



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 March 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Clare Moorcroft, Committee Services Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

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

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

Cefndir / Background

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

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

[Welsh Health Specialised Services Committee Website](#)

[Emergency Ambulance Services Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

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

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

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

Asesiad / Assessment

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

Welsh Health Specialised Services Committee (WHSSC)

- Briefing notes from the WHSSC meetings held on 10 January, 17 January and 13 February 2023, setting out the key areas of discussion.

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of EASC meeting held on 6 December 2022;
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 17 January 2023;
- EMRTS Review Briefing Note 26 January 2023.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 19 January 2023.

Mid Wales Joint Committee for Health and Care (MWJC)

- Update report from MWJC – March 2023.

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

NHS Wales Collaborative Leadership Forum (CLF)

- The CLF has not met since the previous Board meeting. The functions of the NHS Wales Collaborative are in the process of being transferred to the NHS Executive. Discussions regarding future governance processes are ongoing and will be reported to the Board once confirmed.

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

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

	Committees, and Terms of Reference for the CLF and MWJC.
Cyfreithiol: Legal:	In line with its Standing Orders, the Health Board has established WHSSC, EASC and NWSSP Joint Committees, the activities of which require reporting to the Board.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 10 JANUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 10 January 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

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

1. Single Commissioner for Secure Mental Health Proposal

Members received a report presenting the feedback received from Health Boards (HBs) on the options assessment for a single national organisation to commission integrated secure mental health services for Wales and to request support for the recommended course of action to be given to Welsh Government (WG) to achieve a single commissioner for secure mental health services in Wales.

Members (1) **Noted** the report, (2) **Noted** the feedback received from the seven Health Boards (HBs) on the options assessment circulated by the WHSSC team, (3) **Noted** that six of the seven Health Boards (HBs) supported WHSSC as the single commissioner with one HB raising concerns regarding the need for a single commissioner, (4) **Noted** that feedback emphasised a number of issues which would need to be addressed to ensure successful implementation of the change; and (5) **Supported** the following recommendations going forward to Welsh Government:

- That secure mental health services in Wales should be commissioned by WHSSC,
- That a national programme of work, including representatives from Welsh Government, WHSSC and all the seven Health Boards (HBs) should be set up to manage the transfer of the commissioning of low secure services; and
- That more detailed work needs to be done to define the appropriate timescales but that the programme of work is unlikely to be completed before April 2024 at the earliest.

2. Audit Wales WHSSC Committee Governance Arrangements – Update

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

Members (1) **Noted** the report, (2) **Noted** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (3) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (5) **Noted** that a further update on progress will be brought to the May 2023 Joint Committee meeting; thereafter an update will be submitted to Audit Wales and to HB Audit Committees for assurance in June/July 2023.

3. Preparedness for the COVID-19 Public Inquiry

Members received a report providing an update on WHSSC's preparedness for the COVID-19 Public Inquiry.

Members **noted** the report.

4. Review of Financial Limits and Reporting

Members received a report requesting that the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19 pandemic were approved as new permanent limits.

Members discussed the report and noted that discussion had been held with HB finance colleagues on the proposed approach. Members advised they were in agreement to approve the recommendations, subject to further discussion with the HB Board Secretaries.

Members (1) **Noted** the report, (2) **Noted** the rationale for the increase in financial delegation limits as a consequence of the COVID-19 pandemic, (3) **Approved** the updated financial authorisation matrix, which includes the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19, (4) **Approved** the updated process for the current SFI requirement for Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action, subject to further discussion with the HB Board Secretaries. (5) **Noted** that the Standing Financial Instructions (SFI's), and the scheme of delegation will be updated to reflect the changes; and (6) **Noted** that the updated scheme of delegation and the financial matrix will be appended to the SFI's for completeness.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 17 JANUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 17 January 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

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

1. Minutes of Previous Meetings

The minutes of the meeting held on the 8 November 2022 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

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

3. Draft Integrated Commissioning Plan (ICP) 2023-2024

Members received a presentation on the draft Integrated Commissioning Plan (ICP) 2023-2024 and a report presenting the plan for approval.

Members noted that the ICP had been updated following the Joint Committee ICP workshop on 10 January 2023 during which a range of scenarios were considered and it was recognised that the financial situation of NHS Wales had become clearer and the context for consideration of the plan had become more difficult.

Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members agreed to support the plan in principle but requested that additional work was required to focus on risks, efficiencies, monitoring and reporting, to be undertaken before being brought back to an extraordinary Joint Committee meeting in February 2023, in order to approve the ICP in readiness for inclusion in Health Board (JB) Integrated Medium Term Plans (IMTP's).

Members (1) **Noted** that the Plan has been finalised following the Joint Committee Workshop held on 10 January 2023, (2) **Agreed** to support the plan in principle but requested additional work be undertaken to focus on risks, efficiencies, monitoring and reporting before they could provide final approval,

(3) **Agreed** to convene an extraordinary Joint Committee meeting in February 2023 to:

- **Approve** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs); and
- **Approve** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government.

4. Chair's Report

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

- Key meetings attended.

Members **noted** the report

5. Managing Director's Report

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

- **National Skin Camouflage Pilot Service** - WHSSC had received a formal request from Welsh Government (WG) following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service,
- **Individual Patient Funding Request (IPFR) Engagement Update** – The formal engagement process to review the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy, commenced on 10 November 2022 for a 6- week period following the Joint Committee supporting the proposed engagement process at its meeting on 8 November 2022. The feedback is being reviewed and an update will be provided to the Joint Committee in March 2023,
- **Board Development - Compassionate and Collective Leadership in Health and Social Care** - On 29 November 2022, the CDGB received a briefing from Professor Michael West CBE on Compassionate and Collective Leadership in Health and Social Care as part of his mandate to visit all NHS bodies to discuss the importance of compassionate and collective leadership, which is being led by Health Education & Improvement Wales (HEIW). Professor West will facilitate a session with the Joint Committee in 2023 to support discussions on working in partnership, developing cross-boundary team-based working and system leadership.

Members **noted** the report.

6. Plastic Surgery: realignment of future commissioning responsibilities between WHSSC and Health Boards

Members received a report outlining the outcome of the plastic surgery commissioning workshop held with the Management Group in September 2022 and to request support for WHSSC to establish a project to realign

commissioning responsibilities for plastic surgery between WHSSC and Health Boards (HBs).

Members (1) **Noted** the report, (2) **Noted** the outcome of the Management Group plastic surgery workshop held in September 2022, (3) **Considered** and **approved** the proposed realignment of commissioning arrangements for plastic surgery so that non-specialised surgery will be commissioned by Health Boards (HBs) and specialised surgery will be commissioned by WHSSC; (4) **Supported** a project led by WHSSC to undertake the work to transfer commissioning responsibility for non-specialised plastic surgery to Health Boards (HBs) and retain specialised surgery as commissioned by WHSSC.

