbyn Cynllun Tymor Canolig Integredig (IMTP) PGAB yn Chwarter 2 fel y nodir yn y diweddariad a ddarparwyd • NODI'R diweddariad Chwarter 2 yn erbyn y bwriadau comisiynu ar gyfer pob un o'r gwasanaethau a gomisiynir. 	
PGAB 22/126	<p>ADRODDIAD CYLLID MIS 6</p> <p>Derbyniwyd Adroddiad Cyllid Mis 6. Pwrpas yr adroddiad oedd nodi'r sefyllfa ariannol amcangyfrifedig ar gyfer PGAB ar gyfer 6ed mis 2022/23 ynghyd ag unrhyw gamau unioni gofynnol.</p> <p>Adroddwyd ar ragolwg o fantoli'r gyllideb.</p>	

	<p>Yn wyneb y pwysau ariannol sylweddol o fewn y system, cytunwyd bod angen cynllunio ariannol cadarn. Dywedwyd bod y tybiaethau ariannol yn unol â'r rhagdybiaethau a wnaed gan fyrddau iechyd a bod angen dangos y defnydd gorau o ddyraniadau comisiynu presennol.</p> <p>Byddai trafodaethau pellach yn cael eu cynnal i sicrhau aliniad â'r broses IMTP.</p> <p>PENDERFYNODD yr Aelodau: NODI'R adroddiad.</p>	
PGAB 22/127	<p>COFNODION A GADARNHAWYD IS-GRWPIAU PGAB</p> <p>Derbyniwyd cofnodion a gadarnhawyd gan yr is-grwpiau PGAB canlynol:</p> <ul style="list-style-type: none"> • Grŵp Rheoli PGAB Cryno'r Cadeirydd – 20 Hydref 2022 – nododd yr Aelodau nad oedd cworwm yn y cyfarfod a chytunwyd i ystyried sut y byddai eu sefydliad yn cael ei gynrychioli mewn cyfarfodydd yn y dyfodol. • Grŵp Rheoli PGAB – 18 Awst 2022 • Grŵp Sicrwydd Cyflenwi NEPTS – 4 Awst 2022 • Grŵp Sicrwydd Cyflenwi EMRTS – 7 Mehefin 2022 <p>PENDERFYNODD yr Aelodau: CYMERADWYO'R cofnodion a gadarnhawyd.</p>	
PGAB 22/128	<p>LLYWODRAETHU PGAB</p> <p>Derbyniwyd yr adroddiad ar Lywodraethu PGAB. Cyflwynodd Gwenan Roberts, Ysgrifennydd y Pwyllgor yr adroddiad a thynnodd sylw at nifer o eitemau i'w cymeradwyo, gan gynnwys:</p> <ul style="list-style-type: none"> • Cofrestr Risg PGAB a gyflwynwyd i bob cyfarfod o'r Pwyllgor PGAB, Grŵp Rheoli PGAB ac a dderbyniwyd er sicrwydd ym Mhwyllgor Archwilio a Risg BIP CTM (fel y sefydliad cynnal) • Y 3 risg coch o fewn Cofrestr Risg PGAB yn ymwneud ag eitemau allweddol a drafodwyd eisoes yn y cyfarfod • Adroddiad Fframwaith Sicrwydd PGAB. Nodwyd bod hwn yn yr un arddull â fframwaith sicrwydd y sefydliad cynnal (BIPCTM) • Byddai Rheolau Sefydlog PGAB yn cael eu hadolygu cyn y cyfarfod nesaf yn unol â threfniadau Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru a byddent yn cydfynd â'r adolygiad o Gyfarwyddiadau Ariannol Sefydlog Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC) / PGAB • Nodwyd y rhestr o gysylltiadau sefydliadol allweddol. 	

	PENDERFYNODD yr Aelodau: <ul style="list-style-type: none"> • CYMERADWYO'R gofrestr risg • CYMERADWYO Fframwaith Sicrwydd PGAB • NODI y byddai Rheolau Sefydlog PGAB yn cael eu hadolygu cyn y cyfarfod nesaf • NODI'R wybodaeth o fewn Cysylltiadau Sefydliadol Allweddol PGAB. 	
PGAB 22/129	CYNLLUN RHAGOLWG A BUSNES BLYNYDDOL Derbyniwyd y Cynllun Rhagolwg a Busnes Blynyddol. Gofynnodd y Cadeirydd i'r Aelodau anfon unrhyw awgrymiadau ar gyfer sesiynau 'Ffocws ar' yn y dyfodol. PENDERFYNODD yr Aelodau: NODI'R adroddiad.	
Rhan 3. MATERION ERAILL		GWEITHREDU
PGAB 22/130	UNRHYW FATER ARALL Daeth y Cadeirydd â'r cyfarfod i ben trwy ddiolch i'r Aelodau am eu cyfraniad i'r trafodaethau.	
DYDDIAD AC AMSER Y CYFARFOD NESAF		
PGAB 22/131	Byddai cyfarfod arferol nesaf y Cyd-bwyllgor yn cael ei gynnal am 13:30 o'r gloch, ddydd Mawrth 6 Rhagfyr 2022 ym Mhwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC), Uned G1, The Willowford, Main Avenue, Ystad Ddiwydiannol Trefforest, Pontypridd CF37 5YL; ond mae'n debygol o gael ei gynnal yn rhithiol ar blatfform Microsoft Teams.	Ysgrifennydd y Pwyllgor

Arwyddwyd
Christopher Turner (Cadeirydd)

Dyddiad



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	6 December 2022

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

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/meetings-and-papers/december-2022/>

The minutes of the EASC meeting held on 8 November were approved.

