



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 November 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)

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.

Asesiad / Assessment

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

Welsh Health Specialised Services Committee (WHSSC)

- Briefing notes from the WHSSC meeting held on 19 September 2023, setting out the key areas of discussion

Emergency Ambulance Services Committee (EASC)

- Summary of key matters considered by EASC and any related decisions made at its meeting held on 19 September 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 21 September 2023

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

Mid Wales Joint Committee for Health and Care (MWJC)

- The MWJC met on 14 November 2023, and will report to the January 2024 Board meeting.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website
Rhestr 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

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

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 19 SEPTEMBER 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 19 September 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 using the link below:
[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/whsc/joint-committee-meeting-briefing-2023-2024)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 18 July 2023 & 1 August 2023 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. Genomics Update

Members received a presentation on how the All Wales Medical Genomics Service (AWMGS) is leading the way in many areas of genomics (Rare Disease, Cancer, Pharmacogenomics, and Mental Health) covering prevention, diagnosis and targeted treatments where was clinically needed and cost effective.

Members noted the Genomics Delivery Plan for Wales 2022-2025, how genomics was transforming cancer diagnostics and drug prescriptions; and how the AWMGS was delivering equitable genomic testing for improved outcomes in cancer and rare disease enabling precision medicine and reducing adverse drug reactions.

Members **noted** the presentation.

4. Chair's Report

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

- **Appointment of a Vice Chair** - To ensure effective business continuity for WHSSC and the Joint Committee it was proposed that Chantal Patel, Independent Member (IM), WHSSC is appointed to the unremunerated role of Vice Chair for the Joint Committee, in accordance with the WHSSC Standing Orders (SOs),
- **Establishment of WHSSC/EASC Vacancy Control Panel** – Following receipt of a letter to WHSSC on behalf of the CEOs,

WHSSC and EASC have established a joint Vacancy Control Panel, aligned with that of CTMUHB but responsive to the needs of both functions,

- **Chair of the Individual Patient Funding Request (IPFR) Panel**
Further to the Extraordinary Joint Committee meeting held on 1 August 2023, which supported the request to take forward the urgent recruitment of the WHSSC Individual Patient Funding Request (IPFR) panel Chair and approved the proposed remuneration package, the post has now been advertised following earlier delays. The aim is to appoint a substantive IPFR Chair by the end of October 2023. **Interim arrangements have been put in place to cover October;** and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Noted** the update on the recruitment of the Chair of the Independent Patient Funding Request (IPFR) Panel; (3) **Noted** the establishment of the WHSSC/EASC Vacancy Control Panel and (4) **Approved** the appointment of Chantal Patel as Vice Chair of the WHSSC Joint Committee.

5. Managing Director's Report

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

- **Progress on South Wales Neonatal ODN** - Funding for the South Wales Neonatal Transport Operational Delivery Network (ODN) was agreed at the 14 March 2023 Joint Committee meeting and funding has been released. However, the recruitment process has not yet taken place and therefore in line with our approach for other, as yet uncommitted investments, we have suspended implementation for this financial year. We will review the need and/or different options for delivering the scheme in 2024-2025. This scheme will now be considered within our process for prioritisation of all uncommitted expenditure and we have requested further information from Swansea Bay UHB (SBUHB), the provider Health Board (HB) to inform this evaluation,
- **Fertility Update - WHSSC Policy development: - CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy** - The WHSSC team met with Llais on 31 August 2023 to discuss the next steps regarding the policy development. WHSSC informed Llais that because of the uncertainty surrounding the budget impact of any policy changes, the current financial challenges for the NHS in Wales meant that policy development has been halted. Colleagues in Llais understood the financial challenge and the difficult choices faced by WHSSC and HBs. A further update meeting is planned for late September 2023; and
- **South Wales Spinal Network (SWSN)** - Following discussion at the NHS Wales Health Collaborative Executive Group (CEG), the

Cardiff and Vale UHB (CVUHB) and SBUHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) set up a project to develop a new service model, to clarify the regional model for South East and South West Wales respectively, as well as the supra-regional model for South Wales, West Wales and South Powys. The project was launched in October 2020, with the aim of developing recommendations for delivering a safe, effective and sustainable model for spinal surgery in South and West Wales.