7. WHSSC Cardiac Review

Members received a report addressing a number of recent events and trends that had impacted the WHSSC-commissioned cardiac surgery and TAVI services, and which sought to identify how they might be coherently and collectively addressed. The subjects of this analysis comprise:

- The 2021 GIRFT review of cardiac surgery,
- Changes to the volume of TAVI and cardiac surgery, together with cardiac surgery performance and escalation issues; and
- The clinical rationale for the selection of TAVI valves, in view of their differential costs.

Members (1) **Noted** the report, (2) **Noted** the impact of the recent events and trends as drivers change in the commissioning of cardiac surgery and TAVI services, (3) **Noted** the important link between the cardiac review and the Integrated Commissioning Plan (ICP) in that the work will conclude what level of cardiac surgery is required and inform the scale of any resultant de-commissioning, (4) **Approved** the development of new contract baselines for cardiac surgery and TAVI, (Stage 1), to be completed by June 2023, (5) **Approved** the proposal that the current TAVI commissioning policy be reviewed (Stage 1), to be completed by June 2023; and (6) **Approved** the recommendation that further demand and capacity planning be undertaken, concluding with an options appraisal to identify the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity (Stage 2), to be undertaken during 2023-24 and 2024-25.

8. Governance Review of Welsh Kidney Network (WKN)

Members received a report which outlined the recommendations from the recent independent Governance Review for the Welsh Kidney Network (WKN) and which provided an assurance that the recommendations were being enacted through an action plan that had been developed, agreed and monitored through the WKN Board.

Members (1) **Noted** the report; and (2) **Received assurance** that there are robust processes in place to ensure delivery of the recommendations

detailed within the recent Governance Review of the Welsh Kidney Network (WKN).

9. South Wales Trauma Network Delivery Assurance Group (DAG) Report (Quarter 2 2022-23)

Members received a report providing a summary of the Quarter 2 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members noted the South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) Report for Quarter 2 2022-2023.

10. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers, which provided an update on the progress made to develop the CRAF following the risk management workshop held in September 2022 and which presented a revised risk appetite statement for approval.

Members (1) **Noted** the report; (2) **Approved** the updated Corporate Risk Assurance Framework (CRAF) and **noted** the changes to the risks outlined in the report as at 31 December 2022, (3) **Noted** that a risk workshop was held in September 2022 to review the CRAF and WHSSC's risk appetite; and (4) **Approved** the updated risk appetite statement.

11. All Wales Positron Emission Tomography (PET) Programme Board Update

Members received a report providing an update on the All Wales Positron Emission Tomography (PET) Programme, including an assessment of clinical demand and growth for PET scanning in Wales and requests support for the recommendation to Welsh Government (WG) that a fourth scanner will be needed to meet predicted scanning demand.

Members (1) **Noted** the report, (2) **Considered** and **approved** a recommendation to Welsh Government (WG) (Programme Sponsor) for a fourth fixed PET scanning site within Wales, based upon up-to-date assessment of clinical demand, which confirms growth is in line with that described in the original Programme Business Case (PBC); and (3) **Received assurance** that there are robust processes in place to ensure delivery of the All Wales Positron Emission Tomography (PET) Programme.

12. COVID-19 Period Activity Report for Month 7 2022-2023 COVID-19 Period

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

Members **noted** the report.

13. Financial Performance Report – Month 8 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 8 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 8 for WHSSC is a year-end outturn forecast under spend of £14,195k.

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

14. Corporate Governance Matters

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

Members **noted** the report.

15. Other reports

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

- Audit and Risk Committee (ARC)
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel
- Welsh Kidney Network (WKN)



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Arbenigol Cymru
Welsh Health Specialised
Services Team



WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 13 FEBRUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 13 February 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

[2022/2023 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

1. Integrated Commissioning Plan (ICP) 2023-2024

Members received a presentation and report presenting the Integrated Commissioning Plan (ICP) 2023-2024 for approval.

Members noted that the ICP had been updated following the Joint Committee ICP workshop on 10 January 2023 and the Management Group (MG) meeting on 26 January 2023 during which the MG considered the Clinical Impact Assessment Group (CIAG) process and horizon scanning prioritisation, strategy planning assumptions, performance assumptions and contingency planning to cover in year pressures and risks. After consideration, a significant number of disinvestments and recommissioning actions were identified, and an assessment of associated risks had also been undertaken as a consequence of the revised position.

Members noted that the indicative 1% shared system savings target was presented in addition to the financial core uplift of 3.11% and that this would be managed through a set of cross cutting commissioning schemes that will be developed and impact assessed. To support this a programme will be developed focussing on further planning and recommissioning work across pathways, working closely with Health Boards (HBs) to firm up schemes, and to explore the opportunities of the new Clinical Networks structure concerning pathway redesign.

Members agreed to approve the ICP in readiness for inclusion in HB Integrated Medium Term Plans (IMTPs). Members requested that an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be brought back to the Joint Committee for approval on 14 March 2023.

Members (1) **Noted** that the Plan has been finalised following the Joint Committee meeting on 17 January 2023, and subsequent discussions at Management Group, (2) **Approved** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government; and (3) **Approved** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs); (4) **Agreed** that an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be brought back to the Joint Committee for approval on 14 March 2023.

2. Any other Business

Members also **noted** updates on other matters of business as follows:

- **WHSSC proposed policy changes to Specialist Fertility Services - CP37, Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy & CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy** – members noted that in an effort to provide better fertility service provision for Wales and more effective outcomes for patients, two fertility policies had been reviewed and were issued for consultation in accordance with the process outlined in the WHSSC 'Policy for Policies' (which aligns to the process used by NICE and the All Wales Medicines Strategy Group (AWMSG)). The consultation documents were sent directly to a wide stakeholder group via email and the consultation was also signposted on the WHSSC website. Some of the proposals had roused concern amongst affected patient groups, which resulted in negative inaccurate reporting in the press. In addition, the Board of Community Health Councils (CHCs) in Wales had written to WHSSC concerning the policy consultation process and their interpretation that the process related to a service change for patients and that Section 183 of the National Health Services (Wales) Act 2006 applied. WHSSC had discussed the matter with them and the interpretation of public law and that WHSSC were seeking legal advice regarding this complex area and the potential implications for other policy consultation processes undertaken by NICE and NHSE.
- **TransVision Cymru – Letter and WHSSC Response** – members noted that Transvision Cymru had written to a number of Joint Committee members advising that they wanted Welsh Government to help resolve issues faced by transgender children and young people in Wales by extending the Welsh Gender Service (WGS) to under 18s. WHSSC had issued a response letter advising that WHSSC commissions gender identity services for children and young people through NHS England (NHSE) and at this time had no plans to change the commissioning arrangements in the absence of the conclusion of the Cass Review. In line with the

recommendations of the Cass Review interim report and in recognition that the needs of children and young people are very different to those of adults, any service in Wales would need to be led by a Specialist Children's Hospital. This would mean that the Children's Hospital for Wales would be the lead and not the Adult WGS. Early preparatory discussions had commenced with Cardiff and Vale University Health Board (CVUHB) regarding future proposals. In addition, the interim NHSE Specialist Service for Children & Young People with Gender Dysphoria (Phase 1 providers) service specification was consulted upon in 2022 and the outcome of the consultation report and final service specification are awaited.



