



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Prof Philip Kloer, Interim 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

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.
<u>Asesiad / Assessment</u> The following Joint Committee and Collaborative updates are attached for the Board’s consideration: Welsh Health Specialised Services Committee (WHSSC) <ul style="list-style-type: none">• Briefing notes from the WHSSC meetings held on 30 January, 27 February and 19 March 2024, setting out the key areas of discussion. Emergency Ambulance Services Committee (EASC) <ul style="list-style-type: none">• Summary of key matters considered by EASC and any related decisions made at its meeting held on 30 January 2024.• Confirmed minutes of the EASC meeting held on 21 December 2023. NHS Wales Shared Services Partnership (NWSSP) Committee <ul style="list-style-type: none">• Summary of key matters considered by NWSSP, and any related decisions made at its meeting held on 18 January 2024. There are no further Joint Committee or Collaborative updates to include for the following reasons: Mid Wales Joint Committee for Health and Care (MWJC) <ul style="list-style-type: none">• The MWJC will report to the May 2024 Board meeting.
<u>Argymhelliad / Recommendation</u> The Board is asked to RECEIVE the minutes and updates in respect of recent WHSSC, EASC and NWSSP meetings.

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

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
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)	
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 – 30 JANUARY 2024

The Welsh Health Specialised Services Committee held its latest public meeting on 30 January 2024. 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/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee/)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 21 November 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. Integrated Commissioning Plan (ICP)

Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members (1) **Noted** the report and presentation; and (2) **Discussed** the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government, and agreed that further discussion be undertaken with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift. The plan should then be brought back to an extraordinary Joint Committee for approval in February 2024.

4. Commissioning of Advanced Therapy Medicinal Products (ATMPs) in Wales

Members received a report and a presentation providing an update on the Advanced Therapy Medicinal Product (ATMP) landscape highlighting the additional implications that are associated with them, and to set out a proposed ATMP commissioning framework that will inform implementation plans.

Members (1) **Noted** the presentation, (2) **Noted** the report, (3) **Noted** the current and future Advanced Therapy Medicinal Product (ATMP)

positions and implementation progress to date, (4) **Noted** that further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities, (5) **Noted** the development of a strategic partnership with NHS England for the provision of ATMPs for rare indications with low patient numbers, (6) **Noted** the proposed ATMP Commissioning Framework (Appendix 1), (7) **Noted** the development of an ATMP Commissioning Strategy for Wales; and (8) **Supported** that WHSSC (and from April 2024 its successor organisation, the NHS Wales Joint Commissioning Committee) commission all NICE recommended ATMPs, including those recommended before May 2018.

5. Chair's Report

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

- **Key Meetings attended.**

Members **noted** the report.

6. Managing Director's Report

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

- **The increased thrombectomy access for Welsh patients in Bristol** - North Bristol NHS Trust have informed WHSSC that from 15 January 2024 they are able to offer access to thrombectomy for Welsh patients from 6.00am to 12.00am, with the last referral being accepted at 9.00pm in order that procedures can be completed by 12.00am. Currently the service accepts patients at 8.00am. Access to thrombectomy is increasing in south Wales with an average between December 2023 to June 2024 of 3.3 patients per month and for July to November 2023 an average of 6.0 patients per month. However, the overall annual rate is 2.18% of stroke patients accessing thrombectomy which is still well below the target of 12.5%; and
- **NHS Wales Joint Commissioning Committee Implementation** WHSSC were informed at the National Commissioning Review Oversight Board that it is unlikely that the Organisational Change Policy (OCP) process will be complete by 1 April 2024 and therefore a transitional model will be put in place. Development of the model will be undertaken by Welsh Government with 'sign off' by the Director General of NHS Wales. This work will be completed in the next few weeks.

Members **noted** the report.

7. Delivering Mechanical Thrombectomy Capacity in South Wales (Phase 1)

Members received a report seeking approval to establish phase 1 of a regional Mechanical Thrombectomy (MT) centre in South Wales.

Members (1) **Noted** the report, (2) **Noted** the financial framework to support the development of a Mechanical Thrombectomy centre for South Wales, (3) **Noted** the benefits and risks associated with the investment, (4) **Approved** the funding to establish Phase 1 of a local Thrombectomy service for the South Wales region as included in the Integrated Commissioning Plan (ICP) 2024/25; and (5) **Approved** the proposal for a post-implementation commissioning evaluation for Phase 1 of the commissioned service.

8. WHSSC Cardiac Review – Outcomes of Phase 1

Members received a summary on the outcomes of Phase 1 of the WHSSC Cardiac Review, which sought to: re-baseline the South Wales Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contracts to ensure that they better reflect potential demand; and assess the extent to which, in view of recent trends and differential valve costs, the TAVI policy remains both adhered to and apposite. In January 2023 the Joint Committee agreed that Phase 1 of the review would be completed by the end of Q3 2023/24, and that it would be followed by a second phase focussed on the future configuration of WHSSC commissioned TAVI and cardiac surgery.