PERFORMANCE REPORT

In presenting the report, Stephen Harrhy gave an update on the current emergency ambulance performance and an overview of the range of actions and processes that had or would be implemented to support performance improvement. The report also presented information in line with the most recent publication(s) of the Ambulance Service Indicators.

NOTED that:

- the report presented a picture of a system that was under severe and sustained pressure. It was reported that ambulance performance was well below levels that the Committee would want delivered and the actions being taken to improve performance were included within the report. Members were reminded that a proposal had previously been approved by Committee to alter a number of dispatch codes and that the likely consequence was that an increase the number of red calls would be received. It was noted that the service had started to see this impact
- the current position with record numbers of handover delays at hospital sites across Wales. Most members had been present at the recent **Ministerial Summit that took place on 28 November**, with the aim of discussing ongoing concerns around ambulance handover delays that were causing harm to patients. It was noted that the Minister for Health and Social Services opened the Summit by outlining her concerns around handover delays and reminded those in attendance of their organisational commitments to reducing delays.
 - Examples of improvements were shared by Walsall Healthcare NHS Trust, with key messages in relation to the organisational ownership of patients from the time they call 999 and take leadership for their care within the organisation. In addition, Cardiff and Vale University Health Board shared their experience of improving handover delays, following a focus on the 4-hour red line and further work was planned to further reduce delays.

Each health board provided an update on their handover improvement plans and commitments at the Summit

AGREED that:

the presentation by Walsall NHS Trust provided a helpful focus on areas of learning. It was proposed that further contact would be facilitated via the Chief Ambulance Services Commissioner rather than through a number of separate discussions and that this would be in line with the work in Goal 4 of the Six Goals for Urgent and Emergency Care Programme

NOTED that:

- **Fortnightly handover improvement plan meetings** continued to be helpful and constructive and ensured specific consideration of the agreed trajectories
- **Conveyance rates were reducing**, this impact must be considered in light of a reduction in attendance in response to escalation decisions; also that this reflected the increasing role of 'hear and treat' and the impact of recent investment in both staff and technology within the clinical support desk. Close relationships with NHS Wales 111 were also felt to be an important factor in reducing conveyance
- The '**hear and treat**' efficiency target of 10.2% of daily volume and that the Welsh Ambulance Services NHS Trust (WAST) had set an internal target of 15% by the end of the calendar year, it was reported that 16% had been reported on some days. The impact of new video technology and staff use of the ECNS (Emergency Nurse Communication System) to support decision-making
- **The level of risk and harm to patients across the system was widely recognised and the additional need to protect ambulance resources out of area, particularly for rural areas at a distance from emergency departments**
- Actions making a significant impact across the system included use of alternative pathways and services other than conveyance to emergency departments where appropriate to do so, a focus on the effective use of falls services and strengthened liaison between health boards and WAST to ensure effective communication, handover and release, particularly against the four-hour trajectory
- Work continued in partnership with local authorities to increase community care capacity with in excess of 450 bed/bed equivalents extra reported to date. Members were in agreement that this was significant, however, this would not solve the problems across the system with further work required on longer term provision, including additional care packages and support for people leaving hospital.

The Chair summarised and noted the key messages of the Minister for Health and Social Services in her closing remarks including the need for organisational commitment to the agreed actions, a focus on fewer key actions and the sharing of the key actions already having an effect.

Members **RESOLVED** to:

- **NOTE** the Ambulance Services Indicators
- **NOTE** additional actions that the Committee could take to improve performance delivery of commissioned services
- **NOTE** the handover improvement Ministerial summit discussion and the specific requirements of organisations.

UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY

The report provided Members with an overview of the progress made since the Committee meeting on 8 November 2022. At that meeting, the EASC Team was asked to progress on:

- clarifying the position regarding resource implications
- responding to the significant comments raised and views regarding the importance of response times
- understanding how the air and road response model works, recognizing that for urban and rural areas it would be different
- further work required regarding the impact of weather
- consideration of the data reference period to ensure that this is appropriate and not unintentionally biased
- understanding any seasonal variation
- improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted
- working with health board colleagues to consider the modelling undertaken.