The final report was presented to the NHS Wales Health CEG on the 6 April 2021. The recommendation was accepted by the CEG, and the responsibility for commissioning the ODN was delegated to the Welsh Health Specialised Services Committee (WHSSC).

Members (1) **Noted** the report; and (2) **Noted** that the South Wales Spinal Network (SWSN) will go live on 25 September 2023.

6. Development of the Integrated Commissioning Plan (ICP) 2024/25

Members received a report offering assurance regarding the development of the 2024/2025 Integrated Commissioning Plan (ICP) and the approach to its development within wider NHS Wales situational context.

Members (1) **Noted** the report (2) Received assurance on the planning process to date which is in line with timeline received by the Joint Committee in May 2023; and (3) **Noted** the approach being taken to respond to the NHS Wales situational context, including an enhanced risk assessment.

7. South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Briefing Paper

Members received a report providing an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019, which proposed that the WHSSC Joint Committee fulfil the CEO reporting function at the request of the NHS Wales Chief Executives; and which requested that the Joint Committee give final approval for Phase 1 implementation of the Programme.

Members (1) **Noted** the report, (2) **Approved** the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, prior to a report being issued to the seven HBs for final approval, (3) **Considered** and **approved** that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme with immediate effect, prior to a report being issued to the seven HBs for final approval, (4) **Recommended to HBs for approval of** an in year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26 for phase 1 of the implementation of the SARC Regionalisation Programme, prior to a report being issued to the seven HB's for final approval; and (5)

Recommended to HBs for approval of a continuation of funding for Phase 2 at the current level prior to a report being issued to the seven HBs for final approval.

A separate note will follow to HBs clarifying the financial arrangements for Phase 1.

8. Welsh Government National Commissioning Review Update

Members received a verbal update on progress with the Welsh Government national commissioning programme commissioned by the Minister for Health & Social Services.

Members noted that the National Commissioning Review Implementation Board meeting was taking place immediately after the WHSSC Joint Committee meeting.

Members **noted** the verbal update.

9. Single Commissioner for Secure Mental Health Service Project Initiation Document (PID)

Members received a report presenting the Project Initiation Document (PID) for the Single Commissioner Model for Secure Mental Health Services.

Members (1) **Noted** the report; and (2) **Supported** the recommendation to initiate the project to develop a Single Commissioner Model for Secure Mental Health Services.

10. Revision to Financial Delegated Limits

Members received a report requesting changes to the financial limits for Individual Patient Funding Request (IPFR) approvals.

Members (1) **Noted** the report, and (2) **Approved** the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals.

11. WHSSC Model Standing Orders – Governance and Accountability Framework

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

Members (1) **Noted** the report, (2) **Approved** the proposed changes to the WHSSC Standing Orders (SOs), prior to being issued to the seven HB's for approval and inclusion as schedule 4.1 within their respective HB SOs, (3) **Approved** the proposed changes to the WHSSC Standing Financial Instructions (SFIs) prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 Annex 2.1 within their respective HB SOs; and (4) **Noted** that there are no changes to the Memorandum of Agreement (MoA).

12. WHSSC Performance Report Month

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

13. Financial Performance Report – Month 4 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 4 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 4 for WHSSC was a forecast overspend of £2.164m against the ICP financial plan and a forecast year-end underspend of £4.202m.

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

14. South Wales Neonatal Transport Delivery Assurance Group Report (April 2023 - June 2023)

Members received a report providing a summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) quarterly report for 1 April 2023 – 30 June 2023.

