



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 25 January 2024 |
| 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 21 November 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 21 November 2023
- Confirmed minutes of the EASC meeting held on 21 November 2023
- Summary of key matters considered by EASC and any related decisions made at its meeting held on 21 December 2023

NHS Wales Shared Services Partnership (NWSSP) Committee

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

Mid Wales Joint Committee for Health and Care (MWJC)

- Update report from MWJC – December 2023

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)

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| 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 |

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

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
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| 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 – 21 NOVEMBER 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 21 November 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/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 19 September 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. Financial Savings Update

Members received a presentation on WHSSC's saving plan forecast.

Members **noted** the presentation.

4. Draft Integrated Commissioning Plan (ICP)

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

Members **noted** the report and the presentation.

5. Chair's Report

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

- **Chairs Action** – the Chair's Action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years; and
- **Key Meetings attended.**

Members (1) **Noted** the report, (2) **Ratified** the Chair's action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel.

6. Managing Director's Report

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

- **Cochlear Implant and Bone Conduction Hearing Implant – Update** - The Designated Provider process has been initiated to implement the model agreed by the Joint Committee. A letter inviting Expressions of Interest to become the specialist auditory implant device hub with an outreach service was sent to all the Health Boards (HBs) in the South East Wales, South West Wales and South Powys region in July 2023. WHSSC received two responses: CVUHB submitted an Expression of Interest in becoming the specialist auditory implant device hub with an outreach service; and SBUHB confirmed that they wished to work in partnership with CVUHB to develop the outreach support. The remaining elements of the Designated Provider process are in progress to ensure that the HB is able to meet the service criteria. The results of the full process will be received by the Management Group for scrutiny before a formal recommendation is made to the Joint Committee; and
- **Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital & Data Award** - Congratulations to James Leaves, Interim Director of Finance, WHSSC and Sandy Tallon, Head of Information, WHSSC on winning the 'Innovation, Data and Digital' HFMA Wales Branch award in October 2023. James, Sandy and their teams have been working on the financial costs and effects of the new Cystic Fibrosis drug called 'Kaftrio'. WHSSC were instrumental in arranging for the drug to be prescribed to Welsh patients from the autumn 2020. Digital Health and Care Wales (DHCW) data was used to analyse inpatient, outpatient and emergency attendances of the Kaftrio patient cohort, comparing information before and after their first prescription of the new drug.

Members **noted** the report.

7. Paediatric Surgery Update

Members received a report which considered the short term and longer term transformational changes for Paediatric Surgery and Paediatric Intensive Care in 2024/25 following a Joint Committee Workshop held on 17 November 2023. The neonatal service issues will be considered in more detail by the Joint Committee in January 2024. The report also made a recommendation to continue outsourcing paediatric surgery in 2023/24 (previously included in WHSSC's Financial Improvement Options).

Members (1) **Noted** the report and the steps taken to date, (2) **Approved** the continued outsourcing of paediatric surgery cases in 2023/24, (3) **Did not Support** the principle of outsourcing the backlog of patients in 2024/25 to support a waiting list position of 36 weeks, with

the detail to be considered in the agreement of the WHSSC Integrated Commissioning Plan (ICP) 2024/25, but **did support** the ambition to do so; and (4) **Supported** the transformational programme of work for paediatric surgery and paediatric intensive care for inclusion in the WHSSC ICP 2024/25.

8. Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)

Members received a report presenting the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek support for the proposed changes to the policy prior to being shared with Health Boards for final approval. The updated WHSSC IPFR Terms of Reference (ToR) were also presented for approval.

Members (1) **Noted** the report, (2) **Noted** the feedback from the WHSSC IPFR engagement process with key stakeholders, (3) **Supported** the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval, (4) **Noted** that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC), (5) **Noted** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption, (6) **Noted** that a Task & Finish Group have discussed and agreed some further updates to the WHSSC ToR; and (7) **Approved** the proposed changes to the WHSSC IPFR Panel ToR.

9. Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks

Members received a report proposing revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit.

Members (1) **Noted** the report, (2) **Approved** the revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit; and (3) **Approved** the new Terms of Reference (ToR) that have been prepared for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) Delivery Assurance Groups (DAGs).

10. Gender Identity Services for Children and Young People Update

Members received a report providing an update on the progress of the NHS England (NHSE) Transformation programme for gender services for Children and Young People. The report aims to provide an update on the

development of regional services, options for Welsh patients and identify any potential financial risks.

Members (1) **Noted** the information presented in the report regarding the NHS England Transformation Programme for children and young people with gender incongruence, (2) **Noted** the mobilisation timescale and the risk of increased waiting times for children and young people as a result, (3) **Supported** WHSSC's commissioning position of continuing to work with NHS England to progress services in line with the recommendations of the Cass Review, (4) **Noted** the information in the report regarding the financial risks linked to the NHS England mobilisation costs and potential revised tariff that are likely to present an 'in year' risk to WHSSC in 2024-25, (5) **Supported** inclusion of the proposal for funding for the provision of waiting list support in the WHSSC triangulated risk assessment process which will inform the 2024/25 Integrated Commissioning Plan (ICP).

11. 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 (4) **Approved** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in early 2024.

12. WHSSC Integrated Performance Report – August 2023

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 6 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 6 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 6 for WHSSC was an

underspend against the ICP financial plan of (£5.171m), the forecast year-end position was an underspend of (£9.076m).

Members **noted** the contents of the report including the year to date 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 (1) **Noted** the report; and (2) **Approved** the WHSSC Annual Report 2022-2023.

15. Other reports

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

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





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| 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 | 21 November 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/november-2023/>

The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 19 September 2023 subject to **one updated clarification**.

The Welsh Ambulance Services NHS Trust (WAST) provider report at EASC 23/093 (last bullet point). Jason Killens updated the Committee that no decisions had been made and WAST continued to be in discussion with the provider (SALUS) which was expected to conclude in the next week or so. Discussions were progressing well and a more substantial update would be provided at the next meeting.

PATIENT STORY - the first time at an EASC meeting

Professor David Lockey introduced a video with a patient story 'A step too far - Donna's story'.

Members noted:

- EMRTS provides a national service with four bases that respond across Wales
- the service is coordinated from the EMRTS Critical Care Hub with each 999 call screened and triaged to identify the need for the highly specialised advanced care provided
- in the patient story, the crew from the nearest base at Caernarfon was already busy and therefore the Welshpool crew came straight to the patient from Ysbyty Gwynedd where they had just handed over a patient
- not all incidents relate to high trauma such as road traffic accidents, this was a fall from standing at home in the garden
- the patient had a severe lower limb open fracture and a fractured arm
- that the triage decision making for resource dispatch was based on the information the public are providing from scene
- the service provided advanced decision making, early antibiotics, advanced analgesia, sedation and a direct flight to definitive care
- the patient was taken to the Stoke Major Trauma Centre for restoration of the blood supply to the limb and for the open fracture to be dealt with, this required orthopaedic and plastic surgery

- the work of the EMRTS Patient Liaison service was identified, which provides support to patients and relatives, including follow-up visits at varying intervals during recovery. The aim of liaison is to provide explanations about what has happened at the scene whilst giving emotional support to both patient and relative. Also, information gained helps to improve the service provided.

Members noted the reduction in terms of hours for the patient to receive definitive care when attended by the service.

The Chair thanked David Lockey for leading the session and reflected on the powerful story about an incident which could happen to anyone.

On behalf of the Committee, the Chair also thanked Donna for sharing her story to help others understand how the service works and explaining the life and limb saving benefits for patients.

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:

- 999 call volumes in September 2023 were slightly lower than the same period last year but with an increase in the number of incidents responded to
- work to “shift left” as much as possible with hear and treat at a higher rate than the same period last year, with WAST working with colleagues from the Six Goals for Urgent and Emergency Care Programme to progress opportunities identified
- work to re-categorise calls, with some amber calls moving to the red category
- disappointing performance against the 8 minute standard
- amber incidents in September 2023 were 5.6% higher than the same period last year
- the increased acuity of incidents presenting to the system
- the IMTP commitments in terms of ambulance handover delays not being met, with total hours lost increasing since June.

Members agreed:

- the historical data indicated an increased demand to come over the next period which was concerning
- the recent Chief Executive meeting had discussed ensuring WAST had access to any Same Day Emergency Care services across Wales
- the need for WAST staff and Emergency Department staff to continue to work collaboratively, this included access to diagnostic services and ensuring the early release of patients who did not require further treatment
- the need to focus on the role of clinical hubs and progressing the opportunities identified
- to focus efforts on the 4hour red lines, these had increased significantly in some areas
- to monitor the above over the next 6-8 weeks with the EASC Team providing more regular updates including site by site and regional perspectives.

Members noted:

- concern at the level of red calls and the recent increase in these and the variability in the amount of ambulance handover hours lost
- that these increases did not reflect the number of patient admissions
- the importance of SDEC (and access to the services for WAST staff) and other alternatives to ED
- the need to consider what could be done for the large number of elderly people within the population to improve the quality of the service
- the pending Christmas season and the need for preparation of the post-Christmas period
- Cardiff & Vale UHB were a net exporter of ambulance resources to other parts of south east Wales; whilst this was good in terms of patient safety, there was a need to address the balance as patient flow improves
- there was a need to reflect the actions and opportunities being taken across the system in the Integrated Commissioning Action Plan (ICAP) process
- the red incidents verified incidents was shared by Jason Killens – with breathing difficulties increasingly significant in recent weeks and the impact of this on the system
- increased WAST resource hours available across all resource types, more total hours, less overtime, less abstractions and the work undertaken by WAST to sustain higher levels of production in readiness for winter.

Members agreed:

- the increase of red calls relating to breathing difficulties and the need to consider progressing a respiratory plan at pace
- to progress discussions with the Primary Care and the Six Goals for Urgent and Emergency Care National Programmes regarding virtual wards for acute respiratory illness / infection
- to review the work undertaken in England that identified an over-triage rate in relation to respiratory and the opportunity to include conversion to conveyance and admission rates in relation to respiratory red calls
- to consider alternatives to the medical model at the front door, a nurse/therapy model was suggested.
- Stephen Harray agreed to send a note following the meeting in relation to the points raised above. This would include the areas for specific focus over the coming months, monitoring and reporting arrangements, the escalation process and use of the ICAP process to coordinate these efforts.

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.