NOTED that:

- Given the above requirements and the challenges raised by Committee members and stakeholders and in order to avoid protracted discussions over the process, content and transparency of the original proposal, the EASC Team had undertaken to start the process of undertaking this analysis afresh.
- the scrutiny in key areas would continue. The report focused on a description of the current service provision and the historical activity that had been delivered, including an overview of four specific areas related to base activity, these were:
 - Geographical coverage
 - Rapid Response Vehicle Usage (RRV)
 - Utilisation
 - Unmet need.
- there were potential opportunities for service improvement to be explored. The utilisation of all resources was included and, as an example to amplify this issue, both Caernarfon and Welshpool bases were reported as having lower levels of utilisation than the bases in Dafen and Cardiff. It was understood that an element of this would be related to the rural position and lower population density in these areas but options to provide equitable services should be explored
- when combined with unmet need, this would demonstrate that the EMRT service could potentially do more within its existing resource if changes were implemented to increase utilisation and reduce unmet need.

AGREED that:

- there was a need to explore and maximise the additional activity that could be achieved from existing bases and also to explore how any options to reconfigure the service could reduce the number of patients who require a critical care response from EMRTS but currently do not receive one (unmet need).

NOTED that

- modelling and modelling outputs would be part of a robust evaluation process, not used as a sole determinant
- as per the request at the last meeting, activity data from 2022 and weather probability information had been integrated into the preparation for the modelling, and this in turn would support further scenario modelling
- outputs of modelling would be determined by the assumptions that would be placed upon the modelling scenarios and, in order to do this, an understanding of the constraints that should be applied to any development process would be required
- noted that the report EMRTS 24/7 Service Expansion Review (received at the EASC meeting on 13 November 2018) provided the constraints that were adopted as part of the work and it was suggested that a similar a set of constraints would be appropriate and helpful for this current review
- the investment objectives that were used as part of the original case for the establishment of the 24-hour EMRTS service and the weighting that was applied to these objectives to inform the decision-making process for the 24/7 expansion review. The investment objectives were:
 - Health Gain
 - Affordability
 - Clinical Skills and Sustainability
 - Equity
 - Value for Money.

The Committee was asked to consider that the initial engagement process with the public, individual health boards and the Wales Air Ambulance Charity Trust should explore the appropriateness of the constraints, investment objectives and weighting presented, as part of a robust option appraisal process to inform discussion once further modelling and analysis was complete.

Stephen Harrhy gave an overview of the engagement activity that had been undertaken by the EASC Team since the last EASC meeting which included:

- Activities undertaken with many stakeholders both face to face and virtually
- Ongoing collation of, and responses to, over 60 stakeholder comments and questions
- Circulation of the latest stakeholder Briefing Note 2
- Updates to Community Health Councils (CHCs) and confirmation of the agreed key principles of engagement
- Fortnightly meetings with health board engagement, communication and service change leads.

The report proposed that the EASC Team would need to work closely with health board engagement, communication and service change leads and with Community Health Council (CHCs) colleagues in the development and agreement of appropriate engagement materials including the engagement document and the stakeholder engagement timetable.

It was proposed that the formal public engagement process could commence in early January, subject to agreement of engagement materials by health boards and CHCs.

The proposed engagement would include two phases, these were:

Phase 1:

- Explain how the current service works
- Test the constraints, investment objectives and weightings

Six-Week Review

- Agree options to be modelled

Phase 2:

- Undertake the modelling and use to inform a robust option appraisal process
- Make a recommendation to EASC Members.

Members discussed:

- The importance of utilisation of resources and the need for a balance in terms of availability of resources against the efficiency and effectiveness of service delivery (not over or underutilised)
- The need to explore reasonable utilisation levels considering population densities, urban vs rural locations etc
- EMRTS as a national service, not covering a geographical area like road-based ambulances
- The need to understand the current co-ordination and deployment process
- The need to review operating hours when looking at options to maximise additional activity that could be achieved from existing bases and the options to reconfigure
- The impact of the announcement of the preferred bidder for the new aircraft contract; it was confirmed that this process had been ongoing for sixteen months and that the only agreement in place was for four aircraft plus the back-up capability. Members noted that there had been no pre-determination on the number of or location of bases, this was pending the outcome of the EASC processes (engagement)
- The need for a range of engagement material, including the need for them to be bilingual and easy to understand
- the need to develop an effective engagement approach that asked the right questions and reached as many people as possible. It was agreed that this would need to be a collaborative effort with health boards and CHC colleagues and that local leads would be able to inform this, e.g. the positive Powys experience utilising drop-in sessions was noted
- The two phases of engagement proposed, including the review at six-weeks; Members supported this approach
- Questions had been raised by Swansea Bay University Health Board ahead of the meeting asking for additional clarification on the engagement process, the work with health boards and the community health councils and the need for Equality Impact Assessments
- The need for a pragmatic approach in terms of signing off the engagement materials, involving Engagement or Service Change Leads working with Board Secretaries. Members noted Gwenan Roberts would be the point of contact from the EASC Team
- Formal public engagement could commence 9 January if the required agreed documents were in place
- Consideration be given regarding short term support for the EASC Team.