Members (1) **Noted** the highlights of the Q1 Neonatal Transport DAG report, (2) **Noted** that the full report was being shared In-Committee due to potential patient identifiable data; and (3) **Received** assurance that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).

15. South Wales Trauma Network Delivery Assurance Group Report (Q1)

Members received a report providing a summary of the Quarter 1 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members **noted** the full South Wales Major Trauma Network (SWTN) DAG Report and highlights contained in the cover report.

16. Specialised Paediatric Services Strategy – Implementation Board Highlight Report

Members received a report providing a progress update on the implementation of the Specialised Paediatric Services Strategy.

Members **noted** the report and the progress made.

17. All Wales PET Programme Progress Report

Members received a report providing an update on the progress made by the All Wales Positron Emission Tomography (PET) Programme.

Members **noted** the progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams.

18. 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.

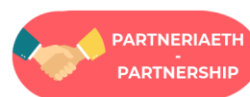
19. Other reports

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

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

20. Any Other Business

- **Cheshire & Wirral Mother and Baby Unit (MBU)** – Members noted that a contractor had been identified and a start on site was expected before Christmas. Recruitment to the posts was expected to start in April 2024 with view to new unit being operational by 1 October 2024; and
- **WHSSC Annual Report** – members noted that the WHSSC Annual Report would be circulated via email for approval and brought back to the November meeting for ratification.





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	19 September 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/september-2023/>

The minutes of the EASC meeting held on 18 July 2023 were approved.

PERFORMANCE REPORT

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Stephen Harray highlighted a number of key areas.

Members noted that:

- 999 call volumes were approximately 12% lower than the same period last year although more patients were attending Emergency Departments
- 10.3% reduction in incidents in July 2023 compared to July 2022
- Hear and Treat rates were 2.3% (460 incidents) higher in July 2023 compared to July 2022
- Despite the issues above the volume of incidents (patients) transported to a Tier 1 site (Major ED) had increased, 20% higher in July 2023 compared to July 2022 and the delivery of red performance remained challenging and not where it needed to be
- In specific health board areas:
 - Swansea Bay (SBUHB), impacts included increasing pressures of handover delays for 4hour and 10hour delays now implementing the Continuous Flow Model to improve patient care
 - Hywel Dda (H DUHB), issue of the reinforced autoclaved aerated concrete (RAAC) on capacity and the impact on services for the population of West Wales.
 - Cwm Taf Morgannwg (CTMUHB), variation remained from site to site and day to day but overall improvements seen
 - Cardiff and Vale (CVUHB), continued to deliver excellent performance and were meeting their predicted trends as per the Integrated Commissioning Action Plan (ICAP)
 - Aneurin Bevan (ABUHB), remained to have variable performance but some signs of improvement seen
 - Betsi Cadwaladr (BCUHB), stabilisation underway although variation between hospital sites and ongoing learning.

The ICAP plans for SBUHB and H DUHB appeared to be focusing on the right areas but these remained challenging areas

Members noted:

- The mixed view in terms of the impact of handover delays which was leading to improvements to Amber patients. However, this would need to translate into impacting on improving red performance.
- Ongoing work with WAST (by the EASC Team) to plan the trajectory of improvements required which would be shared with Members (Action Log) and Welsh Government officials; the ICAP process would monitor the impact
- Need to better understand utilisation and what a good level would be for all resources to be at the right level
- Amber, median, 65th, 95th and the longest Amber waits remained lower than 2022
- Ambulance handover times were stabilizing on a number of metrics, including total lost hours, % handed over in 15 min and handovers over 4 hours.

Members raised and noted:

- Their support for the approach in relation to the current position and the level of red response performance which was very concerning and remained at a deteriorating position despite local efforts
- That the unseasonal weather had also impacted adversely on the performance
- That actions had been agreed in the ICAPs but the resulting improvement was not always being seen in terms of impacting positively on handover delays
- In some areas, the tolerance remained that 4hour waits were acceptable as a large number of patients were breaching the 4hour target on a daily basis.
- The variability of the WAST ambulance unit hour production (UHP)
- The impact of 'overtime bans' (which were outside of the those identified within the Integrated Medium-Term Plan)
- The importance of getting back to the basics of delivering a responsive ambulance service and the ultimate aim to return to no handovers over 15 mins in line with the statutory targets.