Members noted:

- The WAST plan for complainants to receive a reply within 30 days to improve their performance against the 75% target in coming months
- 7 cases identified by WAST as requiring joint investigation in September 2023
- An increased number of patients were waiting over 12 hours for an ambulance response in September 2023 compared to July and August 2023

- The return of spontaneous circulation (ROSC) rates was 22.1% which was felt to reflect the impact of the CHARU service
- The number of patients that self-presented at ED with a high triage category, with 323 patients self-presenting at a category 1 triage level (concern re missing earlier intervention)
- The Review of Remote Clinical Services; the recommendations had been accepted by WAST and the Review had been presented at EASC Management Group. An implementation plan for the recommendations would be presented at the next EASC Management Group meeting and an update provided at future EASC meeting.

Members raised:

- The timing of the work between WAST and HB colleagues to understand the level of harm within the system and to develop additional processes to assure the Committee, it was confirmed that this would be presented in early 2024.
- The need to work together in order to consider prevention of future death notices received from the HM Coroner and the different approaches of different HM Coroners, this required an all-Wales review and including HM Coroners themselves. The EASC Team would coordinate and present findings to a future meeting of the Committee.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:

- EASC Commissioning Frameworks – the delay in progressing the development of a long-term strategy for the Non-Emergency Patient Transport Service (NEPTS) Commissioning Framework due to the resourcing requirement of the EMRTS Service Review over recent weeks
- The formal approval of the EASC Integrated Medium Term Plan (IMTP) and the need for quarterly updates against progress
- The progress against each of the IMTP commitments as set out in the IMTP Tracker
- The Quarter 2 Update against the EASC Commissioning Intentions 2023-24 as presented at the EASC Management Group meeting in October.

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:

- The second Phase of engagement closed on 12 November 2023 (it had been extended for an additional week)
- A reminder that following receipt of the EMRTS Service Development Proposal in November 2022, Members asked the CASC and the team to undertake further scrutiny of the work.
- In December 2022, it was agreed that the work start afresh led by the Chief Ambulance Services Commissioner (CASC)
- The (then) Community Health Councils (now Llais) asked for a formal engagement process for at least 6 weeks.
- The engagement process has been delivered in three phases

1. Phase 0, from October 2022 to March 2023
 2. Phase 1, took 14 weeks, from March 2023 to June 2023
 3. Phase 2, which reported back information as promised at the public meetings (in Phase 1). This phase presented factual information and took 5 weeks from 9 October to 12 November 2023 and utilised a number of ways to engage with the public.
- Phase 2 engagement comprised in-person drop-in sessions, in person large public meetings and online or virtual public meetings.
 - The in-person sessions and meetings were supported with a comprehensive set of bilingual engagement materials which were available on the EASC Website. These included presentations, FAQs, plain language or easy read versions, and also included the full technical details as requested in Phase 1.
 - The large public meetings were held using the same format as Phase 1, the CASC gave a short presentation which gave an overview of the work and then held a comprehensive question and answer session until all present had asked what they needed to
 - Phase 2 provided factual information which was not assessed or interpreted – it was stressed throughout the process that no decision had been made, although members of the public were very sceptical about this
 - All in-person drop-in sessions had bilingual members of staff present to assist and explain the work to date
 - Accessible public venues had been chosen, many high schools with the supporting audio-visual equipment readily available.
 - Simultaneous translation into Welsh was provided at every session and the meetings were professionally recorded for note taking purposes
 - Meetings took place, led by the CASC with various stakeholders including elected representatives at national, regional and local levels; with staff groups, the Wales Air Ambulance Charity and health board Stakeholder Reference Groups
 - Swansea Bay UHB raised concerns in relation to the process followed at the EASC Management Group on 19 October 2023; an initial response had been sent with a follow up meeting planned for late November
 - Attendance by CASC at the BCUHB Board meeting on 26 October 2023 and a planned meeting with Powys at the end of November 2023
 - Ongoing discussions had taken place with Llais with the approach to Phase 2 discussed in July 2023. Llais staff also attended some of the large meetings and drop-in sessions held
 - The public were also asked to evaluate the sessions provided to ensure effectiveness in how the process was delivered
 - Communications packs were provided to all health boards and NHS Trusts and Local Authorities in Wales and included the organisers of the social media campaign groups and all media sources
 - All media requests had been obliged and statements to all media enquiries made.

Current position and next steps:

- Responses had been provided from members of the public and they were being replied to and themes captured
- The options developed would be shortlisted and assessment undertaken using the previously agreed evaluation Framework.

It was proposed that:

1. EASC Members nominate staff to undertake the assessment of options using the factors and agreed weightings with an aim to provide additional information for the December meeting of EASC.
2. That the recommendation presented to EASC in December would be taken back to respective health boards for individual consideration before a joint Committee decision was made.

Members noted:

- Work was continuing with the All-Wales Communications, Engagement and Service Change leads in health boards; information had also been shared with the Directors of Governance / Board Secretary peer group and updates provided to Llais
- All bilingual information had been updated and managed on the EASC website and regular stakeholder updates were being distributed
- Risks identified included the significant concerns from the public particularly for those living close to the Caernarfon and Welshpool bases
- Emails had been received from Llais notifying that they had concerns about the process although no formal information had yet been received
- The Equality Impact Assessment had been updated, processed by CTMUHB and was available on the website.

Comments from Members included:

- Thanking the CASC and the EASC Team for the substantial work undertaken
- Interest in the position of Llais and would welcome an update at the next meeting
- Welcoming the opportunity to take information back to health boards for further consideration before any decision made at EASC.

The Chair wanted to record that the work to deliver the EMRTS Service Review had taken a lot of time and effort by a small team of staff; the CASC and the EASC Team were thanked for the comprehensive way they had undertaken the formal engagement process and their approach in appearing in front of audiences for many weeks, it was felt that this would pay dividends as the work drew to a close. In terms of the efforts made, it would be hard to say that any views had not been taken fully into consideration.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received with Members noting that the key headlines of the report had already been covered in earlier discussions.

Jason Killens introduced a presentation on WAST's Integrated Medium Term Plan (IMTP) Ambitions / Strategy. In presenting, Rachel Marsh highlighted a number of key areas.

Members noted:

- Timely to look ahead now, thinking of next year's WAST IMTP and updating and refreshing the WAST strategy document
- Range of ambitions including providing the right care or advice, in the right place, every time
- Patients at the centre
- Series of enablers focussing on staff, innovation and technology and collaboration

- Fundamentals including quality, clinical led and delivering exceptional value
- System pressures driving the need for change and impacting on patient and staff safety
- Innovative staff group, looking to do more
- The WAST offer to transform care and improve the current model
- Partnerships as a fundamental part
- Alignment with Six Goals for Urgent and Emergency Care Programme
- Indicative impact of the changes included in the WAST offer including reduced cancellations, increased closure of more calls; meeting patient needs closer to home, more patients treated at home or referred to community services, protected emergency response for critically ill patients, better staff experience and ultimately more timely service for patients to reduce harm
- The next steps included seeking support from commissioners for pump-prime funding to increase the pace of change; and enablement of the integration of WAST with health board community services to achieve the potential of a once for Wales approach.

Members agreed:

- There was scope to do more outside of the hospital department, this would need to be a joined up clinically-led approach and clinically designed. It would also involve digital solutions to ensure the right mechanisms to make the required significant stepped change for the benefit of patients (and staff)
- WAST were heavily involved in the work to develop the 'Safe at Home' model in C&VUHB, there were lots of lessons from this that would be helpful for the system including the use of technology and therefore the need to work closely with digital leads. It was noted that Connected Support Cymru working with Welsh Government and DHCW colleagues could help in this regard
- The need for local buy-in
- To consider how commissioning could enable more of this; a legacy issue for the new NHS Wales Joint Commissioning Committee.

Members noted:

- The WAST meeting with BCUHB Executive Team on Wednesday 22 November 2023 would consider how to progress the potential opportunities and ensure the right structure was in place to facilitate and progress the issues identified. Similar discussions could be arranged with other Executive Teams to consider the more local approach to change
- The importance of a coordinated approach to get the balance correct across the system.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen HARRY. The report highlighted key areas which included:

- Meetings with Welsh Ambulance Services NHS Trust (WAST)
- Meeting with Health Boards
- Six Goals for Urgent and Emergency Care Programme
- Resource Capacity
- Connected Support Cymru

- Transfer, Discharge and Repatriations
- NEPTS Vision (Strategic Direction)
- Commissioning Intentions 2024-25
- Review of National Commissioning
- Data linking.

Members particularly noted:

- Connected Support Cymru – including the IT requirements and also staff working for St John Cymru who could report back from the scene (when with a patient) and, if unable to access the right community service, develop options to stay with the patient until the service was available. This work would be evaluated and had been extended to the end of March 2024.
- Transfer, Discharge and Repatriation – an appropriate task and finish group would be developed to further this work including ambulance and the Adult Critical Care Transfer Service to develop into the future
- Commissioning Intentions for 2024 would be developed, building on the existing versions but adapting in line with the resource envelope (the same as for health boards) and would work with the 111 Service to ensure a combined arrangement
- The letter from the Welsh Government highlighting the expectation that the functions of the Chief Ambulance Services Commissioner would be including within the structure of the team supporting the new Joint Commissioning Committee.

EASC FINANCIAL PERFORMANCE REPORT MONTH 7 2023/24

The EASC Financial Performance Report at Month 7 in 2023/24 was received. Stacey Taylor presented the report and Members noted no variances within the plan; the position showed £21k underspend. Members noted ongoing work with WAST in relation to ongoing arrangements on recruitment and overtime.

Further discussions would take place with the Welsh Government on financial options and Members recognised the huge opportunities in the new Joint Commissioning Committee to explore further the utilisation of resources and value-based healthcare. Further information would be shared and developed in due course.

SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD IN AUGUST 2023

Members noted the Chair's summary of the EASC Management Group meeting which took place on 19 October 2023.

EASC SUB-GROUPS CONFIRMED MINUTES

Approved: EASC Management Group notes 22 June 2023

EASC GOVERNANCE

The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted the following key areas:

- EASC Risk Register
- EASC Assurance Framework

- Closure of the Welsh Language Commissioner investigation
- EASC Key Organisational Contacts
- Assurance Report Audit and Risk Committee at Cwm Taf Morgannwg UHB 24 October 2023.

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 Welsh Language Commissioner was satisfied with the approach taken and had closed the investigation
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- The short summary (for assurance) of the latest Audit and Risk Committee meeting which took place on 24 October 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 - Note to be sent to capture key issues during the meeting to include the areas for specific focus over the coming months, monitoring and reporting arrangements, the escalation process and use of the ICAP process to coordinate the efforts
- Handover delays (and the monitoring of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST – through the ICAP process
- In relation to the EMRTS Service Review, EASC Members were asked to nominate staff to undertake the assessment of options using the factors and agreed weightings with an aim to provide additional information for the December meeting of EASC. Anticipated that the recommendation presented to EASC in December would be taken back to respective health boards for individual consideration before a joint Committee decision was made.