The Chair confirmed that he would ensure the required assurance was in place ahead of undertaking Chair's Action (on behalf of the Committee) to commence the formal engagement process.

Members resolved to:

- **NOTE** the high-level overview provided and the variation in service delivery from the existing bases
- **AGREE** that the issues highlighted by this paper require further exploration and options appraisal process to deliver improvements
- **APPROVE** the service development constraints to be engaged upon
- **APPROVE** the EMRTS key investment objectives and weightings to be engaged upon
- **APPROVE** the commencement of a formal public engagement process as agreed
- **APPROVE** the use of the agreed constraints to inform subsequent modelling and development of options
- **APPROVE** the use of agreed EMRTS key investment objectives and weightings in the options appraisal process
- **APPROVE** Chair's action to commence the formal engagement process when documentation agreed.

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

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on WAST
- Structured approach relating to the engagement process for the EMRTS Service Review.

Matters requiring Board level consideration

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	17 January 2023			



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Ambiwlans Brys
Emergency Ambulance
Services Committee

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE WALES AIR AMBULANCE CHARITY

SERVICE REVIEW BRIEFING

ISSUE
4

Update position as at 6 January 2023

The purpose of this briefing note is to provide an update on the timescale for the start of the agreed formal engagement process in relation to the Service Review of the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) who work in partnership with the Wales Air Ambulance Charity.

In the last briefing, we explained that we expected to start formal engagement when the engagement materials were agreed, but not before 9 January 2023. We also explained that the EASC Team would continue to work with experts in Health Boards and Community Health Councils to produce engagement materials for the work.

Work is continuing on the engagement materials (which will include timelines) but understandably our team has also been very busy supporting the NHS response to the current pressures facing the emergency care system and our patients. With apologies this does mean that the materials are not yet ready and therefore **we will not** be starting the formal process on 9 January 2023 (next week). We are hoping to share information as soon as possible, and now expect these to be available by early February and we appreciate your understanding during this period.

We know a lot of people are really interested in the service and want to take part in the engagement process. It's really important that we get this work right as this is a highly valued service to the people of Wales and therefore, we are not rushing the work.

We will let you know in advance of starting the formal engagement process and there will be a range of ways in which you will be able to take part.

This will include face to face meetings, online meetings and opportunities for you to provide information.

Thank you for your continued interest in this work, we really value the information you have already shared. We look forward to starting more formal engagement as soon as possible and please feel free to continue to contact us with any queries or suggestions you may have in the meantime.



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Ambiwlans Brys
Emergency Ambulance
Services Committee

The formal public engagement process will be in two parts:

Part 1 will:

- Describe how EMRTS works now
- Discuss what must be in place and what are the must haves (constraints)
- Discuss how we measure the benefits and risks of each option (investment objectives)
- Discuss how the process reflects that some benefits are more important than others (weightings)

Review after six weeks to consider the process to date; discussions, agree the constraints, investment objectives and weightings to inform further areas for modelling.

Part 2 will:

- Present options including benefits and risks (and gather feedback and views from public, patients, staff and stakeholders).

Key facts:

- **No decision has yet been made**
- Communities have raised concerns about the potential closure of the current air bases in Welshpool and Caernarfon
- Members of the public have been sharing views and providing feedback and asking questions using the EASC Website
<https://easc.nhs.wales/commissioning/emrts/sdp/>
- Formal public engagement will confirm the current baseline position, will inform the development of boundaries or limits to be used and options that will then be modelled. This will ensure that the benefits or otherwise of each option are clearly set out and weighed up as part of an open, transparent and robust process.

Next steps:

- EASC Team to continue to work with experts in health boards and Community Health Councils to produce engagement materials for the work including timelines
- Expect to start formal engagement when the engagement materials are agreed but this will not be before the beginning of February 2023 - we will confirm in advance
- Final decision by EASC expected in 2023 following a period of public engagement that will last no less than 8 weeks (with a review at 6 weeks).

How can you find out more?

We have a website available where you can keep up to date with the latest information.

You can also pose a question or comment on the proposals and view the frequently asked questions (FAQs) by [clicking here](#).

Website:

<https://easc.nhs.wales/commissioning/emrts/sdp/>

Other helpful links

WAAC Website, [click here](#)

WAAC Service Analysis, [click here](#)

WAAC FAQs, [click here](#)

EMRTS Cymru Website: [click here](#)

**GWASANAETH ADALW A THROSGLWYDDO MEDDYGOL BRYN
ELUSEN AMBIWLANS AWYR CYMRU**

BRIFF ADOLYGIAD Y GWASANAETH

RHIFYN
4

Y sefyllfa bresennol ar 6 Ionawr 2023

Pwrpas y nodyn briffio hwn yw rhoi'r wybodaeth ddiweddaraf am yr amserlen ar gyfer dechrau'r broses ymgysylltu ffurfiol y cytunwyd arni mewn perthynas â'r Adolygiad Gwasanaeth o'r Gwasanaeth Adalw a Throsglwyddo Meddygol Brys (GATMB Cymru) sy'n gweithio mewn partneriaeth ag Elusen Ambiwlans Awyr Cymru.