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Arbenigol Cymru
Welsh Health Specialised
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**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
6 DECEMBER 2022 AT 13:30HOURS
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 (in part)
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Steve Moore	Chief Executive, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Elizabeth Beadle	Deputy Director of Planning, Cwm Taf Morgannwg University Health Board
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)
Colette Rees	National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/132	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.	Chair
EASC 22/133	APOLOGIES FOR ABSENCE Apologies for absence were received from Gill Harris, Paul Mears, Mark Hackett, Steve Ham and Tracey Cooper.	Chair
EASC 22/134	DECLARATIONS OF INTERESTS There were none.	Chair
EASC 22/135	MINUTES OF THE MEETING HELD ON 8 NOVEMBER 2022 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 8 November 2022. Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 8 November 2022. 	Chair
EASC 22/136	ACTION LOG Members RECEIVED the action log and NOTED that it would be discussed in more detail at the EASC meeting on 17 January 2023. Members were invited to raise any specific issues, there were none. Members RESOLVED to: NOTE the Action Log.	Chair
EASC 22/137	MATTERS ARISING There were no matters arising from the minutes.	Chair
EASC 22/138	CHAIR'S REPORT The Chair's informed the meeting that he did not have any specific issues to raise.	Chair
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 22/139	PERFORMANCE REPORT The Performance Report was received.	

	<p>In presenting the report Stephen Harry 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.</p> <p>Members 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.</p> <p>Members noted 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.</p> <p>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.</p> <p>It was 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.</p>	<p>ALL / Stephen Harry</p>
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	<p>Members noted that:</p> <ul style="list-style-type: none"> • Fortnightly handover improvement plan meetings continued to be helpful and constructive and ensured specific consideration of the agreed trajectories • Conveyance rates were reducing, while it was noted that this impact must be considered in light of a reduction in attendance in response to escalation decisions it was also noted 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. • Members noted 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 was noted. • 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. <p>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.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators 	
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	<ul style="list-style-type: none"> • 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. 	
EASC 22/140	<p>UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL FROM THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)</p> <p>The report on progress related to the Service Development Proposal from EMRTS Cymru was received. This update provided Members with an overview of the progress made since the Committee meeting on 8 November 2022.</p> <p>The EASC Team was asked to progress on:</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>It was 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.</p> <p>Members noted that 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:</p> <ul style="list-style-type: none"> • Geographical coverage • Rapid Response Vehicle Usage (RRV) • Utilisation • Unmet need. 	

	<p>Members noted 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.</p> <p>It was proposed that, 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.</p> <p>Members 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).</p> <p>The report also provided clarity on the role and purpose of modelling and Committee members noted that modelling outputs would be part of a robust evaluation process, not used as a sole determinant.</p> <p>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.</p> <p>The outputs of modelling were 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.</p> <p>Members 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.</p> <p>The report also included 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.</p>	
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	<p>The investment objectives were:</p> <ul style="list-style-type: none"> • Health Gain • Affordability • Clinical Skills and Sustainability • Equity • Value for Money. <p>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.</p> <p>Stephen Harrhy gave an overview of the engagement activity that had been undertaken by the EASC Team since the last EASC meeting which included:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>The proposed engagement would include two phases, these were:</p> <p>Phase 1:</p> <ul style="list-style-type: none"> • Explain how the current service works • Test the constraints, investment objectives and weightings <p>Six-Week Review</p> <ul style="list-style-type: none"> • Agree options to be modelled 	<p>EASC Team</p>
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	<p>Phase 2:</p> <ul style="list-style-type: none"> • Undertake the modelling and use to inform a robust option appraisal process • Make a recommendation to EASC Members. <p>Members discussed:</p> <ul style="list-style-type: none"> • 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 	<p>Gwenan Roberts</p>
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	<ul style="list-style-type: none"> 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. <p>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.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> 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. 	
EASC 22/141	<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. Members RESOLVED to: APPROVE.</p>	
Part 3. OTHER MATTERS		ACTION
EASC 22/142	<p>ANY OTHER BUSINESS</p> <p>There was no other business raised.</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
DATE AND TIME OF NEXT MEETING		
EASC 22/143	<p>The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 17 January 2023 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed
Christopher Turner (Chair)

Date



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	17 January 2023

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/january-2023/>

The minutes of the EASC meeting held on 6 December were approved.

PERFORMANCE REPORT

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan.

Noted that:

- the report provided an update on current emergency ambulance performance and an overview of the range of actions and processes that have been, or are being, implemented to support performance improvement;
- the report presented information in line with the most recent publication of the Ambulance Service Indicators (November information), the publication of December performance data would take place on 19 January;
- Chart 1 – significant challenge in relation to call volume and answer times;
- Chart 3 – the impact of remote clinical support for patients, the increasing numbers of patients receiving an outcome of “hear and treat” and the collection of more granular data on patient outcomes as a result of investment in both staff and technology within the clinical support desk;
- while there has been a reduction in the number of incidents receiving a response overall, there has been an increase in Red incident volume and that by their nature red incidents often require multiple responses at scene (Chart 4);
- the addition of the Cymru High Acuity Resource Unit (CHARU) [a new type of resource that is replacing rapid response vehicles (RRVs), focused on improving clinical outcomes for the sickest patients] to the chart illustrating the total level of emergency medical services (EMS) hours produced (Chart 5);
- that CHARU is a key driver of improved outcomes for sicker patients;
- the continued challenges regarding red and amber performance (Chart 7 & 8);
- the unprecedented levels of ambulance handover lost hours and how these posed a real and significant challenge to the delivery of timely, safe and effective emergency ambulance provision for the population (Chart 10);
- the Ministerial Summit held on 28 November 2022 related to handover delays with the aim of discussing ongoing concerns around impact of delays on patient harm.

Each health board provided an update on their handover improvement plans and commitments;

- further, the Minister closed the meeting by asking attendees to continue to work with the Chief Ambulance Services Commissioner (CASC) and the EASC team to update handover improvement plans and to make immediate improvements to reduce the risk to patients in the community;
- the EASC Action Plan including the actions that had been agreed to improve the current position. This is also taken through the Cwm Taf Morgannwg UHB Audit and Risk Committee.