Matters requiring Board level consideration

- To acknowledge the continued 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
- Output from the EASC meeting in December for further discussion at the Board prior to decision making at EASC.

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

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



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
21 NOVEMBER 2023 AT 10:30HOURS
HELD VIRTUALLY BY MICROSOFT TEAMS 'LIVE'**

PRESENT

| Members: | |
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| Chris Turner | Independent Chair (in person) |
| Stephen Harray | Chief Ambulance Services Commissioner (CASC) |
| Nicola Prygodzicz | Chief Executive, Aneurin Bevan University Health Board (ABUHB) (in part) |
| Jennifer Winslade | Executive Nurse, Aneurin Bevan University Health Board (ABUHB) (in part) |
| Carol Shillabeer | Chief Executive, Betsi Cadwaladr University Health Board (BCUHB) |
| Paul Mears | Chief Executive, Cwm Taf Morgannwg University Health Board (CTMUHB) (in part) |
| Steve Moore | Chief Executive, Hywel Dda University Health Board (HDUHB) |
| Hayley Thomas | Interim Chief Executive, Powys Teaching Health Board (PTHB) |
| Associate Members: | |
| Jason Killens | Chief Executive, Welsh Ambulance Services NHS Trust (WAST) |

| In Attendance: | |
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| Nick Wood | Deputy CEO NHS Wales, Welsh Government (in part) |
| Rachel Marsh | Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST) |
| Abigail Harris | Director of Planning, Cardiff and Vale University Health Board (CVUHB) |
| Nerissa Vaughan | Interim Director of Planning, Swansea Bay University Health Board (SBUHB) |
| Stacey Taylor | Director of Finance for EASC and Director of Finance and Information Welsh Health Specialised Services Committee |
| Lee Leyshon | Interim Assistant Director of Communications and Engagement Lead for the EASC Team |

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| EASC 23/107 | <p>ACTION LOG Members RECEIVED the action log and NOTED:</p> <p>EASC 23/090 Quality and Safety Report – Deployment of advanced paramedics in Powys</p> <ul style="list-style-type: none"> Discussions to be held through the Integrated Commissioning Action Plan (ICAP) process – to close. <p>EASC 23/091 WAST Provider Report – Procurement of call handling system</p> <ul style="list-style-type: none"> Discussions were progressing well with the system provider; a more substantial update would be provided at the next meeting. <p>EASC 23/094 Fire Service</p> <ul style="list-style-type: none"> Members noted ongoing conversations with Welsh Government officials, this matter would be taken through the EASC Management Group – to close. <p>EASC 23/070 North East Ambulance Service review This work would be taken through the EASC Management Group and reported back at a future meeting.</p> <p>EASC 23/070 Longer-term strategy for Non-Emergency Patient Transport Services</p> <ul style="list-style-type: none"> Noted that this work had been delayed. The work would also need to be aligned with health board service development proposals. A final report would be presented at a future meeting. <p>EASC 23/051 Wider benchmarking for ambulance services</p> <ul style="list-style-type: none"> Agreed to close. <p>EASC 23/055 Non-Emergency Patient Transport Services (NEPTS)</p> <ul style="list-style-type: none"> Linked to EASC23/070 Long-term strategy (vision) for NEPTS. Agreed to close. <p>EASC 23/034 & 23/046 Transfer Discharge and Repatriation</p> <ul style="list-style-type: none"> Noted that ongoing work and reported in the Commissioning Update. Agreed to close. <p>EASC 22/79 & EASC 23/046 Different staff input to WAST Control/call options</p> <ul style="list-style-type: none"> This work was underway and would be presented at a future Committee meeting – to remain on Action Log. <p>Members RESOLVED to: NOTE the Action Log.</p> | <p>Chair</p> <p>Ctte Sec</p> <p>WAST</p> <p>Ctte Sec</p> <p>EASCMG</p> <p>Forward Look</p> <p>Ctte Sec</p> <p>Ctte Sec</p> <p>Ctte Sec</p> <p>WAST</p> |
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| <p>EASC 23/108</p> | <p>MATTERS ARISING</p> <p>There were no matters arising from the minutes.</p> | <p>Chair</p> |
| <p>EASC 23/109</p> | <p>CHAIR'S REPORT</p> <p>The Chair's report was received. Members noted that the Chair's term had been extended to 31 March 2024.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report • NOTE the Chair's objectives set by the Minister. | <p>Chair</p> |
| <p>EASC 23/110</p> | <p>PATIENT STORY</p> <p>Professor David Lockey introduced a video with a patient story 'A step too far - Donna's story'.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • EMRTS provides a national service with four bases that respond across Wales • the service is coordinated from the EMRTS Critical Care Hub with each 999 call screened and triaged to identify the need for the highly specialised advanced care provided • in the patient story, the crew from the nearest base at Caernarfon was already busy and therefore the Welshpool crew came straight to the patient from Ysbyty Gwynedd where they had just handed over a patient • not all incidents relate to high trauma such as road traffic accidents, this was a fall from standing at home in the garden • the patient had a severe lower limb open fracture and a fractured arm • that the triage decision making for resource dispatch was based on the information the public are providing from scene • the service provided advanced decision making, early antibiotics, advanced analgesia, sedation and a direct flight to definitive care • the patient was taken to the Stoke Major Trauma Centre for restoration of the blood supply to the limb and for the open fracture to be dealt with, this required orthopaedic and plastic surgery • the work of the EMRTS Patient Liaison service was identified, which provides support to patients and relatives, including follow-up visits at varying intervals during recovery. The aim of liaison is to provide explanations about what has happened at the scene whilst giving emotional support to both patient and relative. Also, information gained helps to improve the service provided <p>Members noted the reduction in terms of hours for the patient to receive definitive care when attended by the service.</p> | |

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| | <p>The Chair thanked David Lockey for leading the session and reflected on the powerful story about an incident which could happen to anyone.</p> <p>On behalf of the Committee, the Chair also thanked Donna for sharing her story to help others understand how the service works and explaining the life and limb saving benefits for patients.</p> | |
| <p>Part 2. ITEMS FOR DISCUSSION AND APPROVAL</p> | | <p>ACTION</p> |
| <p>EASC 23/111</p> | <p>PERFORMANCE REPORT</p> <p>The Performance Report was received which included the latest published Ambulance Service Indicators. In presenting the report, Stephen Harray highlighted a number of key areas.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • 999 call volumes in September 2023 were slightly lower than the same period last year but with an increase in the number of incidents responded to • work to “shift left” as much as possible with hear and treat at a higher rate than the same period last year, with WAST working with colleagues from the Six Goals for Urgent and Emergency Care Programme to progress opportunities identified • work to re-categorise calls, with some amber calls moving to the red category • disappointing performance against the 8 minute standard • amber incidents in September 2023 were 5.6% higher than the same period last year • the increased acuity of incidents presenting to the system • the IMTP commitments in terms of ambulance handover delays not being met, with total hours lost increasing since June. <p>Members agreed:</p> <ul style="list-style-type: none"> • the historical data indicated an increased demand to come over the next period which was concerning • the recent Chief Executive meeting had discussed ensuring WAST had access to any Same Day Emergency Care services across Wales • the need for WAST staff and Emergency Department staff to continue to work collaboratively, this included access to diagnostic services and ensuring the early release of patients who did not require further treatment • the need to focus on the role of clinical hubs and progressing the opportunities identified | |

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| | <p>Stephen Harray agreed to send a note following the meeting in relation to the points raised above. This would include the areas for specific focus over the coming months, monitoring and reporting arrangements, the escalation process and use of the ICAP process to coordinate these efforts (Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators • NOTE the information within the performance report • APPROVE the need to reaffirm commitment to actions set out within ICAPs. • APPROVE the need to review delivery of ICAPs on an individual health board basis. | |
| <p>EASC 23/112</p> | <p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report was received. In presenting the report, Stephen Harray highlighted a number of key areas.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • The WAST plan for complainants to receive a reply within 30 days to improve their performance against the 75% target in coming months • 7 cases identified by WAST as requiring joint investigation in September 2023 • An increased number of patients were waiting over 12 hours for an ambulance response in September 2023 compared to July and August 2023 • The return of spontaneous circulation (ROSC) rates was 22.1% which was felt to reflect the impact of the CHARU service • The number of patients that self-presented at ED with a high triage category, with 323 patients self-presenting at a category 1 triage level (concern re missing earlier intervention) • The Review of Remote Clinical Services; the recommendations had been accepted by WAST and the Review had been presented at EASC Management Group. An implementation plan for the recommendations would be presented at the next EASC Management Group meeting and an update provided at future EASC meeting (Action Log). <p>Members raised:</p> <ul style="list-style-type: none"> • The timing of the work between WAST and HB colleagues to understand the level of harm within the system and to develop additional processes to assure the Committee, it was confirmed that this would be presented in early 2024 (Action Log). | <p>WAST / EASCT</p> <p>WAST/HBs</p> |

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| | <ul style="list-style-type: none"> The need to work together in order to consider prevention of future death notices received from the HM Coroner and the different approaches of different HM Coroners, this required an all-Wales review and including HM Coroners themselves. The EASC Team would coordinate and present findings to a future meeting of the Committee (Action Log). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the content of the Quality and Safety Report NOTE the impact of performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services APPROVE the Review of Remote Clinical Services APPROVE the EASC Team develop an implementation plan to prioritise the recommendations and any impact on resource requirements for delivery through the EASC Management Group. | <p>EASCT</p> |
| <p>EASC 23/113</p> | <p>EASC COMMISSIONING UPDATE</p> <p>The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:</p> <ul style="list-style-type: none"> EASC Commissioning Frameworks – the delay in progressing the development of a long-term strategy for the Non-Emergency Patient Transport Service (NEPTS) Commissioning Framework due to the resourcing requirement of the EMRTS Service Review over recent weeks The formal approval of the EASC Integrated Medium Term Plan (IMTP) and the need for quarterly updates against progress The progress against each of the IMTP commitments as set out in the IMTP Tracker The Quarter 2 Update against the EASC Commissioning Intentions 2023-24 as presented at the EASC Management Group meeting in October. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the commencement of the work to develop a new long term strategy for NEPTS via the NEPTS DAG and the delay relating to the EMRTS Service Review NOTE the work undertaken being undertaken by each health board as part of the ICAP process and the impact this work has had on handover delays NOTE the Welsh Government approval of the EASC IMTP and the need for quarterly updates against progress NOTE the progress made against each of the IMTP commitments in the IMTP Tracker NOTE the Commissioning Intention Quarter 2 updates. | |