In response, Jason Killens explained that an overtime ban was not in place, although the WAST financial plan had aimed to target areas to control spend. Additional resources had been provided to aid WAST management in a difficult and unanticipated period of demand.

Members noted:

- A deliberate choice had been made to develop the Cymru High Acuity Response Units (CHARU) and this had led to a marginally better performance. The quality of services received by patients had improved including an improvement in the rates of return of spontaneous circulation (ROSC) used as one indicator of patient outcomes
- The current WAST planning model for resources and geographical location was based on up to 6,000 lost hours; the current rate at 18,000+ was impacting adversely on ambulance performance
- Returning to a more traditional (dual crewed ambulance) would not improve performance and it would be more costly and would not be efficient or effective for patients
- WAST answering around 100 calls every day of red calls (which was a small number) and reiterated the need to focus attention on a relatively small number of calls.

- That the impact of the CHARU service had not led to improving performance and it was asked whether this had been the right action for the service. However, although the performance percentages had not increased the quality of the service had improved for patients.

Members welcomed the additional work to target frequent callers and asked how the additional 100WTE staff funding had translated into improvements in health board areas and its impact. Further information was requested about capacity and constraints for the next provider report (Action Log).

Members noted:

- The difficulties in recruiting staff in areas across Wales
- Potential issue looming if no improvements in handover delays and the likelihood of difficult conversations where change was not seen
- Improvements expected in performance in line with reducing handover delays
- Increased sickness levels at WAST in August and not yet clear if this was a blip or recurring trend
- Ongoing work in providing different crews to attend incidents where different needs identified (not one size fits all)
- Improvement event planned with WAST in October and further work to do in supporting non-conveyance and alternatives to conveyance to EDs
- The need to have the alternate blended approaches and help to manage variation and note the risk management approach by WAST
- The importance of maintaining the ICAP process and holding each other to account; and the cross-reference to the national work such as the Six Goals for Urgent and Emergency Care Programme.

QUALITY AND SAFETY REPORT

The Quality and Safety Report was received.

In presenting the report, Stephen Harray highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality.

Noted:

- The importance of the quality of services being paramount
- National Reportable Incidents (NRIs) key themes continued to be community response and calls categorisation
- Coroner requests have remained higher than pre pandemic levels; was 244 then and 450 in the last year; growing concerns for patient care
- High numbers of patients receiving 'no send' although not as high as previously but had remained at around 900
- 195 people presented at Emergency Departments who were categorised at Category 1 – immediately life threatening which was concerning; could have benefited from earlier treatment interventions by skilled well trained WAST staff
- Actions to be taken in relation to the Ambulance Service Indicators (ASIs) and work underway to review in line with the Duty of Quality and therefore provide evidence how compliance is assured through the commissioning lens
- Importance of patient story for the next meeting.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received.

- EASC Commissioning Frameworks - in line with the Commissioning Cycle and the discussion at the previous meeting work had commenced to review the Non-Emergency Patient Transport Service (NEPTS) Commissioning Framework, this included the development of a long-term strategy for the service. Further updates would be provided at future meetings.
- An update on Integrated Commissioning Action Plans (ICAP)
 - the on-going commitment from health boards and WAST to the process
 - an outline of the work undertaken by health boards was provided in an appendix which included the impact of the ongoing work
 - further work plans included the validation of data relating to immediate release requests and the further development of remote clinical triage and signposting opportunities.
- EASC Integrated Medium Term Plan (IMTP) – Formal approval by Welsh Government was awaited. Members noted the IMTP Tracker which reflected the progress made against the agreed performance ambitions. The IMTP Tracker would be updated monthly and updates would be provided at future meetings.
- EASC Commissioning Intentions 2023-24 – Members noted that the Quarter 2 update would be presented the EASC Management Group in October.