Yn y papur briffio diwethaf, esbonwyd ein bod yn disgwyl dechrau ymgysylltu ffurfiol pan gytunwyd ar y deunyddiau ymgysylltu, ond nid cyn 9 Ionawr 2023. Gwnaethom hefyd esbonio y byddai Tîm PGAB yn parhau i weithio gydag arbenigwyr mewn Byrddau Iechyd a Chynghorau Iechyd Cymuned i gynhyrchu deunyddiau ymgysylltu ar gyfer y gwaith.

Mae gwaith yn parhau ar y deunyddiau ymgysylltu (a fydd yn cynnwys llinellau amser) ond yn ddealladwy mae ein tîm hefyd wedi bod yn brysur iawn yn cefnogi ymateb y GIG i'r pwysau presennol sy'n wynebu'r system gofal brys a'n cleifion. Gydag ymddiheuriadau mae hyn yn golygu nad yw'r deunyddiau'n barod eto ac felly ni fyddwn yn cychwyn ar y broses ffurfiol ar 9 Ionawr 2023 (wythnos nesaf). Rydym yn gobeithio rhannu gwybodaeth cyn gynted â phosibl, ac yn awr yn disgwyl i'r rhain fod ar gael erbyn dechrau mis Chwefror ac rydym yn gwerthfawrogi eich dealltwriaeth yn ystod y cyfnod hwn.

Gwyddom fod gan lawer o bobl wir ddiddordeb yn y gwasanaeth ac am gymeryd rhan yn y broses ymgysylltu. Mae'n bwysig iawn inni gael y gwaith hwn yn iawn gan fod hwn yn wasanaeth sy'n cael ei werthfawrogi'n fawr gan bobl Cymru ac felly, nid ydym yn rhuthro'r gwaith.

Byddwn yn rhoi gwybod i chi cyn dechrau ar y broses ymgysylltu ffurfiol a bydd amrywiaeth o ffyrdd y byddwch yn gallu cymryd rhan.

Bydd hyn yn cynnwys cyfarfodydd wyneb yn wyneb, cyfarfodydd ar-lein a chyfleoedd i chi ddarparu gwybodaeth atom ni.

Diolch i chi am eich diddordeb parhaus yn y gwaith hwn, rydym yn gwerthfawrogi'r wybodaeth yr ydych eisoes wedi'i rhannu. Edrychwn ymlaen at ddechrau ymgysylltu mwy ffurfiol cyn gynted â phosibl ac mae croeso i chi barhau i gysylltu â ni gydag unrhyw ymholiadau neu awgrymiadau sydd gennych yn y cyfamser.



Bydd y broses ffurfiol o ymgysylltu â'r cyhoedd mewn dwy ran:

Bydd Rhan 1 yn:

- Disgrifio sut mae GATMB yn gweithio nawr
- Trafod beth sy'n rhaid ei sefydlu a beth sy'n rhaid ei gael (cyfyngiadau)
- Trafod sut rydym yn mesur manteision a risgiau pob opsiwn (amcanion buddsoddi)
- Trafod sut mae'r broses yn adlewyrchu fod rhai buddion yn bwysicaf nag eraill (pwysoliadau)

Adolygu ar ôl chwe wythnos i ystyried y broses hyd yma; trafodaethau, cytuno ar y cyfyngiadau, amcanion buddsoddi a phwysidiadau i lywio meysydd pellach ar gyfer modelu.

Bydd Rhan 2 yn:

- Cyflwyno opsiynau yn cynnwys manteision a risgiau (a chasglu adborth a safbwyntiau gan y cyhoedd, cleifion, staff a rhanddeiliaid).

Ffeithiau allweddol:

- **Nid oes penderfyniad wedi ei wneud eto**
- Mae cymunedau wedi codi pryderon am y posibilrwydd o gau'r canolfannau awyr presennol yn Y Trallwng a Chaernarfon
- Mae aelodau'r cyhoedd wedi bod yn codi pryderon ac yn gofyn cwestiynau gan ddefnyddio Gwefan PGAB
- <https://pgab.gig.cymru/gwasanaethau-a-gomisiynir/gwasanaeth-adalw-a-throsglwyddo-meddygol-brys-gctmb/cdg/>
- Bydd ymgysylltu ffurfiol â'r cyhoedd yn cadarnhau'r sefyllfa sylfaenol bresennol, yn llywio datblygiad ffiniau neu derfynau i'w defnyddio ac opsiynau a fydd wedyn yn cael eu modelu. Bydd hyn yn sicrhau bod manteision neu anfanteision pob opsiwn yn cael eu nodi'n glir a'u pwyso a'u mesur fel rhan o broses agored, dryloyw a chadarn.