Members (1) **Noted** the findings of Phase 1 of the WHSSC Cardiac Review, (2) **Noted** that the proposed revised Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contract baselines be used as the basis for negotiations with Cardiff and Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB), (3) **Noted** the finding that the current WHSSC TAVI Commissioning Policy remains both adhered to and apposite; and (4) **Noted** the work ongoing to clarify and reduce TAVI valve costs.

9. Mental Health Specialised Services Strategy for Wales 2024/25-2028/29

Members received a report presenting the final WHSSC Mental Health Specialised Services Strategy for Wales 2024/25- 2028/29 and to outline the governance structure for the implementation programme.

Members (1) **Noted** the report; and (2) **Approved** the WHSSC Mental Health Specialised Services Strategy for Wales 2024/25-2028/29.

10. All Wales PET Programme Progress Report

Members received a report providing an update on several issues facing the Projects within the All Wales Positron Emission Tomography (PET) Programme.

Members (1) **Noted** the proposed actions regarding escalation to the Sponsor (Section 3.3.4), (2) **Noted** the issues and risks facing the projects; and (3) **Noted** the progress made by the Work streams and other enabling activities.

11. Business Continuity Risks Related to the Establishment of the Joint Commissioning Committee

Members received a report outlining the business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee on 1 April 2024.

Members (1) **Noted** the report; and (2) **Noted** the risks associated with the implementation of the new NHS Wales Joint Commissioning Committee, and noted that the WHSSC Corporate Risk Assurance Framework (CRAF) will be updated to include the risks to specialised service business continuity.

12. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 31 December 2023, (2) **Approved** the CRAF as at 31 December 2023; and (3) **Noted** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings.

13. WHSSC Integrated Performance Report – November 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.

14. Financial Performance Report – Month 9 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 9 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 9 for WHSSC (excluding EASC) was an underspend against the ICP financial plan of (£5.018m), the forecast year-end position is an underspend of (£10.416m).

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

15. South Wales Trauma Network Delivery Assurance Group

Members received a report providing a summary of the Quarter 2 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members (1) **Noted** the report; and (2) **Received assurance** that the Major Trauma Network's delivery and outcomes are being scrutinised by the Delivery Assurance Group (DAG).

16. Corporate Governance Matters

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

Members **noted** the report

17. 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; and
- Welsh Kidney Network (WKN).

18. Any Other Business

- **Farewell to CEO Hywel Dda UHB**– members noted that it would have been Steve Moore, CEO Hywel Dda UHB's last Joint Committee meeting following his appointment to a new role. Members thanked him for his contribution and commitment to developing specialised commissioning in Wales and wished him every success in future; and
- **Farewell to Assistant Director of Finance, WHSSC** – members noted that it was James Leaves, Assistant Director of Finance, WHSSC's last meeting and members thanked him for his hard work and commitment and wished him well in his new role with CVUHB.



WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 27 FEBRUARY 2024

The Welsh Health Specialised Services Committee held an extraordinary public meeting on 27 February 2024. 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/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee/)

1. Integrated Commissioning Plan (ICP)

Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members (1) **Noted** the report and presentation; and (2) **Discussed** the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government, and agreed that further work be undertaken. It was suggested that a further presentation is provided to NHS Wales Directors of Finance peer group and other colleagues in the context of the 3.67% allocation uplift, savings and choices, and that the plan be brought back to the Joint Committee meeting in March 2024 for approval.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 19 MARCH 2024

The Welsh Health Specialised Services Committee held its latest public meeting on 19 March 2024. 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 \(nhs.wales\)](#)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 30 January 2024 and 27 February 2024 were **approved** as a true and accurate record of the meetings.

2. Action log & matters arising

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

3. Integrated Commissioning Plan (ICP)

Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members noted the planning and engagement undertaken to develop the ICP over the last 12 months, and the additional work undertaken since the JC meetings on 30 January 2024 and 27 February 2024 to refine the plan.

Members discussed the plan presented that included an average 4.45% uplift across Health Boards providing an allocation to fund activity demand and unavoidable growth as well as a 3.2% uplift for NHS Wales on non pay contracts. 6 of the 7 Health Boards (HBs) agreed to approve the plan subject to:

- An agile and flexible approach to delivery of the plan over the next 12 months,
- Recognition that they were carrying a degree of risk in the system,
- The need for the JCC team to undertake further interrogative work on medicines management and optimisation,
- A finance working group being set up to ensure HBs were closer to the recurrent spend across the year,

- Work being undertaken in parallel with HBs on policy and looking at sustainability of specialised services across Wales, including consideration of what is feasible for NHS Wales and what needs to be commissioned from NHS England to manage the volatility and instability for the next 12 months; and
- That the new JCC has strategic discussions on the delivery of the Specialised Strategy for Wales.