Members noted that WAST had not committed to achieving the ambition set within the EASC IMTP that sickness levels should be maintained below 5.5% (WASTs internal target was noted at 6% at the end of the year). It was also noted that the trajectories within the IMTP were multi-factorial, some actions for WAST, some for health boards and some joint actions across WAST and health boards.

The CASC also suggested that the approach towards developing the legacy statement for the IMTP would continue as in previous years despite the work to create a new Joint Committee for national commissioning. The plan going forward would be clear for WAST and would dovetail into the new arrangements.

UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.

Noted:

- Previous information shared at the 'Focus on' session
- In 2nd Phase and seeking public and stakeholder comments on the work started afresh following the EASC decision on 8 November 2022
- The approach adopted was previously outlined at EASC
- Emerging themes identified in Phase 1
- External supplier stakeholder and representative sample feedback
- Remit of the external supplier and highlighted key areas received
- Note that the work of the CASC and External Supplier (Picker Institute) was independent of each other to capture as much public feedback as possible

- Themes identified to date to be part of the core engagement materials for Phase 2
- Data modelling planned in addition to the issues raised in Phase 1 and detail for the approach taken.
- Phase 1 listened to comments and Phase 2 would present the independent review but would also continue to listen to stakeholders and the public in order to arrive at a recommendation for presentation to EASC
- Phase 2 in person / face to face meetings taking place between 12 Oct to 20 Oct and the timetable developed
- Window to respond for the public allowing 4 weeks until 5 November 2023
- Focused listening opportunity for the Commissioner – based on the learning from Phase 1
- Plan to arrive at a recommendation and potentially a preferred option by the Chief Ambulance Services Commissioner to present to EASC
- Concerns remain highest for the members of the public who live closest to the affected bases.

Members thanked the CASC and the EASC Team for the work undertaken to date and noted:

- the 4week public engagement window – 9 October to 5 November 2023 (subsequently increased to 12 November)
- Llais and the interface to check that they are content with the continuing approach
- The rapid opportunity to work through the modelling work and early heads up for HBs to be alongside for any events and be fully apprised of the work to date.

Members also noted

- A meeting took place with Llais in July which generally accepted the extent and the nature of Phase 1. The initial advice from the then Community Health Councils had been to undertake formal engagement for 6-8 weeks followed by a break and then a further 2 weeks and this timescale had been extended based on the public response and the need for sufficient time to consider the complex work involved.
- Ongoing dialogue across NHS Wales and with key stakeholders
- Information would be shared with Members before it was made public
- At the time, some areas of modelling were still outstanding.

The CASC thanked Members and welcomed that all HBs were supportive of the approach taken to date but particularly of Powys and BCU health boards.

The Chair explained that he had deliberately not engaged in the process to maintain an impartial approach for the Joint Committee. The important matter for the work was to provide an improved EMRTS service across Wales utilising the highly specialist critical care service.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received. In presenting the report, Jason Killens highlighted:

- the work undertaken by WAST to maximise opportunities to improve response to red calls

- Sickness trajectory had been on a downward trend except for August which was being analysed further to identify key reasons
- As part of the Demand and Capacity work and the Roster Review utilising the Cymru High Acuity Resource Units (CHARUs) to improve outcomes, Members noted that WAST was starting to see a month on month improvement particularly in the return of spontaneous circulation (ROSC) as an important outcome measure for patients and last month was the highest ever recorded. Initially only half of the CHARU was 'funded' but WAST had assessed the available resources to get the best response, mindful of the quality and performance issues. Members noted that this was an overall improvement in quality outcomes for patients
- The revised overtime profile and the capacity for the coming winter
- Although not contained within the report, as provider of the 111 service Members noted the ongoing work with the 'new' software provider SALUS and that the contract would soon be terminated by the Programme. Jason Killens raised the question of who would own the re-procurement required for the new call handling system and this would be raised at a future meeting as this was time sensitive (Action Log).