Camau nesaf:

- Tîm PGAB i barhau i weithio gydag arbenigwyr mewn byrddau iechyd a Chynghorau Iechyd Cymuned i gynhyrchu deunyddiau ymgysylltu ar gyfer y gwaith gan gynnwys amserlenni
- Disgwyl dechrau ymgysylltu ffurfiol pan gytunir ar y deunyddiau ymgysylltu ond ni fydd hyn yn dechrau cyn Chwefror 2023 – byddwn yn cadarnhau ymlaen llaw
- Disgwylir penderfyniad terfynol gan PGAB yn 2023 yn dilyn cyfnod o ymgysylltu â'r cyhoedd na fydd yn para llai nag 8 wythnos (gydag adolygiad a'r ôl 6 wythnos).

Sut allwch chi ddarganfod mwy?

Mae gennym wefan ar gael lle gallwch gael y wybodaeth diweddaraf

Gallwch hefyd ofyn cwestiwn neu roi sylwadau ar y cynigion a gweld cwestiynau cyffredin (FAQs) drwy clicio yma

<https://pgab.gig.cymru/gwasanaethau-a-gomisiynir/gwasanaeth-adalw-a-throsglwyddo-meddygol-brys-gctmb/cdg/>

Dolenni defnyddiol eraill

Gwefan WAAC [cliciwch yma](#)

Dadansoddiad gwasanaeth WAAC [cliciwch yma](#)

Cwestiynau cyffredin WAAC (FAQs) [cliciwch yma](#)

Gwefan GAATMB Cymru [cliciwch yma](#)



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NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 8 June 2022

Author: Teri Harvey

Version: 0d

**Members
present**

Ann Lloyd, Chair, Aneurin Bevan UHB (Chair) (AL)
Maria Battle, Chair, Hywel Dda UHB (MB)
Tracey Cooper, Chief Executive, Public Health Wales (TC)
Kevin Davies, Vice Chair, Welsh Ambulance Service NHS Trust (KD)
Glyn Jones, Deputy Chief Executive, Aneurin Bevan UHB (GJ)
Steve Ham, Chief Executive, Velindre NHS Trust (SH)
Vivienne Harpwood, Chair, Powys tHB (VH)
Alex Howells, Chief Executive, HEIW (AH)
Chris D V Jones, Chair, HEIW (CJ)
Simon Jones, Chair, DHCW (SJ)
Donna Mead, Chair, Velindre NHS Trust
Ceri Phillips, Vice Chair, Cardiff and Vale UHB (CP)
Mark Polin, Chair, Betsi Cadwaladr UHB (MP)
Suzanne Rankin, Chief Executive, Cardiff and Vale UHB (SR)
Jayne Sadgrove – Vice Chair, Cwm Taf Morgannwg UHB (JS)
Helen Thomas, Chief Executive, DHCW (HT)
Jan Williams, Chair, Public Health Wales (JW)
Emma Woollett, Chair, Swansea Bay UHB (EW)

**In
attendance**

Mark Dickinson, Director, Clinical Networks, NHS Wales Health Collaborative (MD)

Apologies

Emrys Elias, Chair, Cwm Taf Morgannwg UHB
Mark Hackett, Chief Executive, Swansea Bay UHB
Charles Janczewski, Chair, Cardiff and Vale UHB
Jason Killens, Chief Executive, Welsh Ambulance Service NHS Trust
Paul Mears, Chief Executive, Cwm Taf Morgannwg UHB
Steve Moore, Chief Executive, Hywel Dda UHB
Carol Shillabeer, Chief Executive, Powys tHB
Jo Whitehead, Chief Executive, Betsi Cadwaladr UHB
Martin Woodford, Chair, Welsh Ambulance Service NHS Trust

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Welcome and introduction		Action
AL welcomed colleagues to the meeting and noted apologies.		
Approval of minutes of previous meeting (LF-2206-01)		Action
The minutes of the meeting held on 6 December 2021 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
<p><i>Precision Medicine</i></p> <p>AL noted that there was a debate in the last meeting about the potential centralisation of the hosting, within Cardiff and Vale UHB, of the range of programmes that sit within the overarching scope of precision medicine. Changes in the hosting arrangements had been opposed by the Collaborative Leadership Forum, pending further developments with the establishment of the NHS Executive function. SR noted that work on the programme was still being progressed in a distributed way, but there were no current proposals to change the hosting arrangements.</p> <p>SR gave an update on three key subsidiary programmes:</p> <p><i>Geonomics</i> (hosted by Cardiff and Vale) – Work is being progressed, but a key issue is around mainstreaming and whether all organisations are strategically orientated to be ready to make use of the opportunities presented. Our workforce needs to understand and embrace the implications and our planning needs to be aligned.</p> <p><i>Advanced therapies</i> (hosted by Velindre) – Through the pandemic this programme had been paused, but there is now impetus to motivate and refresh the understanding of this work with key stakeholders.</p> <p><i>Digital cellular pathology programme</i> (hosted by Collaborative) – The business case had been approved to proceed to procurement in terms of market testing but further progress is predicated on capital and revenue investment from WG. As with other programmes, there will be implications from the reduction in the DPIF capital budget. For this year, it will not have a major implication.</p> <p>SR confirmed she had the resources required to work through the issues raised and felt supported.</p> <p>The advice from SR was welcomed and DM confirmed that the query raised in the last meeting was no longer an issue.</p>		