Members (1) **Noted** the report and presentation; and (2) **Approved** the Integrated Commissioning Plan 2024-2025 prior to its submission to Welsh Government.

4. Chair's Report

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

- **Chair's Action** –a Chair's Action was taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme, and a letter was issued JC members on the 12 March 2024 confirming the action taken,
- **Chair's Appraisal with the Minister** - On the 26 February 2024 the Chair met with the Minister for Health & Social Services for her annual appraisal on the objectives set for the remit of the JC, in line with ministerial priorities, and areas where the Minister expected the JC, and the Chair, to demonstrate leadership and strategic direction. Members noted that the Chairs tenure comes to an end on 31 March 2024,
- **Dr Sian Lewis, Managing Director, WHSSC** - Dr Sian Lewis will be stepping down from her role as Managing Director on 28 March 2024. The Chair advised it had been a privilege and a pleasure working with Sian. Her energy, commitment and openness underpinned a strong and effective JC. On behalf of the JC, the Senior Corporate Team and all staff, the Chair expressed her sincerest gratitude to Sian for everything she has achieved, with and for our staff, patients, their families and carers, and our local communities,
- **Appointment of IPFR Lay Members** - The appointment process for the appointment of lay members on to the WHSSC Individual Patient Funding Request (IPFR) panel has been delayed and will commence under the new NHS Wales JCC in Quarter 1 2024-2025; and
- **Key Meetings.**

Members (1) **Noted** the report; and (2). **Ratified** the Chairs action taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme.

5. Managing Director's Report

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

- **WHC/2024/005 - Welsh Health Circular - Private Obesity Surgery and the Welsh NHS** - In February 2024, Welsh Government published the Welsh Health Circular (WHC) - Private Obesity Surgery and the Welsh NHS. Currently, reliable estimates of the number of patients who are likely to request a follow-up are not available, however we know that approximately one third of surgical procedures carried out in the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) for patients in South Wales are emergency band removal procedures for patients who have previously undergone treatment in the private sector. Therefore, it is possible that this could have a significant impact on NHS pre-operative and post-operative service capacity,
- **Gender Identity Development Services (GIDS)** - An update on developments in Gender Identity Development Services (GIDS) in NHS England (NHSE), including the approach to the prescribing of Puberty Suppressing Hormones was given,
- **South Wales Major Trauma Network Gateway Review** - The South Wales Trauma Network (SWTN) was launched on 14 September 2020 to care for adults and children across South and West Wales and South Powys who had suffered a major trauma. On 7 March 2024, the Stage Gate Assessment of the South Wales Trauma Network was reported to the SRO for the programme and was given a green assessment rating which is a significant achievement which should not be underestimated for such a young network. The report will be shared at the SWTN Governance Group scheduled in March 2024 for information, with a view to developing an action plan to address the recommendations in readiness for the SWTN Clinical & Operational Board (COB) in April 2024,
- **Cardiac interventions in Wales: A comparison of benefits between NHS Wales' specialties - Published Article (PLOS ONE)** - WHSSC in collaboration with the cardiac network and the Secure Anonymised Information Linkage (SAIL) databank in Swansea have undertaken a study aimed at assessing if specialised healthcare service interventions in Wales was benefitting the population equitably in work commissioned by the WHSSC. The findings of the study were published on PLOS ONE in February 2024; and
- **NHS Wales Joint Commissioning Committee Implementation** - Further to the report presented to the Joint Committee on 30 January 2024 concerning the business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024, the recent appointment of an interim Tier 1 Chief Commissioner was a positive step forward, however concern remained regarding the Mental Health portfolio of

the new JCC concerning the ICP and quality issues which will be factored into the risk register.

6. Any Other Business

- **Annual Committee Effectiveness Survey** – members noted that the annual committee effectiveness survey would be issued to all members after the meeting and would focus on the work of the Joint Committee only, and not the sub-committees. The feedback will support developing the new JCC; and
- **Farewell from the Chair of WHSSC** – members noted that it was Kate Eden's last meeting as Chair of WHSSC and she advised that it had been a privilege to work for WHSSC for the last 4 years, working with experts and dedicated professionals to deliver high quality specialised services for Wales and also gave a thanks to the Independent Members (IMs) for supporting the work of WHSSC.



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Tîm Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



PARCH
-
RESPECT



PARTNERIAETH
-
PARTNERSHIP



GWELLA AC
ARLOESI
-
IMPROVEMENT
& INNOVATION

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	30 January 2024

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/january-2024/>

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

The Chair wished to place on record his personal and the Committee's thanks and best wishes to Steve Moore who would be leaving Hywel Dda UHB at the end of the month to take up a new post.