Agreed that:

- a summary of the Briefing Session on emergency ambulance performance that took place prior to the EASC Committee meeting would be presented with the minutes.

Members **RESOLVED** to:

- **AGREE** to consider all additional actions that could be taken to improve performance and delivery of commissioned services.

LOCAL INTEGRATED COMMISSIONING ACTION PLANS (ICAP) UPDATE

Noted that:

- progress has been made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement;
- the EASC Team have been working collaboratively with health boards and WAST in the development of the ICAPs;
- each health board has submitted outline ICAPs which have been reviewed by the EASC Team;
- going forward meetings will be held with health boards and WAST to review performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in the health board's ICAP, also to consider any operational or strategic matters arising. Performance data will be monitored via the weekly performance dashboard that is circulated to all health boards and WAST;
- meetings will also be held to focus on the delivery of joint actions (health board and WAST) and individual actions set out in the ICAPs as well as to consider opportunities for shared learning, again these will include both health boards and WAST;
- the actions and outputs of the ICAP process will provide direction and content for the development of each organisation's IMTPs;
- updated ICAPs will also be included within the EASC Action Plan.

Members **NOTED** the report as presented.

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

Noted that:

- the report updates members on the progress made with the EMRTS Service Review and specifically that the review would be independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal, previously received by the Committee;

- members had agreed to explore opportunities for service improvement, particularly utilisation and the impact of rurality and population density on levels of utilisation;
- members had also agreed to explore and maximise the additional activity that could be achieved from existing bases and to explore options to reconfigure the service;
- in relation to the formal public engagement process, Members agreed the need to engage upon the constraints, investment objectives and weightings as part of Phase 1, and that those applied as part of the decision-making process for the EMRTS 24/7 Service Expansion Review in 2018 would also be appropriate for this process;
- while Members had approved Chair's Action to commence the formal engagement process once engagement materials were agreed by all parties (but not before 9 January), the EASC Team had been supporting the NHS response to the current system pressure and therefore the required materials were not yet ready;
- nevertheless, the EASC Team had continued to work with health board engagement, communication and service change leads to draft the required engagement materials for development with CHC colleagues and this work would now continue apace;
- there was a high level of public interest in the service and in taking part in the engagement process. The work would ensure that materials are agreed in a timely manner;
- further, there was a commitment to get the engagement process right, not to rush the process and to ensure that plenty of notice is provided to ensure that those that want to participate would be provided with the opportunity to do so;
- an overview of the activities and engagement undertaken by the EASC Team was provided including responding to the comments and questions received from stakeholders, preparing and circulating briefing notes, updating CHC lead representatives and ongoing meetings with health board communication and engagement leads;
- following discussion at the December meeting, the team had been successful in securing dedicated communication and engagement support from a health board;
- a Senedd debate had taken place on Wednesday 11 January and that the approach being taken has been endorsed by Senedd Members. Key points raised by Members during the debate would be considered in this engagement work.

Agreed that

- (as at previous meeting), Chair's Action would be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be in early February.

Further noted that

- members recognised the impact of supporting the wider system during times of unprecedented pressure on the NHS over recent weeks and months;
- key stakeholders were keen to understand when the formal public engagement process was likely to commence, even an indicative date would be helpful;
- early February was being worked towards, and that if further support was required from health boards during this period this would be forthcoming.

The Chair reported that he had been closely briefed on the work being undertaken in recent weeks and was keen to ensure that due process was undertaken. The Chair would continue to track the progress being made and would undertake Chair's Action when he has the required assurance that all materials and arrangements were in place.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **AGREE** that Chair's Action will be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be early February in line with agreement at EASC meeting on 6 December 2022.

QUALITY AND SAFETY REPORT

Noted that:

- report provided Members with an update on the quality and safety matters for commissioned services currently being supported by the EASC Team;
- responding to the Healthcare Inspectorate Wales (Welsh Ambulance Services NHS Trust) Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover. Following feedback from HIW a further update was provided. During 2023, the EASC Team would be required to develop a final output response for HIW on the recommendations. Input from Health Boards and WAST would be essential in the development of this response;
- establishing and coordinating a task and finish group to review the Appendix B process, to make recommendations for improvement and to monitor the impact of these. While the pilot process was live across Wales, the group continued to meet to share learning and good practice, alongside evaluating the impact of the new process. EASC Management Group will be asked to endorse the approach at their next meeting (see Action Log 'EASC 22/120');
- that the pilot process was felt to be working well and that it would be useful to have a performance framework to track the progress of investments made and the improved outcomes for patients;
- work would also now be undertaken to include key quality and safety matters relating to Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service within the EASC Quality & Safety Report;
- there has been a growth in the levels of adverse incidents, media interest, HM Coroner inquests and subsequent Regulation 28 reports, Prevention of Future Deaths. This was likely to increase as a result of the deteriorating performance and escalation position that had been seen since the autumn of 2021;
- the EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances;
- the intention to develop the report to include more metrics and performance measures to sit alongside the existing Performance Report and to enhance the Committee's knowledge in terms of quality, outcomes and harm.

Members **NOTED** the report as presented.

EASC INTEGRATED MEDIUM TERM PLAN UPDATE

Noted that:

- the private briefing session held prior to the Committee meeting had been helpful in discussing performance matters and the actions in place to improve these
- the briefing session would ensure that similar ambitions and assumptions aligned to EASC Commissioning Intentions would be built in to the EASC, WAST and health board IMTPs

- IMTPs would now be drafted and developed via the EASC governance arrangements and peer groups for discussion at the February meeting of the EASC Management Group and agreement at the March meeting of EAS Committee
- IMTPs would need to be submitted to Welsh Government by end of March 2023.

Members **NOTED** the update provided.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

WAST Provider Report

Noted that:

- this provided an update on key issues affecting quality and performance for Emergency Medical Services (EMS) and Ambulance Care (including Non-emergency Patient Transport Services NEPTS) and provided an update on commissioning and planning for EMS and Ambulance Care (including NEPTS);
- work is currently being undertaken to reduce the length of the Provider report;
- there is concern regarding red and amber response times and patient waits, as reported in the EASC Performance Report;
- progress had been made with 'consult and close' rates as a result of investment in the Clinical Support Desk during 2021-22 and this was currently close to the 15% benchmark, hopefully working towards 17/18% next year.

Members **NOTED** the report as presented.