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MD confirmed that Alan Deacon, the new pathology lead, had received confirmation, subject to final ministerial approval, that £220k in revenue would be available to support digital cellular pathology through support posts in laboratories to use the scanners that are already in place and not being fully utilised.	
Establishment of the NHS Executive for Wales (LF-2206-02)	Action
<p>AL noted that it would not be for the Collaborative or the Collaborative Leadership Forum to decide what the working practices and the model would be for the Executive. The Collaborative Leadership Forum does, however, have a role in ensuring that Collaborative staff are well protected and informed. It is also important to determine what aspects of the Collaborative functionality, we make a case to retain to enable the NHS to undertake its role.</p> <p>MD advised that there were live debates both inside and outside WG about whether the NHS Executive was the right home for the overall management of the digital programmes, LINC and RISP. There was no clarity about whether, or at what point, there would be any form of review that would consider the scope and make a decision on these programmes. MD asked the Forum whether they wanted to formally request clarification from WG on this issue.</p> <p>HT agreed with MD and advised that she had requested that decisions about what was moving into the Executive from the Collaborative and what retained in the NHS should not be delayed, as the two programmes are at a crucial stage and we do not need any further distractions.</p> <p>JW stressed that the Forum would need to differentiate between WG funded programme and then the functions and services that we want for ourselves in the NHS and that these fall within our remit.</p> <p>EW, representing the Chairs on the Steering Group overseeing the creation of the Executive, confirmed that Judith Paget is very keen to do this in a collaborative way and understood the importance of the culture of the new Executive. The danger EW identified was that there were so many different competing voices and that the Steering Group would need to facilitate her to get the necessary clarity.</p> <p>AL agreed it was vital that the Steering Group produced a mandate for the Executive as this would give clarity on precisely what it is going to do and how it would be judged.</p> <p>EW confirmed that there had been quite a Steering Group discussion regarding the mandate and governance. What was</p>	

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<p>needed was the clarity of the roles, responsibilities and the competencies in the roles.</p> <p>AL thanked MD and his staff for the way they had kept going during the last two years and for MD's leadership and oversight of delivery.</p> <p>It was agreed that AL and MD would draft a letter on behalf of the Forum to Judith Paget. This would proposed further consideration and decision making around a 'residual functionality' and the future location for the informatics programmes.</p> <p>AL asked that SM and MD should liaise with the other chief executives to recommend a list of what functions they feel we should retain to deliver effectively.</p>	<p>AL/MD</p> <p>SM/MD</p>
Collaborative Annual Plan 2022/23 (LF-2206-03)	Action
<p>MD advised that the plan had been to the Collaborative Executive Group twice and that it was endorsed at the last meeting in May 2022 and was now coming to the Collaborative Leadership Forum for formal approval.</p> <p>CJ suggested it would be useful to highlight and recognise the pieces of work that the Collaborative would need to hang on to thought-out the year before they felt it safe enough to hand over the Executive.</p> <p>MD agreed that this could be added to the introduction section around the establishment of the Executive.</p> <p>MD confirmed that the Collaborative Executive Group had asked for a summary of the business cases referred to in the plan and what the potential ask, and resource implications will be, and this will go to Collaborative Executive Group in June. A paper would also be brought to the next meeting of Collaborative Executive Group regarding the funding that currently goes to implementation groups. This funding will remain, but it will not be ringfenced per topic area as it was now.</p> <p>AL recognised that a big problem with implementation groups was the lack of consistency of evaluation.</p> <p>AL confirmed that the Forum were happy to approve the plan and felt that it was a good piece of work in the current context.</p>	MD
Informatics Programmes Update (LF-2112-04)	Action
<p><i>DPIF funding</i></p> <p>Our digital programmes are wholly or partially funded by the WG Digital Priorities Investment Fund (DPIF). In mid-March DPIF confirmed that their capital budget had been significantly reduced and they were proposing substantial cuts to each of the</p>	

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programmes funded. Programmes responded to this and, in April, they received specific proposed cuts. On 7 June, the Collaborative received emails confirming, subject to Ministerial final approval, the reductions have been reduced, but are still significant. The Collaborative team is currently assessing what these reductions mean but can confirm limited risk to the delivery of WICIS and RISP. There are, however, major concerns over LINC with a capital shortfall of £250k. Appropriate action is under consideration, aimed at not jeopardising the programme further, whilst balancing capital expenditure, and this will be going back to the Collaborative Executive Group in June.