PATIENT STORY FROM THE WELSH AMBULANCE SERVICES NHS TRUST (WAST)

Jason Killens introduced a video with a patient story (Steven's story).

Members noted:

- the patient story had been presented at the WAST Quality and Safety Committee and Trust Board
- the 999 call and the indicated delayed ambulance response
- the decision to convey Steven's grandfather by private transport, bypassing Nevill Hall Hospital and attending the Grange University Hospital
- at the Emergency Department it was confirmed that Stephen's grandfather had suffered a cardiac arrest
- a 'Putting Things Right' concern was submitted, WAST had investigated and responded
- WAST colleagues had since met with the family to discuss the concern and the impact of this event.

Noted:

- the importance of learning from this patient story and Jason Killens agreed to share with Members the investigation and summary of contact made with the family
- ABUHB would also consider this experience with staff and their Board in order to learn lessons
- the opportunity to use the story as motivation to improve services
- the need to always ensure that the commissioning approach undertaken has the patient experience at its centre.

The Chair thanked Jason Killens for introducing a very sobering story that reflected the pressure across the system and for agreeing to share further details to ensure learning across the system.

On behalf of the Committee, the Chair also thanked Steven for sharing the story to aid understanding and further recognition of system pressures and the impact on patients and their families.

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 December 2023 were 19.3% lower than December 2022
- 7.5% reduction in incidents in December 2023 compared to October 2022
- Hear and Treat levels were 0.7% higher in December 2023 compared to December 2022
- Red incidents in December 2023 were 10.7% higher compared to December 2022 but decreased by 8.9% between December 2022 and December 2023
- Amber incidents in December 2023 were 29.8% higher compared to December 2022.
- Ambulance handover lost hours in December 2023 were 29.1% lower compared to December 2022. Some improvements had been made on a number of metrics, the percentage of patients handed over in 15 min and patient handovers over 4 hours had been seen in 2023. However, between October 2023 and December 2023 there had been a 1.98% increase in handover lost hours.

Noted:

- The significant challenges in relation to handover hours lost and that work had commenced to compare English handover delays, this would be presented to a future meeting
- Improvements were seen in November but performance has since deteriorated
- A number of business continuity incidents had been declared during January
- Targeted actions relating to the Integrated Commissioning Action Plan (ICAPs) were being taken forward via the weekly Chief Operating Officer's meeting and monitored by Welsh Government
- A bespoke dashboard had been developed to monitor progress against the ICAP priorities.

Nick Wood, Deputy Chief Executive of NHS Wales drew Members' attention to the impact of this increased focus on priority areas in South and South East Wales. He expressed disappointment at the lack of progress regarding the use of some of the specialist pathways, including for patients with fractured neck of femur and frailty, in some health board areas. As a key part of the Six Goals for Urgent and Emergency Care Programme (Six Goals), this would continue to be closely monitored over the winter period.

Members noted:

- The lack of improvement in red performance as a result of a reduction in handover hours lost

- A chart prepared by WAST was shared in the Teams 'chat' showing an increasing number of red incidents responded to within 8 minutes against increasing total red demand
- The need to understand what was behind the increase in red demand, and whether opportunities to better respond / manage that increasing demand profile were available. It was stated that WAST had made changes to reflect the coding of patients in England and that this had increased acuity levels
- That WAST monitor and check their call categorisation and, while the red percentage had increased, this remained lower than in NHS England
- That although there was variation, there were positive signs in terms of improvements in amber performance
- WAST had been asked to undertake a deep dive into performance in the Cardiff and Vale (CVUHB) area, this work would be reported as soon as available in order that lessons would be shared
- There was a need to be more specific in the commissioning approach around data linking and that work was being undertaken around areas of deprivation and the impact of this
- It was important that the ICAP process be incorporated into the work of the new Joint Commissioning Committee once established
- That a range of actions were underway and that there was an expectation of an improvement in performance.
- **AGREED THE NEXT STEPS**
 - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first substantive agenda items at each meeting of the Emergency Ambulance Services Committee.

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 in WAST for complainants to receive a reply within 30 days, and the need to improve their performance against the 75% target in coming months, currently at 38%
- 22 cases identified by WAST as requiring joint investigation in November 2023. The joint process had been implemented in the last 12 months and would be reviewed in 2024 (Legacy)
- Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 77.9%
- Work had 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 had increased to 22.2% which was believed to reflect the impact of the Cymru High Acuity Response Unit (CHARU) service
- The continued large number of patients that self-presented at ED with a high triage category, with 574 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention) in November.