EASC
23/113

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:

- The second Phase of engagement closed on 12 November 2023 (it had been extended for an additional week)
- A reminder that following receipt of the EMRTS Service Development Proposal in November 2022, Members asked the CASC and the team to undertake further scrutiny of the work.
- In December 2022, it was agreed that the work start afresh led by the Chief Ambulance Services Commissioner (CASC)
- The (then) Community Health Councils (now Llais) asked for a formal engagement process for at least 6 weeks.
- The engagement process has been delivered in three phases
 1. Phase 0, from October 2022 to March 2023
 2. Phase 1, took 14 weeks, from March 2023 to June 2023
 3. Phase 2, which reported back information as promised at the public meetings (in Phase 1). This phase presented factual information and took 5 weeks from 9 October to 12 November 2023 and utilised a number of ways to engage with the public.
- Phase 2 engagement comprised in-person drop-in sessions, in person large public meetings and online or virtual public meetings.
- The in-person sessions and meetings were supported with a comprehensive set of bilingual engagement materials which were available on the EASC Website. These included presentations, FAQs, plain language or easy read versions, and also included the full technical details as requested in Phase 1.
- The large public meetings were held using the same format as Phase 1, the CASC gave a short presentation which gave an overview of the work and then held a comprehensive question and answer session until all present had asked what they needed to
- Phase 2 provided factual information which was not assessed or interpreted – it was stressed throughout the process that no decision had been made, although members of the public were very sceptical about this
- All in-person drop in sessions had bilingual members of staff present to assist and explain the work to date
- Accessible public venues had been chosen, many high schools with the supporting audio visual equipment readily available.

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| <ul style="list-style-type: none"> • Simultaneous translation into Welsh was provided at every session and the meetings were professionally recorded for note taking purposes • Meetings took place, led by the CASC with various stakeholders including elected representatives at national, regional and local levels; with staff groups, the Wales Air Ambulance Charity and health board Stakeholder Reference Groups • Swansea Bay UHB raised concerns in relation to the process followed at the EASC Management Group on 19 October 2023; an initial response had been sent with a follow up meeting planned for late November • Attendance by CASC at the BCUHB Board meeting on 26 October 2023 and a planned meeting with Powys at the end of November 2023 • Ongoing discussions had taken place with Llais with the approach to Phase 2 discussed in July 2023. Llais staff also attended some of the large meetings and drop in sessions held • The public were also asked to evaluate the sessions provided to ensure effectiveness in how the process was delivered • Communications packs were provided to all health boards and NHS Trusts and Local Authorities in Wales and included the organisers of the social media campaign groups and all media sources • All media requests had been obliged and statements to all media enquiries made. <p>Current position and next steps:</p> <ul style="list-style-type: none"> • Responses had been provided from members of the public and they were being replied to and themes captured • The options developed would be shortlisted and assessment undertaken using the previously agreed evaluation Framework. <p>It was proposed that:</p> <ol style="list-style-type: none"> 1. EASC Members nominate staff to undertake the assessment of options using the factors and agreed weightings with an aim to provide additional information for the December meeting of EASC (Action Log). 2. That the recommendation presented to EASC in December would be taken back to respective health boards for individual consideration before a joint Committee decision was made. <p>Members noted:</p> <ul style="list-style-type: none"> • Work was continuing with the All Wales Communications, Engagement and Service Change leads in health boards; information had also been shared with the Directors of Governance / Board Secretary peer group and updates provided to Llais | <p>HBs</p> |
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| | <ul style="list-style-type: none"> • All bilingual information had been updated and managed on the EASC website and regular stakeholder updates were being distributed • Risks identified included the significant concerns from the public particularly for those living close to the Caernarfon and Welshpool bases • Emails had been received from Llais notifying that they had concerns about the process although no formal information had yet been received • The Equality Impact Assessment had been updated, processed by CTMUHB and was available on the website. <p>Comments from Members included:</p> <ul style="list-style-type: none"> • Thanking the CASC and the EASC Team for the substantial work undertaken • Interest in the position of Llais and would welcome an update at the next meeting • Welcoming the opportunity to take information back to health boards for further consideration before any decision made at EASC. <p>The Chair wanted to record that the work to deliver the EMRTS Service Review had taken a lot of time and effort by a small team of staff; the CASC and the EASC Team were thanked for the comprehensive way they had undertaken the formal engagement process and their approach in appearing in front of audiences for many weeks, it was felt that this would pay dividends as the work drew to a close. In terms of the efforts made, it would be hard to say that any views had not been taken fully into consideration.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the progress on Phase 2 • NOTE the request for health boards to nominate individuals to take part in the options appraisal process • ENDORSE the proposed approach to the options appraisal and the arrangements for individual Board consideration • NOTE that the EASC Team continue to work with health board engagement, communication and service change leads throughout the engagement process. | |
| <p>EASC 23/114</p> | <p>WELSH AMBULANCE SERVICES NHS TRUST REPORTS</p> <p>The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received with Members noting that the key headlines of the report had already been covered in earlier discussions.</p> | |

Jason Killens introduced a presentation on WAST's Integrated Medium Term Plan (IMTP) Ambitions / Strategy. In presenting, Rachel Marsh highlighted a number of key areas.

Members noted:

- Timely to look ahead now, thinking of next year's WAST IMTP and updating and refreshing the WAST strategy document
- Range of ambitions including providing the right care or advice, in the right place, every time
- Patients at the centre
- Series of enablers focussing on staff, innovation and technology and collaboration
- Fundamentals including quality, clinical led and delivering exceptional value
- System pressures driving the need for change and impacting on patient and staff safety
- Innovative staff group, looking to do more
- The WAST offer to transform care and improve the current model
- Partnerships as a fundamental part
- Alignment with Six Goals for Urgent and Emergency Care Programme
- Indicative impact of the changes included in the WAST offer including reduced cancellations, increased closure of more calls; meeting patient needs closer to home, more patients treated at home or referred to community services, protected emergency response for critically ill patients, better staff experience and ultimately more timely service for patients to reduce harm
- The next steps included seeking support from commissioners for pump-prime funding to increase the pace of change; and enablement of the integration of WAST with health board community services to achieve the potential of a once for Wales approach.

Members agreed:

- There was scope to do more outside of the hospital department, this would need to be a joined up clinically-led approach and clinically designed. It would also involve digital solutions to ensure the right mechanisms to make the required significant stepped change for the benefit of patients (and staff)
- WAST were heavily involved in the work to develop the 'Safe at Home' model in C&VUHB, there were lots of lessons from this that would be helpful for the system including the use of technology and therefore the need to work closely with digital leads. It was noted that Connected Support Cymru working with Welsh Government and DHCW colleagues could help in this regard

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| | <ul style="list-style-type: none"> • The need for local buy-in • To consider how commissioning could enable more of this; a legacy issue for the new NHS Wales Joint Commissioning Committee (Action Log). <p>Members noted:</p> <ul style="list-style-type: none"> • The WAST meeting with BCUHB Executive Team on Wednesday 22 November 2023 would consider how to progress the potential opportunities and ensure the right structure was in place to facilitate and progress the issues identified. Similar discussions could be arranged with other Executive Teams to consider the more local approach to change • The importance of a coordinated approach to get the balance correct across the system. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the WAST provider report • NOTE the WAST presentation – IMTP Ambitions / Strategy. | |
| <p>EASC 23/115</p> | <p>CHIEF AMBULANCE SERVICES COMMISSIONER’S UPDATE REPORT</p> <p>The Chief Ambulance Services Commissioner’s Update Report was received and was presented by Stephen Harray. The report highlighted key areas which included:</p> <ul style="list-style-type: none"> • Meetings with Welsh Ambulance Services NHS Trust (WAST) • Meeting with Health Boards • Six Goals for Urgent and Emergency Care Programme • Resource Capacity • Connected Support Cymru • Transfer, Discharge and Repatriations • NEPTS Vision (Strategic Direction) • Commissioning Intentions 2024-25 • Review of National Commissioning • Data linking. <p>Members particularly noted:</p> <ul style="list-style-type: none"> • Connected Support Cymru – including the IT requirements and also staff working for St John Cymru who could report back from the scene (when with a patient) and, if unable to access the right community service, develop options to stay with the patient until the service was available. This work would be evaluated and had been extended to the end of March 2024. • Transfer, Discharge and Repatriation – an appropriate task and finish group would be developed to further this work including ambulance and the Adult Critical Care Transfer Service to develop into the future (Action Log) | |

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| | <ul style="list-style-type: none"> • Commissioning Intentions for 2024 would be developed, building on the existing versions but adapting in line with the resource envelope (the same as for health boards) and would work with the 111 Service to ensure a combined arrangement • The letter from the Welsh Government highlighting the expectation that the functions of the Chief Ambulance Services Commissioner would be including within the structure of the team supporting the new Joint Commissioning Committee. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report. | |
| <p>EASC 23/116</p> | <p>EASC FINANCIAL PERFORMANCE REPORT MONTH 7 2023/24</p> <p>The EASC Financial Performance Report at Month 7 in 2023/24 was received. Stacey Taylor presented the report and Members noted no variances within the plan; the position showed £21k underspend. Members noted ongoing work with WAST in relation to ongoing arrangements on recruitment and overtime.</p> <p>Further discussions would take place with the Welsh Government on financial options and Members recognised the huge opportunities in the new Joint Commissioning Committee to explore further the utilisation of resources and value-based healthcare. Further information would be shared and developed in due course.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the current financial position and forecast year-end position. | |
| <p>EASC 23/117</p> | <p>EASC MANAGEMENT GROUP MEETING 19 OCTOBER 2023</p> <p>Members noted the Chair’s summary of the EASC Management Group meeting which took place on 19 October 2023.</p> | |
| <p>EASC 23/118</p> | <p>EASC SUB-GROUPS CONFIRMED MINUTES</p> <p>The confirmed minutes from the following EASC sub-group were received:</p> <ul style="list-style-type: none"> • EASC Management Group notes 22 June 2023 <p>Members RESOLVED to: APPROVE the confirmed minutes.</p> | |
| <p>EASC 23/119</p> | <p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted the following key areas:</p> | |


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| | <ul style="list-style-type: none"> • EASC Risk Register • EASC Assurance Framework • Closure of the Welsh Language Commissioner investigation • EASC Key Organisational Contacts • Assurance Report Audit and Risk Committee at Cwm Taf Morgannwg UHB 24 October 2023. <p>Noted that:</p> <ul style="list-style-type: none"> • 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 Welsh Language Commissioner was satisfied with the approach taken and had closed the investigation • The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups • The short summary (for assurance) of the latest Audit and Risk Committee meeting which took place on 24 October 2023. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • APPROVE the EASC Assurance Framework • NOTE the closure of the investigation by the Welsh Language Commissioner. • NOTE the information within the EASC Key Organisational Contacts • NOTE the overview report from the Audit and Risk Committee at Cwm Taf Morgannwg for assurance. | |
| <p>EASC 23/120</p> | <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. Additional information in line with discussions at the meeting would be included for the next version.</p> <p>Members RESOLVED to: APPROVE</p> | |
| <p>Part 3. OTHER MATTERS</p> | | <p>ACTION</p> |
| <p>EASC 23/121</p> | <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> | |

Agenda Item 1.4

| DATE AND TIME OF NEXT MEETING | | |
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| EASC 23/122 | The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Thursday 21 December 2023 virtually on the Microsoft Teams platform. | Committee Secretary |

Signed
Christopher Turner (Chair)

Date

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|  | <p>Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.</p> <p>This document / form is also available in Welsh.</p> |
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| 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 | 21 December 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/current-and-past-papers/december-2023/>

The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 21 November 2023.