LINC update

MD reported that we are at a pivotal point in the programme and there are several areas of concern addressed in the paper. The overall assessment is that LINC faces several risks and issues. Confidence in the supplier Citadel has been undermined and the programme, in close partnership with DHCW, are working with Citadel to address this.

MD asked the Forum to note the report and to support the planned workshops on deployment options, to support the approach on design and build outlined in the paper and support the work of DHCW on contingency planning. The key recommendation is to mandate the Collaborative Executive Group to maintain close oversight of the programme and the contingency planning and to take any action as appropriate as the situation develops.

VH expressed concern at the huge reduction in funding and that it was crucial to get some assurance that there would be progress towards implementation to a plan.

MP struggled to understand why the team were unable to get some required information from Citadel or DHCW in what is a crucial project. MP stressed that he did not take much confidence from the recommendations described in the updates because he felt the updates did not satisfy the recommendations and wanted assurance that this was being discharged by the programme board.

HT shared these concerns. DHCW do not lead or direct the programme but do have a pivotal role and are the contracting authority. There is work taking place with Citadel and our teams to try and work through the plans. The reason why DHCW do not have a detailed plan is that they need a detailed plan from Citadel and the team have now set out some detailed questions to Citadel to get the information they need. The issues around the funding model were a live discussion at the moment with Deputy Directors of Finance, who are working through options and scenarios. A further set of specific questions have been sent to the supplier to aid this work.

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<p>AL noted that the programme was having problems and felt that we had been let down by Citadel, but was glad to hear that a review is being undertaken and contingency planning is being progressed. It will be good to keep the Forum informed.</p> <p>AH confirmed that this has been a constant theme of discussion in Collaborative Executive Group over the past months and that they continued to keep the situation under review.</p> <p>It was agreed that AL should escalate the DPIF capital funding shortfall to Judith Paget on behalf of the Forum.</p> <p><i>RISP update</i> Key stages in the programme were noted. The evaluation of tenders has been completed and three suppliers have been shortlisted.</p> <p><i>WICIS update</i> The Collaborative do not manage this programme, but it was instigated through Critical Care Network and MD is the SRO. The programme is making good progress and was on course to implement in AB at the beginning of the next calendar year.</p>	AL/MD
Welsh Sexual Assault Services Programme Update (LF-2206-05)	Action
<p>MD introduced the report produced by Joanne Williams, Programme Director and noted there is a conference on the programme taking place the following week.</p> <p>MD highlighted two key areas. There were issues around staffing requirements at the Swansea paediatric hub, where we are dependent on putting into a place a staffing model that had been agreed between the different organisations. The primary work needs to be driven by Swansea Bay and Hywel Dda to put this model into practice. There are also still some risks around premises and ISO accreditation. The submission of the Cardiff proposal for the capital solution is still being finalised but it has been slightly delayed.</p> <p>VH remained worried for the children living in remote areas in Powys as they must travel a long way to be seen or to get help and hoped we could ensure that the services would be available in Swansea.</p> <p>JW asked about what is happening with children and young people with forced migrant status. Jo Williams was at the launch of the project research when the Minister for Social Justice set out the requirements to make sure that the findings from relevant research and the access to the services were integrated into the mainstream.</p>	

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Collaborative Update Report – June 2022 (LF-2206-06)	
<p><i>Implementation of the National Clinical Framework (NCF)</i> The programme was getting off the ground within WG to implement this. MD felt that there was a need to tightly integrate this programme with the Executive establishment, as the two workstreams are closely linked. This work will have major implications for the future role and nature of our clinical networks and some of the programmes in the Collaborative.</p> <p><i>NHS Wales Quality and Safety Framework (QSF)</i> Catherine Bridges and Tomos Jones have been appointed to this programme which is now up and running.</p> <p><i>Lung Health Check Pilot</i> This item generated a positive discussion at the Collaborative Executive Group. A pilot scheme is being progressed in CTM coordinated through the Cancer Network.</p> <p><i>Maternity and Neonatal Network</i> There is a lot of activity going on in maternity and neonatal, with multiple reviews and reports. We are exploring with WG how we get a greater order on this on who is taking forward the different strands of work and how they relate to each other.</p> <p><i>Women's Health Plan</i> This piece of work has been commissioned by WG. The Women's Health Implementation Group is being repurposed in the short term to take this work forward with support being brought in from colleagues in England.</p> <p><i>Remit of the Wales Critical Care and Trauma Network</i> It was formally noted that the above is now the Critical Care Network as the trauma elements have been passed back to the trauma networks in south Wales and north Wales.</p>	
AOB	Action
<p>CJ asked that a risk register of the overall business of the Collaborative should be added as a standard item to this meeting. This is especially important while it is going through the transition period.</p> <p>MD stated that there is a very high-level risk assessment in terms of the delivery of the work plan at the back of the plan.</p>	MD
Date of next meeting	Action
TBC – following the executive meeting.	