Noted:

- That this was a slightly shorter update due to the close proximity to the previous meeting
 - The challenge for the WAST team to respond to concerns within 30 days and the additional resource that had been put in place with a view to improving the position
 - Winter funding had been provided in many previous years to support the work of WAST's 'Putting Things Right' team in order to improve the response during this period and to ensure that there was no backlog, but this funding had not been available this year
 - The work being undertaken with WAST and Digital Health Care Wales linking data on patient outcomes, this was in progress for cardiac arrest patients initially with other patient groups to follow including major trauma and stroke
 - The number of patients self-presenting at ED and that these present a different challenge to the department than those patients conveyed by ambulance (with their immediate care needs addressed)
 - New systems and processes are being tested by WAST to reduce the number of patients self-presenting at ED, this work had just commenced and included input from WAST senior clinicians, an update would be provided at the next meeting
 - The detailed work being undertaken by concern group in order to continue to learn from data relating to clinical outcomes
 - The request from the Chief Ambulance Services Commissioner (CASC) for comments from members to support the further development of the Quality & Safety Report
 - The action to work with HM Coroners to ensure a consistent national understanding and approach and a meeting was being sought
 - The action to work with Hywel Dda UHB 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 substantive 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 would continue.

EASC COMMISSIONING UPDATE

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

- The EASC Team had held discussions with WAST and the Emergency Medical Retrieval and Transfer Service (EMRTS) regarding the draft Commissioning Intentions, these would be presented at a future meeting for approval
- The Committee had approved the enactment of the work to develop a new long term vision for Non-Emergency Patient Transport Services (NEPTS) that reflected health board planned services changes. Therefore, following the development of each organisation's Integrated Medium Term Plans (IMTPs) for 2024-27, the EASC Team would hold a workshop in April 2024 (Legacy).

- Members noted the importance of ensuring that representatives from health boards be in attendance, the EASC Team would be confirming the details of the workshop and seeking nominations shortly
- The growth in demand of renal and oncology patients already impacting significantly on NEPTS capacity and resulting in increased levels of corresponding demand relating to the service, with further growth expected
- With the commencement of the new Joint Commissioning Committee (JCC) in April 2024, a review would be undertaken of the structure of the ICAPs to ensure they are aligned to all commissioning and system requirements (Legacy)
- The EASC team would take a pragmatic approach to the development of the 2024-27 IMTP, recognising that 2024/25 in particular would be a transition year for the team and the committee with the establishment of the new arrangements
- With the responsibility for commissioning of 111 and 111 Press 2 services to the new Joint Commissioning Committee the plan would also explore the opportunities for these services moving forward
- That work would be undertaken with health boards to ensure that there was a regional focus where required when developing Commissioning Intentions and the IMTP.

Members agreed that the plan would assume that the financial allocation and uplift would be in line with that received by Health Boards. Work would be undertaken with Directors of Finance and Directors of Planning to ensure this would be transacted.

• **AGREED THE NEXT STEPS**

The EASC Team would:

- Facilitate the NEPTS Vision Workshop in April 2024
- Undertake a review of the ICAP format
- Strengthen the draft Commissioning Intentions 2024-25 for endorsement by sub groups before being presented to Committee for approval
- Continue to work with Members to enact the priorities of the Committee for their populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system using 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).

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

This section of the minutes will be presented in a different way to the normal EASC minutes. This is due to the increased interest in this agenda item. The recording of the meeting (held in public) is available at (starting at 1hr 09 minutes and 3 seconds)

<https://www.youtube.com/watch?v=cHHcmDagkOk&feature=youtu.be>

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

Members Noted:

- The update provided to EASC on 21 December 2023 where it was agreed that a third and final phase of engagement would be held in February 2024
- That discussions and considerations continued with Llais
- The work undertaken in preparation for the Phase 3 engagement
- That the EASC Team was grateful for the support from engagement leads within health boards particularly in view of the short timescales involved
- The Options Appraisal Workshop had taken place on 12 January with representatives from health boards and NHS Trust, which included clinical, operational, planning and engagement staff
- That Llais had continued to advise and support the development of the Phase 3 process and the team was grateful for their support
- Phase 3 was planned go live on 1 February 2024 and conclude on 29 February with a report to the next EASC on 19 March 2024
- The risks identified within the report.

Stephen Harray, Chief Ambulance Services Commissioner (CASC) responded to the overview of the report and:

- Reiterated that the work with Llais had been continued (including helpful comments on draft documents) and also with engagement colleagues in health boards
- Explained that further development of the Equality Impact Assessment (EIA) had taken place after receiving comments to take account of the current user profile of EMRTS patients
- Explained that an engagement document was being developed as well as the 'Easy read' version
- Re-emphasised that a recommendation or a decision had not yet been made, highlighting the importance of Phase 3 to be able to listen further to the public on the options identified.
- That he would be interested in members views about the approach to the Options Appraisal Workshop, the impact of the workshop and the opportunity for the public to comment on option A and B identified.
- Highlighted the additional actions which could be taken, as a perfect option had not yet been identified
- Recognised that there continued to be a lot of public interest in the work and the team are keen to gather feedback and comments from the public
- Assured Members that the EASC team would work with everyone on a health board by health board basis to provide subject matter expertise or additional information or presentations as required
- Understood that Health Boards would want to discuss the feedback and information from the formal engagement process prior to decision at EASC
- Suggested that the EASC meeting scheduled for 19 March 2024 may not align with HB meetings and suggested the meeting of EASC be rearranged to allow opportunity for consideration at health boards before a final decision at EASC.