Immediate Release

Noted that:

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

Members **RESOLVED** to:

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

Manchester Inquiry Recommendations

Noted that:

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

Agreed that:

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

Members **RESOLVED** to:

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

Meeting requirements of the Civil Contingencies Act

Noted that:

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

Members **RESOLVED** to:

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

WAST Integrated Medium Term Plan (Oral)

Noted that:

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

- the WAST team were meeting with the EASC Team fortnightly as they develop the IMTP;
- the WAST IMTP would be taken to the EASC Management Group in February, presented to the WAST Board and then EAS Committee for approval at the March meeting;
- there was an appropriate balance of strengthening core services and the longer-term strategic view.

Members **NOTED** the report as presented.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

Noted that:

- the 'Plurality Model' was operated as part of the commissioning arrangements for Non-Emergency Patient Transport Services (NEPTS). As part of this approach, WAST was the provider of choice with other providers commissioned as appropriate. A tender process had recently been completed and was currently in the novation and implementation phase, this would ensure consistent standards of service delivery, cost efficiencies and savings. WAST were commended for the successful tender exercise;
- a review was being undertaken by NEPTS relating to access to dialysis and oncology services to ensure that these were in line with the expectation, this would be taken through the NEPTS Delivery Assurance Group (DAG);
- there was much information available relating to NEPTS and that a NEPTS Dashboard was currently being developed, again this would be taken through the NEPTS DAG and would become part of the EASC performance management mechanism;
- one of the Commissioning Intentions related to the development of a National Transfer and Discharge Service to support service changes at a health board level and to improve patient flow. This work was ongoing and would be developed and shared via the NEPTS DAG, EASC Management Group and EAS Committee;
- there was a responsibility to firstly ensure best use of current resources ahead of seeking additional resources;
- WAST had recently commissioned work to model how best to use resources as part of this work;
- there were a number of patient transport services operating in Wales and the need to ensure robust oversight, coordination and management of these and the avoidance of duplication.

Members **NOTED** the report as presented.

EASC COMMISSIONING UPDATE

Noted that:

- progress had been made against the key elements of the collaborative commissioning approach;
- the EASC team had developed a process through the framework mechanism to enable this collaborative approach to transition and transformation through the development of local Integrated Commissioning Action Plans (ICAPs), update against Agenda item 2.2;
- the EASC IMTP Quarter 2 Update was presented at the previous meeting. A Quarter 3 Update would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023;

- a Quarter 2 Update against Commissioning Intentions for 2022-23 was provided at the November meeting. A Quarter 3 update against the EASC Commissioning Intentions (EMS, NEPTS and EMRTS Cymru) would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023;
- Commissioning Intentions for 2023-24 were currently being reviewed as part of the IMTP Process for 2023-26, however it was anticipated that the majority of intentions would remain extant. These would be considered for endorsement at the February meeting of the EASC Management Group and then approved at the EASC Committee.

Members **NOTED** the report as presented.

EASC FINANCIAL PERFORMANCE REPORT MONTH 8 2022/23

Noted that:

- there was a current break-even position with no significant variance;
- work would continue on the income received from Welsh Government;
- health board Directors of Finance would be involved as appropriate;
- work would be undertaken in relation to WHSSC and EASC Standing Financial Instructions.

Members **RESOLVED** to:

- **NOTE** the current financial position and forecast year-end position.

EASC SUB GROUPS

The Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group notes from 6 October 2022 were received.

Members **APPROVED** the notes.

EASC GOVERNANCE

Noted that:

- the Risk Register had been reviewed and updated by the EASC Team during January 2023 in response to issues raised at the Cwm Taf Morgannwg University Health Board Audit and Risk Committee meeting on 12 December (as the host body). Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm;
- the EASC Assurance Framework would be updated for the next meeting in line with the changes above approved for the Risk Register;
- the EASC Standing Orders were due for review at the November 2022 meeting. However, there was ongoing work with the Standing Financial Instructions related to the Welsh Health Specialised Services Committee (WHSSC) /EASC and it would be helpful to receive both sets of Standing Orders and Standing Financial Instructions at the same meeting;
- the Standing Financial Instructions for WHSSC were presented for approval at the meeting on 10 January 2023 and the EASC version would be presented alongside the Standing Orders at the next meeting in March 2023;
- the term of the Vice Chair would be completed in February 2023 and a new Vice Chair would need to be agreed at the meeting in March;
- the Chair thanked Steve Moore, the current Vice Chair, for his help and support over the last two years;

- a letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal. The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website. This occurred due to annual leave of a member of the EASC Team with responsibility for the website;
- further, arrangements had been made to avoid this happening again. The EASC website had been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content;
- a further update would be provided as the investigation continued.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **APPROVE** the updated risk register.

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	14 March 2023			



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE WALES AIR AMBULANCE CHARITY

SERVICE REVIEW BRIEFING

ISSUE
5

Update position as at 26 January 2023

The purpose of this briefing note is to provide a further update on the work being undertaken ahead of the formal public 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.

EASC has agreed to explore and maximise the additional activity that could be achieved from existing bases and to explore options to reconfigure the service.

The last briefing explained that we expected to start formal engagement when the engagement materials were agreed and that the EASC Team would continue to work with experts in Health Boards and Community Health Councils to produce these.

A number of engagement materials are in development in a range of formats to ensure that they are available to all stakeholders. These describe how EMRTS works, why the EMRTS Service Review is taking place and that EASC needs your help to make sure that we are looking at the right things and that we understand what you think.

As part of the engagement process, stakeholders will be asked about which options should be developed, how these will be measured against each other and which of these are most important. This will impact on the scoring of each option.

Before they are finalised, these materials have been shared with Community Health Councils for their feedback.

Discussions will also take place to agree the approach to engagement and the timetable. There are a number of ways you will be able to share your views including face to face, online sessions and an online survey.

We still expect to start the engagement process in early February.

Thank you for your continued interest in the EMRTS Service Review.



GIG
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WALES

Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

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

BRIFF ADOLYGIAD Y GWASANAETH

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Y sefyllfa bresennol ar 26 Ionawr 2023

Pwrpas y nodyn briffio hwn yw rhoi diweddariad pellach ar y gwaith sy'n cael ei wneud cyn y broses ffurfiol o ymgysylltu â'r cyhoedd mewn perthynas â'r Adolygiad Gwasanaeth o'r Gwasanaeth Adalw a Throsglwyddo Meddygol Brys (GATMB Cymru) sy'n gweithio mewn partneriaeth ag Awyr Cymru. Elusen Ambiwlans.

Mae'r PGAB wedi cytuno i archwilio a gwneud y mwyaf o'r gweithgaredd ychwanegol y gellid ei gyflawni o'r canolfannau presennol ac archwilio opsiynau i ad-drefnu'r wasanaeth.

Esboniodd y papur briffio diwethaf ein bod yn disgwyl dechrau ymgysylltu ffurfiol pan fydd y deunyddiau ymgysylltu wedi'u cytuno ac y byddai'r Tîm PGAB yn parhau i weithio gydag arbenigwyr mewn Byrddau Iechyd a Chynghorau Iechyd Cymuned i gynhyrchu'r rhain.