Members noted (in relation to 111)

- the impact on 999 call handling (or call taking) and the need for EASC to be aware
- Resilience would be an issue, although WAST did not feel this would be a significant matter in the first instance
- The opportunity emerging to bring 111 and 999 together particularly in the clinical advice area
- The importance of agreeing the approach and where the 111 work would be best dealt with until the new Joint Committee was in operation
- The importance of the provider procuring the right software to support service delivery
- WAST would want to procure the right software/system as part of the provision of the service but this had not yet been finalised by the programme.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received. In presenting the report, Stephen Harray highlighted key areas which included:

- Meetings with Welsh Ambulance Services NHS Trust (WAST)
- Meeting with Health Boards
- Review of remote clinical support
- Six Goals for Urgent and Emergency Care Programme
- Connected Support Cymru (previously known as Night Sitting Service)
- Transfer, Discharge and Repatriations
- Review of National Commissioning
- Data linking.

Members noted:

- The report by Healthcare Inspectorate Wales (HIW) on system flow and the impact on WAST and on the EASC Team who would be leading the work to respond
- The continuous flow model and the ongoing work with three health boards to implement; Aneurin Bevan, Betsi Cadwaladr and Swansea Bay University Health Boards

- That the Escalation Policy had been approved by the NHS Leadership Board a while ago and it would need to be updated to get the right balance for the ask between urgent and emergency care, cancer and scheduled care
- New normal to be described to update to the current position
- The link to Goal 5 in the Six Goals for Urgent and Emergency Care Programme and bring together
- Visits to health boards undertaken with a focus on local matters and performance within a more bespoke session
- Regular meetings with WAST; the Review of the Clinical Support Desk which would be presented at a future meeting (Action Log)
- The Six Goals for Urgent and Emergency Care Programme in particular Goal 4 – work with ED colleagues and out of ED; ‘what does a good ED look like?’ and frailty at the front door
- In relation to Connected Support Cymru, how to better use IT and remote IT; noted that some patients presented when the service they needed was not available and the work on how to support the patient until the service they needed was available; an evaluation report had just been finalised and would be circulated to Members (Action Log)
- Transfer, discharge and repatriation – a holding response had been sent to the Deputy Chief Medical Officer (DCMO) and work was continuing by the EASC Team to plan how to progress and identify the potential resource implementation
- Data linking; consultant paramedic would be identifying better links to the data within the Emergency Communication Nurse System (ECNS) and an update would be provided
- Fire Service – potential for fire services to respond to some red calls and act as the first responder, analysis undertaken (to be shared – Action Log) utilisation of fire services at 15% could link to work with volunteers. Fire Service staff are already trained and have access to defibrillators which could improve red response by 5% (approx.) this could have a big impact in rural areas and could also support non-injury falls.

Members highlighted

- Opportunities within the report;
- Additional information and create an eco-structure of out of hospital services and build a system from the start to cross cover and increase system resilience
- Describing inverting the triangle and what could be done within commissioning intentions
- Opportunity to discuss further what the WAST offer could be in terms of rapid response, remote clinical assessment and 24/7 urgent response to help keep patients at home – consider for a ‘focus on’ session (Action Log).

EASC FINANCIAL PERFORMANCE REPORT MONTH 4 2023/24

The EASC Financial Performance Report at month 4 in 2023/24 was received. James Leaves presented the report and Members noted no variances within the plan. Discussion had taken place earlier in the meeting in relation to the 100wte staff. All additional funding was being utilised to support the additional overtime costs.

SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD IN AUGUST 2023

The meeting had been cancelled due to the number of apologies and the meeting would not have been quorate.