Hayley Thomas (Powys) responded by:

- Thanking the CASC for the update and welcomed the strengthening of the Equality Impact Assessment (EIA) including impacts and mitigation
- Highlighting that for the decision making process it would need a strong assessment and costing of the mitigations proposed

- Welcoming that an easy read version would be available and the assurance from the CASC regarding liaison with Llais
- Agreeing that there was substantial public interest. Some people would want all of the information whilst others would only want a summarised version to engage with.
- Raising that of the options discounted that adequate information would be provided including the costs and reasons
- Raising concern about whether the timeline at the end of the engagement period would allow sufficient time to consider in view of the potential scale of the responses and to ensure that health boards properly consider everything prior to any decision making.
- Recognising the amount of work undertaken by the CASC and the EASC team.

Stephen Harrhy responded by

- Agreeing to share the information shared at the Option Appraisal Workshop and how options were ordered including the affordability and value for money considerations
- Agreeing that in order that HBs could respond adequately to issues raised, would want sufficient information for their consideration but if this became an issue this would be discussed broadly and members would be notified
- Identifying some mitigating actions which would support the analysis of the feedback from the public. This would include continuing the work with HB engagement leads as well as Llais and the Team would provide a weekly update report ensuring ongoing analysis from day one
- Making a commitment to meeting the deadlines already identified.

Phil Kloer (Hywel Dda) supported the issues raised by Hayley Thomas and:

- Welcomed the additional information provided as had identified similar concerns in relation to the time for analysis at the end of the engagement period
- Raised concerns over 'digital accessibility' for some people, as there was considerable interest in the engagement process and noted the EASC Team were in regular contact with Hywel Dda UHB staff.

The CASC thanked the HBs for the support already received from each area and assured members that additional information would be provided by the EASC team during the engagement process for people requiring specific information.

Nerissa Vaughan (SBUHB) also supported the information raised by Hayley Thomas and raised concerns on:

- Whether the revised documentation sent yesterday had been shared with Llais and the importance that they should have an opportunity to comment and make suggestions or changes
- Seeking assurance that HBs had the opportunity to consider the proposals within their own governance processes and timescales (outside of the work of EASC).

The CASC responded:

- Support for changing the timescales to ensure health boards could properly consider the responses received in line with their governance arrangements
- The ongoing work with Llais and taking into account and considering all feedback received on the engagement documents and assured members of his commitment to continuing this with Llais
- Agreed to update Llais following the meeting .

Carol Shillabeer (BCUHB) supported previous colleagues and asked (to check her understanding):

- Whether Llais had reviewed the documents and given their comments?
- In relation to the ideas and views from members of the public and groups which had previously been received, sought confirmation that an explanation of why options had been discounted and not included in the shortlisted options was available within the engagement documentation. Furthermore, whether supplementary communication would be required for this matter?
- To confirm in relation to the timescales for the engagement process would start on 1 February and close on 29 February. The date for reviewing and analysing including financial and non-financial aspects would be moved to the end of March to ensure the analysis could be considered by each health board to understand their view and come forward for decision making with their preferred way forward.

The CASC confirmed:

- That Llais were reviewing the documents and had given some comments and this work was continuing
- That the EASC meeting would be moved to ensure health boards had the opportunity to consider the feedback from the engagement process prior to decision making
- In relation to the engagement documents that clarity was provided on how the shortlisting process was undertaken and it would be important to take into account the views the public would want to address in order to make the best recommendation possible.

Carol Shillabeer raised an additional question in relation to the variation in the feedback and comments for different health board areas and the mechanisms to work through these.

The CASC confirmed that as much support as possible would be provided to health boards (of subject matter expertise) depending on individual health boards requirements. The aim was to continue to meaningfully engage with the public, analyse responses and share information with members in line with the other phases of the engagement process.

Nerissa Vaughan raised a query related to the practicalities of the approach depending on what health boards required and how this would be synthesised into a final decision.

The CASC responded by accepting this was a challenge but would continue with the collaborative approach and ensure no surprises for members (health boards).

Nerissa Vaughan made a plea that Llais were fully involved in the work and the CASC gave a further assurance that this was the case and explained the approach in liaising with the national officers.