Mae nifer o ddeunyddiau ymgysylltu yn cael eu datblygu mewn amrywiaeth o fformatau i sicrhau eu bod ar gael i bob rhanddeiliad. Mae'r rhain yn disgrifio sut mae GATMB yn gweithio, pam mae Adolygiad Gwasanaeth o'r GATMB yn cael ei gynnal a bod y PGAB angen eich help i wneud yn siŵr ein bod yn edrych ar y pethau cywir a'n bod yn deall eich barn.

Fel rhan o'r broses ymgysylltu, gofynnir i randdeiliaid pa opsiynau y dylid eu datblygu, sut y caiff y rhain eu mesur yn erbyn ei gilydd a pha rai o'r rhain sydd bwysicaf. Bydd hyn yn effeithio ar sgôr pob opsiwn.

Cyn iddynt gael eu cwblhau, mae'r deunyddiau hyn wedi'u rhannu â Chynghorau Iechyd Cymuned i gael eu hadborth.

Bydd trafodaethau hefyd yn cael eu cynnal i gytuno ar y dull o ymgysylltu a'r amserlen. Mae nifer o ffyrdd y byddwch yn gallu rhannu eich barn gan gynnwys wyneb yn wyneb, sesiynau ar-lein ac arolwg ar-lein.

Rydym yn dal i ddisgwyl dechrau'r broses ymgysylltu ddechrau mis Chwefror.

Diolch i chi am eich diddordeb parhaus yn yr Adolygiad Gwasanaeth yma.

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	19 January 2023
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Chair's Report</u>	
<p>The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. The Chair also summarised the content, outcome and next steps for the development day held with the Committee in November. This had been very successful and further development sessions would be held during 2023/24.</p> <p>The Committee NOTED the update.</p>	
<u>Managing Director Update</u>	
<p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> • Technology has been successfully implemented to allow pre-employment checks to be undertaken virtually for all UK and Irish passport holders. A reduction in time to hire has been noted since its implementation, however the level of recruitment activity continues to be a challenge across Wales; • Following a recent national Penicillin V shortage, CIVAS@IP5 medicines unit utilised its national portfolio and MHRA wholesale dealer licence to procure significant quantities of Penicillin direct from the manufacturer to meet Health Board demands; • From the 1st April 2023 management of all emergency planning/medicines storage of Welsh Government owned stock will transfer to NWSSP; • From the 1st April 2023 the Low Vision Service Wales will transfer to NWSSP; • Work is continuing to progress on the establishment of the Citizen Voice Body. A number of back-office support services will be provided via NWSSP to the new body going forward; • Securing capital funding for the Laundry Services Modernisation Programme 	

continues to be an issue, NWSSP are currently considering alternative options to progress the work needed to meet the minimum standards and laundry rationalisation; and

- Neil Davies is retiring as Director of Specialist Estates Services; his deputy Stuart Douglas has been appointed and will commence in post in February.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

IMTP 2023-26

The NWSSP IMTP and the Divisional plans reflect priorities identified by Welsh Government, NHS Wales organisations and professional peer groups. In line with the direction from the Minister for Health and Social Care, there is a focus on a smaller number of priorities for 2023-24. The IMTP and the Divisional plans reflect priorities identified by the Welsh Government where we are playing a lead national role; our customers, to support delivery of their local plans; and professional peer groups such as Directors of Workforce and Finance, as follows:

- Decarbonisation and Climate Change;
- Digital Strategy;
- Financial sustainability and good governance; and
- Employee Wellbeing.

While it is a balanced financial plan, there are a number of income assumptions and significant financial risks that need to be managed to achieve this aim.

Committee members commented favourably on both the format and the content of the plan and time timeliness in which it had been produced.

The Committee **APPROVED** the IMTP for submission to Welsh Government.

Digital Strategy

The Chief Digital Office presented the Digital Strategy setting the direction for the future provision of digital services, the approach and methodology and the desired outcomes.

The Committee **APPROVED** the Strategy.

Building Construction Frameworks

The Head of Building for Wales in Specialist Estate Services presented a paper to obtain approval for the development of the NHS Building for Wales construction frameworks which are required to be operational by the end of April 2024 when the current arrangements cease and will support expenditure of circa £1 billion during their duration.

The Committee **APPROVED** the development of the Framework and the placing of the tender notices.

Risk Appetite Statement

The overall risk appetite statement was reviewed in detail at the SSPC Development Day in November, and prior to that by the Senior Leadership Group. The outcome of these reviews was for NWSSP to be bolder in its appetite to risk and this is reflected in the revised Statement.

The Committee **APPROVED** the Statement.

Finance, Performance, People, Programme and Governance Updates

Finance – The distribution to NHS Wales has been increased to £2m and the year-end forecast outturn remains at break-even with the assumption of full funding of exceptional energy pressures and Covid costs from Welsh Government. The forecast outturn for the Welsh Risk Pool remains on track with the budget.

Performance – The in-month (November) performance was generally good with 34 out of 38 KPIs achieving target. Action is being taken to address the four amber indicators.

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

People & OD Update – Sickness absence rates remain very low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion has dropped slightly to 83%

Corporate Risk Register – There are now seven red-rated risks covering areas such as energy costs and provision, industrial action, insufficient staff resource, the Legal and Risk and Laundry project risks, and an issue with the roof of Brecon House that may require the lease to be terminated.

Health and Care Standards – The response to the standards have been updated to reflect the additional services taken on recently by NWSSP but remain overall at Level 4.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- TRAMs Update;
- Counter Fraud Management Arrangements;
- Audit Committee Annual Report 2021/22;
- Audit Committee Assurance Report;
- Counter Fraud Annual Report 2021/22;
- Wales Infected Blood Support Scheme Annual Report 2021/22;

<ul style="list-style-type: none"> • Welsh Language Annual Performance Report 2021/22; • IMTP Q2 Progress Report; and • Finance Monitoring Returns (Months 6, 7, 8 and 9). 	
AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none"> • The Board is asked to NOTE the work of the Shared Services Partnership Committee. 	
Matters referred to other Committees	
N/A	
Date of next meeting	23 March 2023

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – MARCH 2022

1. Introduction

- 1.1 The statutory health and care organisations covering the Mid Wales region include the three Local Health Boards, Welsh Ambulance Services NHS Trust and three Local Authorities namely Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board, Ceredigion County Council, Gwynedd Council and Powys County Council. A formal collaborative arrangement between these organisations was established in 2015, known as the Mid Wales Healthcare Collaborative, in response to a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by Professor Marcus Longley in 2014. As from March 2018 this collaborative arrangement transitioned into the Mid Wales Joint Committee with a strengthened role in the joint planning and implementation of health and care services across Mid Wales.
- 1.2 The Mid Wales Joint Committee is due to meet on 25th April 2023 and this report provides an update on the work undertaken by the Mid Wales Joint Committee's sub-groups.