EASC SUB-GROUPS CONFIRMED MINUTES

Approved:

- Non-Emergency Patient Transport Services Delivery Assurance Group notes 1 June 2023

EASC GOVERNANCE

The report on EASC Governance was received which included the:

- EASC Risk Register
- EASC Assurance Framework
- EASC Key Organisational Contacts
- Welsh Language Commissioner – Final Report and Decision Notice
- Letter to host in relation to the statutory Duty of Quality and Candour.

Noted that:

- The Risk Register had five red risks in total, three scoring the highest level at 25.
- The EASC Assurance Framework had been updated in line with the changes above to the risk register, the framework utilised the host body's risk management approach and assurance framework.
- The updated Model Standing Orders were received, Members noted the changes in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 which included working with 'Llais Cymru', previously known as Community Health Councils. Once approved the Standing Orders would form part of the schedule for Health Boards.
- Work remained ongoing in relation to the investigation by the Welsh Language Commissioner, supported by the host Cwm Taf University Health Board. The work involved changes to the website software and involved Digital Health and Care Wales. Further updates would be provided at future meetings
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- There were no governance concerns to raise in relation to the Annual Reports prepared by the Emergency Medical Retrieval and Transfer Service (EMRTS) Delivery Assurance Group or the Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group.
- The short summary (for assurance) of the latest Audit and Risk Committee meeting which took place on 16 August 2023

FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

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 services provided to HB local communities and to WAST
- The ongoing formal engagement process for the EMRTS Service Review, the closure of Phase 2 and the potential recommendation to the December meeting of EASC.

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 – especially in relation to the quality of services patients receive

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes		No	✓
Date of next meeting	21 November 2023			

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	21 September 2023
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<p><u>Matters Arising</u></p> <ul style="list-style-type: none"> • <i>Duty of Quality Update</i> – The Medical Director gave a verbal update on progress with the implementation of the Duty of Quality. Good progress has been made but challenges remain in making the Duty fit to non-patient facing services and we are meeting shortly with both DHCW and HEIW to share thoughts on how best to approach this. Reference was also made to two major projects (Laundry and TrAMS) that have quality improvements at their core but being unable to make significant progress due to lack of capital. • <i>Recruitment Modernisation Update</i> – A presentation was given by the Deputy Director of Employment Services and the Head of Recruitment on progress in addressing recruitment challenges across NHS Wales. Measures have been implemented that have significantly streamlined the process and members commented favourably on the reduction in the time taken to successfully recruit new members of staff. 	
<p><u>Chair's Report</u></p> <p>The Chair noted attendance at recent meetings with the Minister largely focused on the financial situation across NHS Wales.</p> <p>The Committee NOTED the update.</p>	
<p><u>Managing Director Update</u></p> <p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> • The establishment of a Value and Sustainability Group within NWSSP to drive an organisation wide approach to strengthen cross divisional working, to co-ordinate and deliver actions to demonstrate value for money as well 	

as continue to innovate and improve quality and consistency for NHS Wales. The Value and Sustainability Group mirrors the national approach and will closely monitor progress in achieving planned savings.

- The negotiations with the landlord on the Mamhilad site for provision of alternative accommodation for the Patient Medical Record service are nearing completion following the discovery of significant Reinforced Autoclaved Aerated Concrete issues in Brecon House. The costs of moving are however substantial with the need to shift 140,000 boxes of records and we are working on how to undertake this in the most cost-effective way.
- The move from the Regional Office in Companies House to Cathays Park has paused as a number of issues have recently arisen in respect of Cathays Park which have caused us to investigate what other options may be available.

The Committee **NOTED** the update.

Items for Approval

Energy April 26 V30 Basket Strategy - The Welsh Energy Group have considered NHS Wales' participation in a longer-term basket strategy for an initial 12-month supply period commencing 1st April 2026. The paper outlined the recommended approach for NHS Wales to confirm participation in the Long-Term Variable (V30) basket strategy for supply of energy for the period. The Committee **APPROVED** participation in the April26 V30 basket strategy.