The CASC also understood that health boards would have local links with Llais and would be happy to provide further support if required on this matter.

The Chair asked for any further comments or questions before summarising the resolution:

- **Approving** the material we are going to engage on
- Had some questions and reassurance in relation to the involvement of Llais

- Needing to work very closely with HBs (an absolute must)
- Would move the March date of EASC to allow for health board consideration of the engagement materials.

At this point, Nerissa Vaughan commented on behalf of Swansea Bay to say that they were happy with the documentation subject to Llais having a look at the documents and explained that she did not believe that this was the case at Llais. She felt it was important that Llais had sight of the documents and been able to make the amendments that they would want to make and this was a request from the engagement lead at SBUHB.

The CASC responded and offered that if there was anything more that the HB would like the team to do with Llais locally that they should contact the team. The CASC again assured members that work was continuing with the Llais national team and assumed that the onward communication internal to the organisation would take place but would be happy to further support health boards.

Phil Kloer asked whether there was confidence to deliver the go live date for the engagement following the discussion at the meeting. The CASC responded that there was and he was confident that all issues could be taken on board to deliver to the deadline agreed.

The Chair confirmed and Members **RESOLVED** to:

- **APPROVE** the start the phase 3 engagement on 1 February 2024 and end on 29 February 2024
- **NOTE** that a period of analysis would then take place
- **NOTE** that the EASC meeting would be moved in March to allow health boards consideration although recognising that there was a risk associated with the end of March and the development of the new Joint Commissioning Committee which would have new members. The risk to the Charity was also identified and therefore he believed there was an obligation on EASC Members to try and conclude the work and finalise the process. The new date for the EASC meeting would be sought and shared in due course.

WELSH AMBULANCE SERVICES NHS TRUST PROVIDER REPORT

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.

Members noted:

- The consult and close rate of 14.1% in December 2023 (WAST ambition to achieve 17% by the start of Quarter 4) with a corrective action plan in place. This was more consult and close activity than had previously been delivered
- That consult and close required staff to utilise different skills in order to undertake remote assessment of patients, work was being undertaken to explore a bespoke qualification for this
- The need to better understand the themes within the alternative transport outcome arising from consult and close activity on a health board footprint

- Good performance (74% with a target of 70%) against enhanced renal journeys that arrived within 30 minutes prior to their appointment time in December 2023; further work required regarding advanced discharge & transfer journeys collected within 60 minutes of their booked ready time (78% against a target of 90%)
- Members recalled the discussion on the recommendations arising from the Manchester Arena Inquiry, work had been undertaken internally on this and a first draft would soon be considered by the WAST Executive Team, this will be reported via EASC governance processes in coming months
- There was the equivalent of an Integrated Commissioning Action Plan (ICAP) in place for WAST with more and more emphasis on remote clinical working and local initiatives including mental health and stroke services.

• **AGREED THE NEXT STEPS**

- WAST would continue to focus on tactical actions in support of winter systems resilience
- ORH to complete the independent and collaborative strategic EMS Demand & Capacity Review in Quarter 4
- EASC Team and WAST to collaborate on finalising their respective 2024-27 IMTPs to ensure they are aligned
- WAST to continue to develop its strategic response to treating demand at the earliest point in the five step Emergency Medical Services (EMS) ambulance care pathway, aligning to the Six Goals for Urgent and Emergency Care Programme
- Health Boards to continue focus on handover lost hours reduction.

FOCUS ON – TRANSITION TO NEW JOINT COMMISSIONING COMMITTEE

Stephen Harrhy presented slides to aid discussion on the work to transition to the new Joint Commissioning Committee utilising the commissioned services lens.

Members noted:

- Opportunities for EASC commissioned services including NHS Wales 111 services, Major Trauma and Neonatal/Paediatric Transport
- The Welsh Government Policy view regarding the need to maintain an ambulance commissioning team as described in the EASC Regulations and Directions
- Risks for EASC commissioned services identified included:
 - maintaining the profile (of ambulances) within the larger Joint Commissioning Committee responsibilities
 - lack of engagement from the existing 111 programme team
 - capacity of the ambulance commissioning team
 - dilution of role and function of Chief Ambulance Services Commissioner (CASC) and ambulance commissioning team
 - loss of the existing integrated collaborative commissioning team approach
- The existing integrated and flexible approach of the National Collaborative Commissioning Unit.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

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

- Winter Ambulance Improvement Plan

- Connected Support Cymru
- Data Linking
- Transfer of 111 Services.

Members particularly noted:

- Connected Support Cymru - This service enabled individuals to get support in their home and avoided unnecessary hospital visits. This had been extended until the end of March 2023. Monthly reports continue to show the positive impact of the service and a detailed report on delivery, outcomes and next steps for the service would be brought to a future meeting.