PERFORMANCE REPORT

The Performance Report was received which included the latest published Ambulance Service Indicators. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- 999 call volumes in October 2023 were 7.7% lower than October 2022
- 7.4% reduction in incidents in October 2023 compared to October 2022
- Hear and Treat levels were 2.3% higher in October 2023 compared to October 2022
- Red incidents in October 2023 were 7.8% higher compared to October 2022.
- Amber incidents in October 2023 were 6.1% higher compared to October 2022.
- Ambulance handover lost hours in October 2023 were 19.8% lower compared to October 2022. Some improvements had been made on a number of metrics, % of patient handed over in 15 min and patient handovers over 4 hours had been seen in 2023. However, between September 2023 and October 2023 there had been a 18.4% increase in handover lost hours.

Members noted:

- Challenging performance picture in October
- Progress had been made during the course of the year but finding improvements in performance were still difficult
- The growth in red and amber demand
- Slightly lower handover delays but the total hours lost was very challenging for health boards and WAST
- Impact of funding and overtime on units of hours produced
- Discussions also taking place in the wider system and at the NHS Leadership meetings

- Specific requests had been made (of EASC) in relation to the Integrated Commissioning Action Plans (ICAPs):
 - A specific focus on a minimum of two priority actions from HB plans
 - all Members asked to confirm their actions to Stephen Harray as soon as possible for coordination
 - common actions to be identified and opportunities for all Wales actions
 - actions to be prioritised locally
 - identification of system indicators to use and add to the EASC Team weekly dashboard for wider sharing.

Members agreed:

- commitment had been given by all at the NHS Leadership Board to ensure these actions were implemented.

Nick Wood, Deputy Chief Executive of NHS Wales reiterated discussions held, and commitments made, at the NHS Wales Leadership Board and the actions from the existing health board ICAPs. The identification of 2 or 3 actions and ensuring the delivery on a consistent basis and the commitment to provide assurance that this was the case. The CEOs or Chief Operating Officers in HBs would be asked for confirmation this and also for confirmation from WAST about the actions detailed in the Winter Plan and also from those areas where working together was essential.

Nick Wood also reminded Members of the clear policies and procedures which had been developed in the system but were potentially not being implemented or utilised. These included:

- Same Day Emergency Care (SDEC) services and the referral of patients through the 999 route or conveyance routes. The numbers of patients referred would be monitored and variation should be avoided; there needed to be a consistent pathway for access into the SDEC services
- Clinical Advice Hubs, most HBs had versions of these and would need to be fully implemented (including ensuring consistent access)
- Immediate diagnostic front door pathways with the expectation that HBs and WAST would work together for access particularly for issues like direct admission and timely handover arrangements and for specific illnesses such as stroke and fractured neck of femur.

Members noted that the weekly CEO meeting would monitor progress and performance indicators would be developed to measure progress on the key actions identified. Nick Wood asked Members to work with the CASC to identify issues and provide assurance that the actions had been initiated and were consistent in the system in order to mitigate any unacceptable patient safety risks.

Members agreed:

- To provide responses in relation to local plans and commitment by the first week of January 2024 to the CASC for ongoing coordination and embedding into ongoing processes, this would be a blended approach across HBs and WAST.

The Immediate Release Report was discussed. A meeting had been arranged by the EASC Team between HBs and WAST in particular to look at the data and also the consistency of the approach. The key issues had been captured, recommendations had been made and subsequently endorsed by the EASC Management Group.

Further work would take place to streamline the process and improve compliance and understanding across the system.

Information had been presented in draft using the Statistical Process Control (SPC) as requested by Members. Comments had been requested and it was agreed that they would be integrated as part of the information for future meetings.

Stephen Harray highlighted specific information from the SPC Charts including:

- The improvements in the units of hours produced for emergency ambulances
- The Cymru High Acuity Response Units (CHARU) and their positive impact on the system (particularly as recruitment was increasing) and the important impact on quality of services received by patients.
- **AGREED THE NEXT STEPS**
 - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first agenda items at each meeting of the Emergency Ambulance Services Committee
 - the SPC charts would be included in future dashboards.

QUALITY AND SAFETY REPORT

The Quality and Safety Report was received. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- The significant challenge at WAST for complainants to receive a reply within 30 days to improve their performance against the 75% target in coming months, it is currently 21% (October)
- 16 cases identified by WAST as requiring joint investigation in October 2023. This joint process had been implemented in the last 12 months and would be reviewed in 2024
- 51 National Reportable Incidents had been made by WAST to date; this was raised with Welsh Government official at the Quality and Delivery meeting
- An increased number of patients were waiting over 12 hours for an ambulance response in October 2023 (677) compared to July 425, August 554, Sept 609
- Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 76.4%
- Work has commenced on data outcomes and the data linking work would accelerate this; work to link to the deprivation index was also continuing and more information would be provided to Members, including the variation in services
- The return of spontaneous circulation (ROSC) rates was 17.1% which was believed to reflect the impact of the CHARU service
- The number of patients that self-presented at ED with a high triage category, with 314 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention)
- Falls the biggest reason for a 999 call in October.

Members noted:

- The request from the CASC for comments to support the further development of the Quality & Safety Report

- The action to work with HM Coroners to ensure a consistent national approach and a meeting was due to be arranged
- The work would continue to be reported to Directors of Nursing and Quality
- The ongoing work on data linking and the impact.

Members raised

- Issues related to the new escalation process in Hywel Dda UHB and cohorting at the 2 hour level. The internal quality assurance team were working to ensure this was being closely monitored in terms of mortality and morbidity in as close as possible to real time. It was suggested it could be helpful to align the work being led by the EASC Team with this new area of work at HDUHB, especially in view of the impact of system pressures. It was agreed that Ross Whitehead would work with HDUHB to identify if any wider system learning could be identified and coordinated and specifically to include the whole patient waiting time.
- **AGREED THE NEXT STEPS**
 - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first agenda items at each meeting of the Emergency Ambulance Services Committee.
 - 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
 - Specific work with Hywel Dda UHB.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:

- The emphasis on the collaborative approach to the development of the EASC Commissioning Intentions for 2024 to 2025.

Members noted:

- The EASC Team would work with WAST and Emergency Medical Retrieval and Transfer Service (EMRTS) colleagues to further develop the draft Commissioning Intentions, these would be presented at a future meeting for approval
- WAST and EMRTS would have an opportunity to comment on the draft versions
- The need to consider the inclusion of other issues, for example mental health as appropriate
- Intentions would be developed to reflect the interdependencies with other programmes of work across the system, e.g. Six Goals for Urgent and Emergency Programme and how the system would work together to deliver against these
- Intentions would be developed to confirm the actions for health boards, health boards and WAST and WAST itself
- Trajectories would be developed against the agreed actions
- The need to consider funding bids to support delivery of the agreed actions if required
- The CASC would attend the meeting of the Directors of Planning in January to discuss.

- **AGREED THE NEXT STEPS**
 - The EASC Team would consider comments received on the Commissioning Intentions from members of the EASC Management Group and NEPTS and EMRTS Delivery Assurance Groups
 - The EASC Team would discuss intentions with WAST and EMRTS colleagues
 - Commissioning Intentions would then be submitted for approval by the EASC Committee
 - The Commissioning Intentions would be issued to each of the commissioned services.
 - The EASC team would continue to work with Members to enact the priorities of the Committee for the HB populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system.
 - This would include the different elements of the collaborative commissioning approach including:
 - EASC Commissioning Frameworks
 - Integrated Commissioning Action Plans
 - EASC Integrated Medium Term Plan (including the IMTP Performance Improvements and Enablers Tracker)
 - EASC Commissioning Intentions.

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 a detailed overview of work to date according to the phased approach.

Noted:

- The approach taken in Phases 1 and 2 of the 19 week engagement process
- The number of responses received and the wide-ranging emergent themes from the most recent engagement in Phase 2
- The CASC had attended Board sessions in both Betsi Cadwaladr University Health Board and Powys Teaching Health Board over recent months
- The CASC had been in contact with Llais throughout the process; since Phase 2 has been underway queries had been raised by some Llais members and these had been informally addressed
- Correspondence from Llais was received by the CASC on 29 November 2023 formally raising concerns about the next steps of the Review and recommending that this Review was taken to a formal public consultation
- Queries initially raised by Swansea Bay University Health Board (SBUHB) at the EASC Management Group in October had been responded to and a follow-up meeting with SBUHB colleagues had taken place.
- EASC had received a further communication from SBUHB reiterating the same points which would be responded to alongside the Llais recommendation
- A letter had been received from the Wales Air Ambulance Charity setting out the impact that a delay would have on them and requesting that the extensive process was brought to a conclusion as soon as possible

- Health Board representatives had been nominated to participate in the evaluation process originally scheduled for 14 December, this had been rearranged in light of Llais' letter and the recommendation being considered by the Committee.
- **EASC had previously endorsed the proposal that the preferred and recommended option going to EASC would be taken back to each respective health board for individual board consideration before a collective Joint Committee decision was made. It was proposed that this remained the case**
- The Options Appraisal, using the agreed evaluation framework, with nominated health board representatives would take place in early January
- The outcome of the Options Appraisal (i.e. shortlisted options) would be shared with Llais and developed into Phase 3 documents
- The shortlisted options – to include a preferred option – would be shared with the public and stakeholders
- Phase 3 would last for 4-weeks, online during February 2024 and in order to address the needs of the digitally excluded in the population, health board engagement teams would provide local opportunities for their populations to be supported to contribute to this important process
- The following range of bilingual documents would be developed as a minimum:
 - Updated equality impact assessment
 - Phase 3 document focusing on the impacts and pros and cons and costs with an opportunity to comment
 - A plain language or easy read version
- The aim of the documents would be to meet the principles for 'consultation' to ensure that sufficient reasons were put forward for any proposal to permit 'intelligent consideration'. This would include data where possible with as much explanation (and costs) as possible to continue the work of Phases 1 and 2.
- The shortlisted options – to include a preferred option would be simultaneously considered by each health board
- The public and stakeholder feedback would be considered by the CASC; Llais would also have an opportunity to comment
- Each health board would need to provide their respective board views to the CASC by 29 February 2024
- A preferred option would be recommended by the CASC for the Committee to make a final decision on, expected to be at the planned meeting of EASC on 19 March 2024.