2. Mid Wales Priorities and Delivery Plan

- 2.1 The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning & Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee. The main focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

2.2 Priorities 2022/23

Key areas of progress on the Mid Wales Priorities and Delivery Plan for 2022/23 are as follows:

2.2.1 Ophthalmology

A meeting of the key representatives of the Mid Wales Ophthalmology group was held on 29th November 2022 to explore the available options and next steps for this Mid Wales leadership role. Two options were identified as follows:

- i) Joint Consultant post to be hosted by and based at Powys Teaching Health Board.
- ii) MDT approach led by a non-medical role e.g. nurse ophthalmologist.

A further meeting was held on 10th January 2023 where the preferred option was for the post to be hosted by Hywel Dda University Health Board but based at a site in Powys Teaching Health Board. Initial discussions have been held with Hywel Dda University Health Board regarding this approach and due to a lack of a substantive Consultant Ophthalmology workforce Hywel Dda are not in a position to professionally manage the post. An alternative option being explored is that the post is hosted by Powys Teaching Health Board with professional management from Shrewsbury and Telford NHS Trust.

2.2.2 Community Dental Services

Referrals for new Hywel Dda University Health Board patients (North Ceredigion) to the Newtown clinic for intermediate oral surgery service for complex extractions are to be resumed as from 1st April 2023.

Work will now be commenced on exploring the feasibility of an integrated service for a General Anaesthetic special care service at Bronglais General Hospital.

2.2.3 Urology

Following a number of discussions, the Mid Wales Clinical Advisory Group, agreed their top three clinical priorities as 1. Urology, 2. Palliative Care and 3.

Rheumatology and that these be looked at in a staged way. A workshop was held in September 2023 of lead clinicians and GP Cluster Leads to ascertain what the current Urology pathways looked like and what the current issues were. The group agreed the following actions for reporting to a second workshop.

- Data and information be obtained on the current position regarding current patients requiring on-going monitoring.
- Questionnaire be issued to GP practices to ascertain the current processes in place for the monitoring of patients and blood results.

A summary of the questionnaire responses received to date shows a mixed approach in place for the management of PSA levels with some practices having a formal system in place and some adopting an ad-hoc approach. Dates for the second workshop have been cancelled on three occasions and a second workshop is now planned to be held on 2nd May 2023. This work will link to the national work being undertaken on the development of an All Wales pathway which is nearing completion.

2.2.4 Clinical Strategy for Hospital Based Care and Treatment and regional solutions

The Bronglais General Hospital Strategy Implementation Group has met on 18th January and 15th March 2023. A review of the current status of the implementation of the strategy has been undertaken and an update provided to the Hywel Dda University Health Board Strategic, Development and Operational Delivery Committee. The Committee re-iterated the need for implementation of the strategy to be progressed and that Bronglais General Hospital should be sustained as a district general hospital whilst also being a part of the new planned and urgent care hospital for which the Health Board is currently out to consultation on the proposed location. A workshop is to be arranged for more detailed consideration of the strategy and its action plan to ensure it takes into consideration changes to services post COVID-19. Project management resource has been requested to support implementation of the strategy going forward.

The Mid Wales Regional Commissioning Group met on 29th November 2022 to discuss work being undertaken to explore those areas with potential opportunities for Hywel Dda University Health Board to provide additional capacity – Colorectal and Rheumatology. It was also agreed to explore the option for provision of Dermatology services at the Bro Ddyfi development. Subsequent meetings of the group arranged for January, February and March 2023 have been cancelled with the group due to meet on 6th April 2023. The current update on its areas of work are as follows:

- Colorectal: A Task and Finish group is looking at establishing colorectal clinics, to be provided by Hywel Dda University Health Board, at Newtown. The work on the development of the agreed pathway is nearing completion and commissioning and contracting colleagues have been asked to commence discussions. Clinics are planned to commence in Newtown in early May 2023. Further work is also being undertaken on ensuring that there is sufficient surgical capacity at Bronglais General Hospital to meet this additional demand.
- Rheumatology: The job description for the post has been approved by the Royal College. The group agreed that Hywel Dda University Health Board would outline what capacity is available with Powys Teaching Health Board to advise what their predicted demand is.
- Dermatology: A lack of access to Dermatology services has been identified as an issue for patients residing in the west area of Betsi Cadwaladr University Health Board and Powys Teaching Health Board. Powys Teaching Health Board are currently exploring a GP with special interest model and have been asked to consider the provision of a clinic at its Bro Ddyfi development for South Gwynedd patients when developing the Business Case. Betsi Cadwaladr University Health Board have also advised that they have some potential positive developments in the recruitment of Dermatologists.

2.2.5 Cross Border workforce arrangements

For the Aberystwyth University School of Nursing the number of students on nurse training courses being provided is due to increase from 50 to 186 as from September 2023. This is due to an increase in the number of Adult and Mental Health nursing places from 50 to 70 as from September 2023, commencement of the part time Adult and Mental health nursing course in June 2023 and the introduction of the level 4 programme with 62 places for health care support workers (for both health and social care).

2.3 Priorities 2023/24

For 2023/24 the priority areas for joint working across Mid Wales will continue to focus on a whole pathway approach with regional links between primary, secondary, community and social care to support the Welsh Government's expectation for Health Boards to work together to plan and deliver regional solutions across organisational boundaries.

Priority	Objective
1. Urology	Continue the development of a programme of renewal for Urology pathways across the region which will support and link to the national pathway work.
2. Ophthalmology	<p>Increase capacity and access to Ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Hywel Dda University Health Board, Powys Teaching Health Board and Shrewsbury and Telford NHS Trust.</p> <p>Recruitment to the Mid Wales Ophthalmology leadership role to lead on the MDT approach to Ophthalmology services across Mid Wales.</p>
3. Cancer	Establish the new Chemotherapy Day Unit at Bronglais General Hospital.