Laundry Reconfiguration - The paper presented the option of reducing the Laundry Production Units currently utilised in the All-Wales Laundry service from five to four units through the decommissioning of the West Wales unit in Carmarthen and the formation of a storage and distribution hub. The Committee **APPROVED** the proposed decommissioning of the Carmarthen Laundry Production Unit, the creation of a Southwest distribution hub and the subsequent redistribution of volumes across South West and South East Wales.

Changes to the Welsh Risk Pool Risk Sharing Agreement - these had been discussed and agreed at the Welsh Risk Pool Committee on the previous day. The paper set out the Risk Share charges for 2023/24 arising from excess expenditure above the Welsh Government annual allocation for Clinical Negligence and Personal Injury claims. Following the receipt of the 2022/23 annual accounts, the proportions have been reassessed for 2023/24 based on agreed criteria and this has led to some organisations being asked to contribute more, while others will see a reduction in their contributions. The Committee **APPROVED** the updated Risk Share charges to NHS Wales for 2023/24.

Items for Noting

Transforming Access to Medicine (TrAMS)

The original plans for TrAMS have been significantly curtailed by the restrictions on available capital. Accommodation for the service within Southeast Wales is being urgently sought and there are a number of possible options. The existing

Pharmacy Service Technical Units are reaching end-of-life and the need to source alternative accommodation as soon as possible was stressed by a number of members.

The Committee **NOTED** the verbal update.

Finance, Performance, People, Programme and Governance Updates

Finance – The Month 5 financial position is a year-to-date overachievement of non-recurring savings of £0.999m. We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding, energy costs for laundries, continued demand and the costs to support increased transactional activity, IP5 running costs and transitional funding for TRAMS. We are anticipating an element of savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records to new premises. Our additional savings submission to Welsh Government on 11th August identified we can make a £1.6m distribution this financial year, in addition to identifying NWSSP supported initiatives that will result in cash releasing savings direct to NHS Wales Organisations and Welsh Government. Following the decision to transfer our utility supplies to the CCS Framework, this gave rise to the opportunity to sell back some small quantities of energy that we had secured the right to forward purchase at lower than current market rates for 2024/25 and 2025/26. The Wales Energy Group (which comprises each Director of Finance or their designated representative) agreed that these tranches of energy will be sold back to British Gas with a net £2.520m one-off windfall gain to NHS Wales to be accounted for in the 2023/24 financial year.

People & OD Update – Sickness absence remains low and statutory and mandatory performance is good. PADR rates are below target and the position has slightly worsened over recent months.

Performance – The in-month July performance was generally good with 37 KPIs achieving the target against the total of 41 KPIs. However, 4 KPIs did not achieve target and are considered Red/Amber. Two of these relate to Recruitment, one to customer satisfaction with the Digital Workforce Team, and one relating to Procurement Savings.

Project Management Office Update – Three projects are currently rated as red, these are the Brecon House relocation where there are issues with the current building being unsafe and the cost of relocation of records, Primary Care Contract reform, and the TrAMS project and particularly the affordability of the proposed solution as part of the wider capital programme.

Corporate Risk Register – There are currently eight red risks on the Corporate Risk Register. These cover energy costs, staffing shortages, the Legal & Risk Case Management System, Brecon House, TrAMs, the impact on the Single Lead Employer Team of proposed Junior Doctors Industrial action, the limitations

imposed by the overall financial climate and the reputational issues for NWSSP relating to the situation at BCUHB.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Welsh Infected Blood Support Service Annual Report 2022/23;
- PPE Stock Report;
- Audit Committee Assurance Report; and
- Finance Monitoring Returns (Months 4 and 5).

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

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

Matters referred to other Committees

N/A

Date of next meeting

Thursday 23rd November 2023 10am – 12pm