Members noted:

- The comprehensive update provided, reflecting the breadth of the public responses received, including in relation to rural communities
- The recent conversation with Alyson Thomas, Chief Executive of Llais and noted that Llais were content with the approach put forward for a 4-week Phase 3 of the public engagement process, building on Phases 1 and 2 allowing the public opportunity to comment on the options which would include additional detail and costs
- That Llais referenced service development (rather than service change) and it had been confirmed that Llais wanted the public across Wales to be able to comment on the options shortlisted
- The support required from health board communication, engagement and service change leads during the engagement period to ensure the consistent approach across Wales

- **All health boards are impacted by the EMRT service as there are patients in every area who do not currently receive a service (unmet need)**
- The need to complete the process correctly, building on the comprehensive approach undertaken to date, but also mindful of the impact on others (Charity) in a timely manner
- The CASC would respond to Llais on behalf of the Committee (and would share a copy with Members)
- The concern of the Wales Air Ambulance Charity in respect of further delays to the process.
- The CASC expressed his thanks to the Charity for staying with the process, despite the delay causing the Charity potential difficulties.

The Chair thanked Members for their support, reiterating that this had been an extremely comprehensive process. It was helpful to receive the Members support for the next phase and there was a need to work together to complete the process to arrive at a decision in March and prior to the development of the new Joint Commissioning Committee.

- **AGREED THE NEXT STEPS**
 - Following the meeting on 21 December, the Commissioner would to send a formal response to Llais on behalf of the Committee confirming the agreed EASC position and clarifying the adjusted timeline for the Review going forward.
 - Issue a public communication confirming the Committee's agreed position and next steps for the EMRTS Service Review including any adjusted timeline.
 - Make operational arrangements to deliver the EASC agreed next steps of the process.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen HARRY. The report highlighted key areas which included:

- WAST Stakeholder Briefing
- Winter Ambulance Improvement Plan

Members particularly noted:

- The WAST Stakeholder Briefing sent by WAST at the start of December which had raised some concerns regarding timing and content, and noting that a formal response would be prepared by the CASC on behalf of the Committee. It was agreed that the CASC would share a draft response to health boards for comment before formally responding to WAST.
- **AGREED THE NEXT STEPS**
 - Once responses are received on the recent WAST briefing, before, at the meeting or following a response would be sent. This would be shared in advance with Members
 - Commissioners had an opportunity to input actions for the Winter Ambulance Improvement Plan and these would be forwarded to Welsh Government as soon as possible.

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 – Members agreed to provide responses in relation to local plans and commitment by the first week of January 2024 to the CASC for ongoing coordination and embedding into ongoing processes, this would be a blended approach across HBs and WAST.
- Handover delays (and the monitoring of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST – through the ICAP process
- In relation to the EMRTS Service Review, due to the requirement of Llais, the Option Appraisal workshop had been postponed - it would now take place in mid January 2024

Matters requiring Board level consideration

- To acknowledge the continued 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
- Output from the EASC meeting in January for further discussion at the Board prior to decision making at EASC in relation to the EMRTS Service Review.

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

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|-----------------------------|--|---|----|--|
| Committee minutes submitted | Yes | ✓ | No | |
| Date of next meeting | 16 January changed to 30 January 2024 | | | |

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

| | |
|------------------------------------|--|
| Reporting Committee | Shared Service Partnership Committee |
| Chaired by | Tracy Myhill, NWSSP Chair |
| Lead Executive | Neil Frow, Managing Director, NWSSP |
| Author and contact details. | Peter Stephenson, Head of Finance and Business Development |
| Date of meeting | 23 November 2023 |

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

Matters Arising

- **Payroll Modernisation Update** – A presentation was given by the Deputy Director of Employment Services and the Head of Payroll. This covered improvements to identifying and monitoring progress with overpayments and improvements to the Staff Movements process. The presentation also highlighted that annual number of pay runs is currently 159 and reductions in this number would produce significant administrative savings. The presentation concluded with the following recommendations which the Committee were content to support:

 - The use of the Overpayments Portal by Health Boards and Trusts to help reduce the occurrence of overpayments;
 - Greater use of the Management Self-Service function in ESR; and
 - Establishing a task and finish group to look at payroll runs frequency.
- **IMTP** – The Director of Planning, Performance and Informatics updated the Committee on progress with the development of the IMTP for the period 2024-27. The NHS Planning Framework has not yet been published but is expected imminently. It is anticipated that ministerial priorities will be consistent with the current year and NWSSP has a key role in supporting NHS Wales organisations to deliver against these priorities. Progress to date includes a World Café event for all NWSSP Directorates in mid-October and the development session with the Committee in November. Going forward, the aim is to bring the IMTP to the January 2024 Committee for formal approval. The plan will be underpinned by the overarching principles of doing the basics well, being financially sustainable, embedding the Duty of Quality, and looking after the welfare of our staff. Whilst the financial climate across NHS Wales imposes severe challenges, it may also provide the opportunity for NWSSP to implement measures on an all-Wales basis that give the potential for significant savings within Health Boards and Trusts.

Chair's Report

The Chair referred to a number of meetings that she had attended including the Welsh Risk Pool Committee and the Audit Committee. She also welcomed the opportunity to meet regularly with the Minister with other chairs which she found invaluable. The development session held with SSPC members earlier in the month had been very successful and she thanked those who attended for giving up their time, and for the contributions that they made to the event.

The Committee **NOTED** the update.

Managing Director Update

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

- Conversations continue with Hywel Dda UHB over the closure of the Glangwili Laundry site and the commencement of discussions regarding the TUPE arrangements for the remaining staff within the Cwm Taf Laundry to transfer across to the NWSSP Laundry Service;
- The NWSSP SLG recently endorsed the anti-Racist Action Plan which demonstrates our commitment to being an anti-racist organisation and sets out our plan to address the actions contained in the plan produced by Welsh Government and in meeting the requirements of the Welsh Workforce Race Equality Standard;
- The development of the first phase of a Solar Farm at IP5 where we are currently tendering for the infrastructure works having secured additional capital funding from Welsh Government as part of the decarbonisation agenda;
- The Medical Examiner Service will attain a statutory footing from April 2024 with the relevant legislative amendments being passed in October. The agreed approach allows us to ensure both equity and equality in service delivery across the whole of Wales;
- NWSSP has been accredited with the Corporate Customer Service Excellence Award making it the first organisation within NHS Wales to achieve the highly valued UK Government Standard;
- NWSSP were shortlisted for a number of awards in three different categories and were successful in being the winners of the Evolution award at the recent UK Shared Services Forum Conference in Liverpool; and
- Following publication of the scope of Module 5 (Procurement) of the UK COVID Public Inquiry, and after consultation with our barristers, NWSSP has applied for core participant status for this module.

The Committee **NOTED** the update.

Items for Approval

Brecon House Patients Medical Relocation – the paper related to a business case that was approved by the SSPC in 2022. Following the discovery of Reinforced Autoclaved Aerated Concrete (RAAC) in the existing building (Brecon

House), new accommodation had to be secured urgently for the safety of the staff and the secure storage of the records. This required the signing of a lease for the Du Pont building on the same site and owing to the need to sign this urgently, approval was given through a Chair's Action for both the SSPC and the Velindre Trust Board. The Committee **RATIFIED** the approval.

Primary Care Services – Provision of Multi-Functional and Professional Printing Devices – the Committee **APPROVED** a three-year contract for the replacement of the existing devices.

Contract Award for Replacement Leased HGVs for Supply Chain and Laundry - The Committee **APPROVED** the contract award for the lease of 15 heavy goods vehicles.

Speaking Up Safely Action Plan – The Committee **APPROVED** the Speaking Up Safely Action Plan which formalises a mechanism to ensure concerns raised in relation to Inclusivity and Belonging are captured, reported on, and learnt from.

All-Wales Supply of Electricity – The Committee **APPROVED** the recommendation of the Welsh Energy Group to secure Zero Carbon for Business electricity source for the supply period 01.04.2024 to 31.03.2025.

South-East Wales Radiopharmacy Business Case - The Committee **APPROVED** the business case for an immediate capital investment in preparative radiopharmacy facilities in the Southeast Wales region. The preferred option site is IP5.

Items for Noting

International Recruitment

The Committee was provided with an update on the delivery of the All-Wales International Recruitment Programme supporting the safe and ethical recruitment of International Healthcare Workers, embedding a strategic "Once for Wales" approach and maximising opportunities for collaborative working across organisational boundaries.

Phase 2 of the commercial agency pipeline commenced in December 2022 with the first cohort of Internationally Educated Nurses (IENs) arriving in March 2023. As at 31st October, a total of 248 IENs have been onboarded. All Health Boards now have a proportion of Phase 2 candidates either arrived or in progress.

In addition to the commercial agency route, NWSSP has continued to support the recruitment and onboarding of a direct pipeline of nurses recruited via a partnership with an agency of the state government of Kerala, India. That route has already provided 29 candidates who have been successfully on-boarded following a visit to Kerala in May 2023, and a further visit was undertaken in November. The in-country delegation were successful in recruiting a total of 96 registered nurses, plus 16 Junior and Senior Clinical Fellows supporting General

Medicine and Oncology services.

An important milestone was achieved recently when NWSSP were recognised as an official sponsorship organisation for the General Medical Council, for doctors of all grades and all specialties.

The Committee **NOTED** the update.

Procure to Pay (P2P) Update

Since 2016, the Finance Academy All-Wales P2P Forum had been successful in the approval and delivery of several P2P initiatives, all of which were underpinned by the Once-for-Wales principles e.g. No PO No Pay Policy, standardisation of Invoice tolerances in Oracle. However, in recent years, the All-Wales P2P Forum has struggled in agreeing, supporting, and taking forward P2P initiatives. As a consequence, the Finance Academy Board agreed to close the All-Wales P2P Forum in September 2023. There is, however, still a need for a Forum or Committee to provide effective governance covering the P2P arrangements and agree future work plans.