	<p>Review radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements. Also ensure the needs of the population are considered as part of other regional developments.</p> <p>Review palliative care pathways to identify opportunities for simplifying models through a shared cross organisational workforce approach.</p>
4. Dental	<p>Explore the feasibility of an integrated service for joint General Anaesthetic list at Bronglais General Hospital using existing facilities not fully utilised.</p> <p>Identify what improvements could be made to general NHS Dental services provision across Mid Wales.</p> <p>Explore local training and placement opportunities for dental roles including dentists, dental nurses and dental technicians.</p>
5. Clinical Strategy for Hospital Based Care and Treatment and regional solutions	<p>Implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the development of regional and cross border solutions with key deliverables for 2023/24 as follows:</p> <ul style="list-style-type: none"> • Develop additional capacity for General Surgery provision at Bronglais General. • Develop and agree a service model for the colorectal surgical pathway for Bronglais General Hospital with outreach services across Mid Wales.
6. Cross Border Workforce arrangements	<p>Develop solutions to establish cross border health and social care workforce arrangements across Mid Wales including:</p> <ul style="list-style-type: none"> • Development of new and enhanced roles. • Recruitment • Retention including peer support and development of portfolios • Joint training including apprenticeship and leadership development programmes

The following areas of work will be included in the workplans of the Joint Committee's sub-groups:

Mid Wales Social Care Group

- **Extra Care:** Scope out existing provision and plans in place across Mid Wales to ascertain what is in place and, if necessary, develop plans for providing additional provision across Mid Wales.
- **Community Care:** Scope out existing provision and plans in place across Mid Wales to ascertain what is in place and, if necessary, develop plans for providing additional provision across Mid Wales.
- **Residential Children's Accommodation:** Scope out existing provision and plans in place across Mid Wales to ascertain what capacity is available in each county and opportunities for joint commissioning.

Mid Wales Clinical Advisory Group

- **Innovative ways of working in primary care:** Explore opportunities for joint working across primary care including shared learning and good practice for the development of innovative ways of working.

Rural Health and Care Wales Stakeholder Group

- Whilst the work of Rural Health and Care Wales will focus on supporting the Mid Wales Joint Committee's priorities they will also be looking at more wide ranging areas of work including the wider social model of health agenda.

3. Other Developments

3.1 Mid Wales Vascular pathways

Following issues raised with regards to the vascular pathway across Mid Wales, there is a need to clarify the boundaries and who is responsible for making sure that GP referrals are sent to the correct vascular unit. A meeting has been arranged of Cluster leads, Commissioning teams and representatives of the BCUHB Vascular team to take this forward.

3.2 Innovation strategy for Wales

Health Boards and Local Authorities will be asked about what work they will be undertaking to implement the strategy for reporting back to the Mid Wales Clinical Advisory Group.

3.3 Trusted Assessors

The Mid Wales Clinical Advisory Group received an update on the development of the All Wales Trusted Assessor model. Concerns were raised that there was a potential for the model to be applied in a different way across Wales and working cross border at a regional level could potentially be a challenge. The Mid Wales Social Care Group have been asked to scope this out to see what potential issues there may be for reporting back to the Clinical Advisory Group.

3.4 Residential Children's accommodation

The Mid Wales Social Care Group has commenced work on undertaking a mapping exercise of Residential Children's accommodation to ascertain what capacity was available in each county and whether anything could be done on a reciprocal basis.

4. Rural Health and Care Wales

4.1 Work Programme 2023/23

4.1.1 On Your Bike project

The third and final launch of the "On your Bike" project took place at Aberaeron on 9th January 2023. Contact has been made with all secondary schools and youth organisations in Ceredigion to confirm that the bikes are now in situ and that the active research phase has commenced, with volunteers being signed up. Three interactive sessions have been set up to encourage people to attend and find out more about the bikes and how they are used, raising awareness of the importance of physical activity, being outdoors and carbon neutral power-generation.

The "On your Bike" project was presented as a Bevan Exemplar project at the National Assembly on 18th January 2023 and a request has been made for the project to be included as part of the Bevan Commission's "Let's Not Waste" initiative, that focusses on reducing waste in the Health Care sectors in Wales (Welsh Government funded). The next step will be working with the young volunteers and monitoring usage and power generation.

4.1.2 Cardi Care project

RHCW concluded its research on the Cardi Care project at the end of November 2023, with the project continuing under Aberporth Community Hall (CAVO funded until April 2023 and then National Lottery). A final report on the findings is in draft format and the final film is to be completed.

4.1.3 Multi-agency responses during the Covid-19 Pandemic

Work on the multi-agency responses during the Covid-19 Pandemic (vulnerable groups) in the Hywel Dda UHB and Powys THB regions has commenced, with the purpose being to look at COVID-19 and its impact on vulnerable clients of statutory agencies. The work has been commissioned by the Integrated Executive Group of the West Wales Care Partnership, the Mid & West Wales Safeguarding Board and the Powys Partnership Board.

4.1.4 Impact of rurality on the cancer patient experience

The 2-year research project funded by Macmillan Cancer Research, exploring the impact of rurality on the cancer patient experience is progressing, with the job description for an appointed Macmillan Rural Cancer Experience Researcher due to be advertised.

4.2 Work Programme 2023/24

The proposed Work Programme 2023/24 for Rural Health and Care Wales, which is aligned with the strategic priorities and aims of the Mid Wales Joint Committee for Health and Care, has been reviewed by both the Rural Health and Care Wales Stakeholder Group and the Mid Wales Planning and Delivery Executive Group and will be presented to the Joint Committee for approval at its April 2023 meeting.

5. Future arrangements for the Mid Wales Joint Committee

5.1 In response to the changing service need due to the COVID-19 pandemic, the Lead Chair and Lead Chief Executive requested that a post COVID-19 review be undertaken of the Mid Wales Joint Committee and how it currently operates. The paper outlining the current arrangements for the Joint Committee, a summary of the post COVID-19 review together with the proposed recommendations for the future arrangements for the Joint Committee was presented and agreed by the Mid Wales Joint Committee at its meeting on 31st October 2022.

5.2 The Joint Committee requested a more detailed paper on its future arrangements which has been presented to the Mid Wales Planning and Delivery Executive Group prior to being subject to review and approval by the Mid Wales Joint Committee at its meeting in April 2023. Proposed key changes are as follows:

- The MWJC will now meet bi-annually as follows:
 - Annual meeting held in April with its main purpose being a planning meeting for the Joint Committee's future workplan.

- Annual conference held in November which will provide an opportunity to showcase the work of the Joint Committee and engage with partners and members of the public on its work.
- Bi-annual Mid Wales plans/reports will be reported to Health Boards and Local Authorities for monitoring and scrutinising.
 - April: Joint Committee Plan for the upcoming year
 - October: Joint Committee progress report
- A Mid Wales Social Care group has been established to focus on Social Care and the alignment of plans for social care services across Mid Wales.
- The Mid Wales Joint Scrutiny Group will review its membership to consider including Health Board Independent member representation in addition to the current membership of LA Scrutiny Group members and the Joint Committee Leadership Team. Powys County Council have now re-engaged with the group.
- Existing engagement and involvement mechanisms for Health Boards and Local Authorities will be used as the main tools for Mid Wales engagement and involvement. The Joint Committee Programme Director and team will lead on identifying those Mid Wales specific issues which require action and response by respective Health Boards and Local Authorities.