The Committee **NOTED** the update and **AGREED** to take over the governance arrangements for P2P.

Southeast Accommodation Proposal

The previous option of moving from Companies House to the Welsh Government offices in Cathays Park is now no longer considered viable due to increasing costs, and restrictions on parking and access. We have therefore informed Welsh Government that we will not be pursuing this option. An alternative building has been identified on the Nantgarw estate which would accommodate staff from both Companies House and the existing HQ building in Nantgarw, providing significant annual savings. This is now the preferred option and is being actively investigated on either a lease or purchase basis.

The Committee **NOTED** the update.

All-Wales E-Scheduling Procurement

E-Scheduling software enables the District Nursing workforce in Wales to access a mobile app to schedule their visits, avoiding paper or spreadsheet-based systems.

The all-Wales contract (two year plus one) commenced with Civica (formerly Malinko) on 1st April 2021. The year extension was implemented in April 2023 with the entire contract due to expire on 31st March 2024. Following extensive consultation, and subject to Welsh Government approval, the intention is to re-tender the contract with expected contract award early in 2024.

The Committee **NOTED** the update.

Finance, Performance, People, Programme and Governance Updates

Finance –We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding, the continued demand for and the costs to support increased transactional activity, IP5 running costs and transitional funding for TRAMS. Confirmation that Welsh Government will fund UHBs for the laundry energy cost pressure in 2023/24 has reduced our risk in respect of this. 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.

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 September performance was generally good with 36 KPIs achieving the target against the total of 41 KPIs. However, five KPIs did not achieve the target and are considered Red/Amber. These relate to Recruitment (2), Procurement, Digital Workforce and Student Awards Services. Professional influence benefits amount to £83M at end of September.

IMTP Q2 Progress Report - 81% (124) of our objectives are on track. 11 objectives are at risk of being off track to complete in 2023-24. All have targeted actions to complete in Quarter 3 and 4 with a view to bringing them back in line. Reporting on objectives remains on a self-assessment basis by the divisional Heads of Service, scrutinised through the Quarterly Review process.

Project Management Office Update – There is only one project currently rated as red, relating to the TrAMS project and particularly the affordability of the proposed solution as part of the wider capital programme. This compares with three red-rated projects reported to the last Committee.

Corporate Risk Register – There are currently five red risks on the Corporate Risk Register, compared with eight reported to the last Committee. These include Brecon House, TrAMs, the impact on the Single Lead Employer Team of proposed Junior Doctors Industrial action, and the limitations imposed by the overall financial climate.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Audit Committee Assurance Report;
- PPE Stock Report; and
- Finance Monitoring Returns (Months 6 and 7).

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| 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 | Thursday 18 th January 2024 10am – 12pm |



MID WALES JOINT COMMITTEE

Mid-year report including Autumn Meeting update

December 2023



1. INTRODUCTION

- 1.1 The Mid Wales Joint Committee for Health and Care is a formal sub-committee of Health Boards and a formal regional planning area of the Welsh Government. Membership of the Joint Committee includes representation from the three Local Health Boards, Welsh Ambulance Services NHS Trust, the three Local Authorities delivering health and care services across Mid Wales and Llais as a co-opted member. The Joint Committee membership includes the roles of Lead Chair, Lead Chief Executive, Lead Director of Planning and Lead Clinical Executive Director undertaken by representatives of the Mid Wales healthcare organisations on a rotational basis.
- 1.2 The Joint Committee's Strategic Intent sets out how the Joint Committee intends to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales. The Strategic Intent focuses on the delivery of five overarching aims as follows:
- i) **Health, Wellbeing and Prevention**
Improve the health and wellbeing of the Mid Wales population.
 - ii) **Care Closer to Home**
Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home.
 - iii) **Rural Health and Care Workforce**
Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales.
 - iv) **Hospital Based Care and Treatment**
Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.
 - v) **Communications, Involvement and Engagement**
Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.
- 1.3 A delivery plan is developed every year to support the delivery of these aims with a set of agreed priority areas for joint working across Mid Wales.
- 1.4 The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning and 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. AUTUMN MEETING

- 2.1 The Mid Wales Joint Committee held its Autumn Meeting on 14th November 2023 to provide a mid-year update on the progress of the Joint Committee's priorities and plan and any other key developments which benefit the residents of Mid Wales. This was the first meeting of the new arrangements for the Joint Committee with two meetings now held during the year – one Spring Meeting and one Autumn Meeting. The following report provides an update on the work of the Mid Wales Joint Committee including the outputs from the Autumn Meeting.

2.2 The Joint Committee Autumn Meeting was led by Steve Moore, Chief Executive of Hywel Dda University Health Board, in his role as Lead Chief Executive of the Joint Committee. This is due to the Joint Committee being without a Lead Chair due to the recent departure of Maria Battle, Chair of Hywel Dda University Board, at the end of October 2023.

2.3 At the Autumn Meeting a series of presentations were received providing an update on the work of the Joint Committee's priorities and delivery plan as follows:

i) Social Care

(Presenter: Donna Pritchard, Corporate Lead Officer - Porth Ceredigion, Ceredigion County Council / Chair - Mid Wales Social Care Group)

As part of the review of the Mid Wales Joint Committee a Mid Wales Social Group was established in November 2022. Membership of the group comprises Director of Social Care/Senior Manager leads for Social Care and Commissioning. Initially the group initially struggled with its membership and attendance due to the majority of the representatives being in interim/temporary roles, however, permanent appointments have been made to the majority of these roles so it is hoped future meetings will be better attended.

The group's main focus is to look at what matters most from a social care perspective and how members can best support each other with issues that are relevant for social services in the Mid Wales area and support joint working on addressing these issues. The group recognised early on that they were all at different stages for different elements of what they wanted to work on together with one of the key objectives being to look at best practise. Key pieces of work being looked at by the group are as follows:

Residential Children's Accommodation

A mapping exercise of complex Residential Children's accommodation has been undertaken to scope out existing provision and plans in place across Mid Wales with the intention of ascertaining what capacity is available in each county and whether there are any opportunities for joint commissioning. The outcome of the mapping showed that there are quite a lot of similarities across the three counties but all were at different stages of development. Following consideration of how best to take this forward, a workshop of Heads of Service, Service Managers and Team Managers has been arranged for 7th February 2024 to see what shared cross county learning and opportunity for joint working there is around Recruitment, Training, Rotas, Eligibility for provision, Health / Therapeutic support and Budgets.

Building Capacity through Community Care - Further Faster

Members of the group have provided their organisational position statements on 'Building Capacity through Community Care - Further Faster' with the aim of understanding each organisations' approach to the plans. The next piece of work will be to understand the approach that each organisation is taking and the plans that are under way in order to ascertain whether there is any shared learning that can be considered.

Extra Care and Community Care

The group is considering existing provision and plans in place for extra care and community care across Mid Wales to ascertain what is in place and, if necessary, develop plans for providing additional provision across Mid Wales.

Accommodation for Child Refugees

The future work plan will consider accommodation for child refugees including what capacity is available in each county and opportunities for joint arrangements. This is a growing area of concern for Local Authorities as the number of child refugees coming into Wales is increasing.

ii) Urology Health Pathway

(Presenter: Dr Kate Wright, Medical Director, Powys Teaching Health Boards / Chair - Mid Wales Clinical Advisory Group)

In March 2022 the Mid Wales Clinical Advisory Group agreed their top 3 clinical priorities i) Urology, ii) Palliative Care and iii) Rheumatology. The group agreed that their top 3 priorities be looked at in a staged way with Urology the first to focus on the development of a programme of renewal for Urology pathways across Mid Wales.

The current Urology pathways were reviewed and the main issues identified were related to the on-going management of people in the community, pathway between primary and secondary care and elective pathways. In particular, clarification is needed over who is responsible, primary or secondary care, for the repeat second PSA test undertaken if the first PSA test shows a low rate score.

Also, a questionnaire was issued to GP practices across Mid Wales to ascertain the current processes in place for the monitoring of patients and blood results.

Responses received showed 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.

Following a series of meetings, the Urology group reached a stage where it had agreed the principles for the Mid Wales pathway. At this stage it was noted that Hywel Dda UHB was leading on the development of the national Urology Health Pathway for which it has been assigned the lead. This was part of the national pathway work with each Health Board allocated a suite of health pathways to write from a national lens perspective with a focus on the primary to secondary care interface. The group received a presentation by representatives of Hywel Dda UHB on the work it was undertaking. Once agreed nationally the Hywel Dda UHB pathway for diagnosis will be an All Wales pathway which is planned to be launched in December 2023.

The Mid Wales Urology Group agreed to await the launch of the national Urology Health Pathway but would review progress on development and:

- Obtain pathways for English providers with a view to getting universal agreement on the cross border pathway.
- Consider how the pathway is monitored, measured and audited.
- Consider PROMS and PREMS when refining the pathway. This is included in patient feedback forms on the Patient Knows Best system, recently been introduced by Hywel Dda UHB.
- Virtual group clinics, which could potentially support the later part of the pathway, will be considered in more detail in the future.

The work of the group has demonstrated the benefits of wider consideration and improved understanding of a complex issue. There is also a better understanding of processes across primary and secondary care, and the sharing of more details regarding operational challenges across the region has helped allow organisations to offer mutual support.

iii) **Bronglais General Hospital Strategy including Colorectal and Cancer**

(Presenter: Peter Skitt, County Director Ceredigion, Hywel Dda University Health Board / Programme Director, Mid Wales Joint Committee)

The Bronglais General Hospital: Delivering Excellent Rural Acute Care” was approved by the Hywel Dda UHB Board on 28th November 2019. One of the challenges which impacted on the immediate implementation of the strategy was the COVID-19 pandemic. However, progress has been made in many areas despite these challenges as follows:

- **Acute Medicine:** For the second Respiratory Consultant the plan is to 'Grow your Own' within the Bronglais General Hospital SAS team. One doctor from the Bronglais SAS team has gone to work at Glanwrgwili General Hospital alongside the Respiratory Consultant for 12 months who will after this time period return to Bronglais. A Consultant Rheumatologist commenced in post in October 2023 and they are focusing on developing a sustainable service. There is a second Gastroenterology Consultant now in post which has ensured the sustainability of this service.
- **Nursing:** Appointments have been made to a Nurse Specialist and/or Nurse Practitioner roles for a range of specialities. The Aberystwyth School of Nursing is now established and there are potential opportunities for lecturing / visiting lecturers which is encouraging for the recruitment campaign. There is a strong clinical nurse service in place and there is a need to ensure that these services are liaising across the Mid Wales region in the same way as Consultants and GPs.
- **Theatres:** Recruitment to theatres is challenging, however, work is progressing on recruiting to the current funded establishment for Theatres at Bronglais General Hospital.
- **Laboratory Services:** A number of changes have been made including the introduction of a new skill-mix to maximise flexibility and efficiency and a career pathway for Band 2/3 Laboratory Assistants to progress to Assistant Practitioner and Biomedical Scientist roles. Also, a plan has been developed to optimise Phlebotomy provision across 7 days with weekend mornings now part of contracted hours.
- **Pharmacy Services:** MTeD has been established and now being used in the Clinical Decision Unit. A new pharmacy robot is now in place and functioning at the Pharmacy department at Bronglais General Hospital. For the development of a 7 day service recruiting is in progress to support the establishment of a Saturday service. The Saturday service will be evaluated after 6 months before taking a decision on introducing a Sunday service. A pharmacy service is now being provided to the Emergency Department from Monday to Friday.
- **Paediatrics:** Due to issues with recruitment to the paediatrics service, the immediate short term action is to stabilise staffing levels on the Paediatric ward at Bronglais General Hospital. Running alongside this work will be undertaken on building relationships with Aberystwyth University in terms of providing placements for students and exploring the development of a dedicated Paediatrics course at the Aberystwyth School of Nursing. Once staffing levels are stabilised the medium / long term plan for the development of a Rural Paediatric Unit will be progressed.
- **Radiology Services:** The Radiology Procedure Room, new CT Scanner and digital x-ray rooms are in place and operational. There are issues with regard to having a single CT scanner on site which is something which needs to be considered in the future in terms of ensuring the robustness of the service, given the travelling times to other sites across Hywel Dda.
- **Acute Frailty Team:** An Acute Frailty Working Group, Acute Frailty Team, Bronglais and Ceredigion Frailty Forum and Bronglais Frailty Champions have

been established and are operational. The Frailty Working Group has defined the Frailty Pathway and the Frailty Team have been accepted onto the EQUIP programme with facilitators to work with the team on measuring outcomes.

- Front Door Model at Bronglais General Hospital: The SDEC Action Plan has been reviewed and it has been agreed that this be incorporated into a review of the Front Door model at Bronglais General Hospital with the revised Front Door model planned for implementation by March 2024.
- Digital: MDT Rooms have been set up for Virtual Consultations and MDT Appointments at Bronglais Hospital. The digital strategy is in place and there is a need to ensure that Hywel Dda UHB developments interlink and work with the other Mid Wales Health Boards that have patients receiving services from Hywel Dda UHB.

Colorectal

A Mid Wales Colorectal services task and finish group has been established to support Hywel Dda UHB, Powys THB and Betsi Cadwaladr UHB in establishing a sustainable Colorectal services pathway for Mid Wales. Phase 1 will focus on establishing a Newtown clinic for Powys THB patients (first appointment) which will involve moving Powys THB work from Bronglais General Hospital back to Newtown.

Cancer

The vision has been shared for the new Chemotherapy Day Unit, the design team are progressing on the development design to go out to tender to appoint contractor, with the aim for building work to begin in early 2024.

There is now Mid Wales representation on the South West Wales Cancer Oncology Outpatients and Radiotherapy working groups and links between the group and Powys THB have now been established.

The National Clinical Lead for the National Palliative and End of Life care programme has asked that the Joint Committee team support the national team in facilitating group discussions on a Mid Wales level which will inform the national programme work.

iv) Workforce

(Presenter: Lisa Gostling, Director of Workforce, Hywel Dda University Health Board)

Five priority areas for 2023/24 have been agreed to focus on developing solutions to establish cross border health and social care workforce arrangements across Mid Wales as follows:

- a) Build unified workforce intelligence that identifies the workforces required and to create new and enhanced roles across Health Boards and Social Care. (aligning to the all Wales Health and Social Care Strategy)
- b) Scope and deliver development programmes which include effective and efficient leadership, talent management, clinical education (including inter-professional education) which creates consistency in how we lead and support people and where possible provide intra organisation delivery.
- c) Develop compassionate processes/initiatives that support workforce wellbeing.
- d) Share good practice across the Mid Wales region.
- e) Develop recruitment strategy to encompass portfolio careers, apprenticeships, and joint working.

Detailed work plans (with milestones and targets) for these priority areas are planned to be developed and agreed by the end of December 2023.

Representatives from workforce and recruitment teams attended the Mid Wales Clinical Advisory Group meeting in September 2023. Clinical colleagues are keen to work across Mid Wales to make roles more attractive to support recruitment and retention including joint appointments, rotation of staff, peer support, establishing rural networks for staff and promotion of rural healthcare for which some of this is already happening in the North Ceredigion cluster, through the Integrated Health and Care project, which could be considered for expansion across the region.

Adult and Mental Health BSc nursing programme, part time Adult and Mental Health Nursing BSc programmes and level 4 programme for health care support workers (health and social care) are now established at the Aberystwyth University School of Nursing. The University have established links with the three Mid Wales Health Boards to provide clinical placement opportunities in a variety of settings in both acute and urban and rural locations including care homes. One successful intake of the Return to Practice Programme (Adult field) has been completed and they have taken up a post at Bronglais Hospital. The University are working with practice partners in developing some CPD post-graduate modules and it is hoped to be able to have some to offer in 2024.

v) Transformation with Digital at the Heart

(Presenter: Anthony Tracey, Digital Director, Hywel Dda University Health Board)

The Hywel Dda UHB Digital Transformation programme aims to help organisations move from the current position, where each holds separate records for the individuals they care for, to one where an individual's records are connected across the health and care system. This will help professionals to share information safely and securely as well as enabling service users to access their record, irrespective of which part of the system has provided them with their care. The whole premise of the programme is to work with partners to accelerate the work of sharing that information, removing the silos and improving the quality of care to patients by enabling services to access their own record as a patient, but also from the wider health community and social care as well. The ethos of the transformation plan is to provide a blueprint for the next three to five years and for the longer five to ten years on how they can share this information and put the technical technologies and tools in place to allow clinicians to actually treat the patients in the right place at the right time.

An external company, CGI, was used to scope out what was possible to achieve a truly integrated region which included assessing readiness for whole system thinking and support in the development of a digital enablement plan. Also, Hywel Dda UHB has undertaken work to understand the current infrastructure in place, the baseline and identifying the gaps or opportunities.

To deliver the vision of an integrated region there are four key pillars i) Citizen Engagement, ii) Health and Care Coordination and Collaboration, iii) Situational Awareness – Digital Operations and Control Centre and iv) Regional Data Fabric. Underpinning these pillars will be four Delivery Workstreams focused on the delivery of ten individual projects. To support delivery the Regional Digital Transformation Group has been re-established. Also, partners will need to commit to the establishment of the digital enablement roadmap delivery governance and commitment to the completion of the Continuity of Care Maturity Model (CCMM).

vi) Wet age-related macular degeneration mobile phone app

(Presenter: Amanda Edwards, Assistant Director - Innovation and Improvement, Powys Teaching Health Board)

The challenges of providing healthcare services in Powys which is a predominantly rural area with dispersed population were outlined. Reversible loss of sight is increasing in Wales and nationally many are on waiting lists for assessment and treatment. The main eye conditions are glaucoma, Wet AMD and cataracts, all of which are age dependent and the older a person the more likely they are to have reversible eye loss. The demography in rural communities is often older than suburban ones.

As such Powys THB have concentrated on value and innovation in eye care and using state-of-the-art technology mobile technology. If care could be provided care closer to home or actually in the home then this would be significant potential benefit for patients. Wet AMD, which is a problem where central vision is lost initially, can develop into reversible sight loss. One key consideration is how there could be improvements to visual acuity measurement. Mobile technology used internationally was considered for visual acuity measurements and if measurements could be done more effectively this would free up the time of Optometrists time to undertake other work e.g. glaucoma and Consultants for other work e.g. outpatient clinics.

A mobile phone app has been developed for patients to use at home for measuring visual acuity and visual distortion. This is a first step into digital health technology and a service evaluation of the app is going to be undertaken with the evaluation being value based. If this is assessed as being successful then there are significant opportunities for the monitoring of other eye conditions going forward.

vii) Canolfan Goffa Ffestiniog

(Presenter: Christine Couchman, and Eirian Lloyd-Williams, Health Services Manger, Assistant Director of Primary Care, Betsi Cadwaladr University Health Board)

The challenges and lessons learnt from the development of the purpose built health hub at Blaenau Ffestiniog were outlined. Blaenau Ffestiniog has a rural community and is noted for high levels of deprivation, and has a younger age profile than the Welsh average. Following public consultation, it was agreed to demolish the old memorial hospital, which included in-patient provision, and to re-build on the site a purpose built health hub.

The challenges faced in its development included identifying the range of services that would be located within the new health hub and strong local opposition to the plans. Local opposition was eventually overcome through engagement and the service model was influenced by service user feedback.

The Health Hub was opened in November 2017 and the range of services provided at the site include Podiatry, Physiotherapy Gym, Learning Disabilities, Dementia Day Services, Diabetic Retinopathy Services, Mental Health Clinic, Substance Misuse, Midwife, Speech and Language therapy, District Nursing Team, Palliative Care and Heart Failure Nurse services. The Health Centre is now a valued community resource

Some of the lessons learnt have included re-building relationships with the League of Friends, encouraging Third Sector Groups to engage and promote their services within the community, engagement with other public bodies including the Citizens Advice Bureau, Department of Work and Pensions, OPUS, local Community Wellbeing Centre, Diabetic Retinopathy Screening and concerned citizens. They have also developed a good working relationship with local Community Pharmacies and taken part in the S4C 'Helo Syrjeri' programme. The lessons learnt from the

development have proved valuable as Betsi Cadwaladr UHB undertake service development in other rural areas.

The presentations provided at the Autumn Meeting are available on the Mid Wales Joint Committee website at

<https://mwjc.nhs.wales>

3. OTHER UPDATES

Other key updates in relation to the Joint Committee's priorities which were not covered in the meeting are as follows:

3.1 Dental

Referrals for new Hywel Dda UHB patients to the Newtown clinic for intermediate oral surgery for complex extractions have not resumed as the Consultant Oral Surgeon based at Newtown has left the employment of PTHB. However, work is being undertaken to explore the provision of a level 2 extractions SLA service for Hywel Dda UHB patients at Llandrindod Wells.

3.2 Ophthalmology

The option for the joint Ophthalmology post to be covered using paid sessions is currently being explored.