FINANCE REPORT MONTH 9

The EASC Financial Performance Report at Month 9 in 2023/24 was received. Stacey Taylor presented the report and Members noted that there were no variances within the plan; the position showed £21k underspend.

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
- EASC Key Organisational Contacts
- Arrangements for the new Joint Commissioning Committee.

Noted that:

- The Risk Register had recently been reviewed (January)
- 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 latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups to ensure correct representation at meetings
- Getting the right contacts was highlighted as being very important, this was reflected in the recent Option Appraisal Workshop for the EMRTS Service Review held on 12 January, the level of input and collaboration from health board and Trust colleagues from a broad range of disciplines was very helpful, resulting in a very successful meeting. The Chair thanked all colleagues for their support and participation
- Arrangements to create a new National Joint Commissioning Committee continued, this included recruitment of the Chair and Lay Members and developing the supporting governance arrangements
- Legislation had been drafted and would be laid before the Senedd in early February
- Potential delays to some timelines particularly in relation to the completion of the Organisational Change Process (OCP) for the Tier 1 and Tier 2 posts
- The work was underway to develop a comprehensive legacy statement which would be presented at the next meeting.

FORWARD LOOK AND ANNUAL BUSINESS PLAN

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

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

- Red and amber performance
- Handover delays (and the 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

Matters requiring Board level consideration

- At the Health Board meeting in March 2024, boards will be asked to consider the feedback from the EMRTS Service Review Phase 3 engagement
- 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

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	19 March 2024			



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
21 DECEMBER 2023 AT 09:30HOURS
HELD VIRTUALLY BY MICROSOFT TEAMS 'LIVE'**

PRESENT

Members:	
Chris Turner	Independent Chair (in person)
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan University Health Board (ABUHB)
Adele Gittoes	Interim Executive Director of Operations, Betsi Cadwaladr University Health Board
Abigail Harris	Executive Director of Planning, Cardiff and Vale University Health Board (CVUHB) (in part)
Paul Mears	Chief Executive, Cwm Taf Morgannwg University Health Board (CTMUHB) (in part)
Linda Prosser	Executive Director of Strategy and Transformation 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:	
Nick Wood	Deputy CEO NHS Wales, Welsh Government (in part)
Nerissa Vaughan	Interim Director of Planning, Swansea Bay University Health Board (SBUHB)
Geraint Farr	Associate Director of Emergency Care, Betsi Cadwaladr University Health Board (BCUHB)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Stacey Taylor	Director of Finance for EASC and Director of Finance and Information Welsh Health Specialised Services Committee

In Attendance:	
Lee Leyshon	Interim Assistant Director of Communications and Engagement Lead for the EASC Team
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit
Gwenan Roberts	Committee Secretary

Part 1. PRELIMINARY MATTERS		ACTION
EASC 23/123	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.	Chair
EASC 23/124	APOLOGIES FOR ABSENCE Apologies for absence were received from Richard Evans and Deb Lewis (SBUHB), Suzanne Rankin and Paul Bostock (C&VUHB) Carol Shillabeer (BCUHB) and Steve Ham (Velindre University NHS Trust).	Chair
EASC 23/125	DECLARATIONS OF INTERESTS There were none.	Chair
EASC 23/126	MINUTES OF THE MEETING HELD ON 21 NOVEMBER 2023 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 21 November 2023. Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 21 November 2023. 	Chair
EASC 23/127	ACTION LOG Members RECEIVED the action log. In view of the recent EASC meeting the Chair asked for an update on one action related to the call handling system and clinical assessment tool for the 111 Service. Jason Killens confirmed that work was progressing well, the 111 Programme Board was sighted on options being considered and a monthly assurance report was being provided. Members RESOLVED to: NOTE the update.	Chair

EASC 23/128	MATTERS ARISING There were no matters arising from the minutes.	Chair
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 23/129	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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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): <ul style="list-style-type: none"> - A specific focus on a minimum of two priority actions from HB plans - all Members asked to confirm their actions to Stephen Harry 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. 	

<p>Members agreed:</p> <ul style="list-style-type: none"> • commitment had been given by all at the NHS Leadership Board to ensure these actions were implemented. <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Members agreed:</p> <ul style="list-style-type: none"> • 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. <p>The Immediate Release Report was discussed.</p>	<p>ALL</p>
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	<p>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.</p> <p>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.</p> <p>Stephen Harrhy highlighted specific information from the SPC Charts including:</p> <ul style="list-style-type: none"> • 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. <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 dashboard • NOTE the inclusion of SPC Charts within EASC reporting dashboard • NOTE the ongoing work regarding resource utilisation. • AGREE to provide responses in relation to local plans and commitments by the first week of January 2024 to the CASC for ongoing coordination as agreed at the NHS Leadership Board. • AGREED THE NEXT STEPS <ul style="list-style-type: none"> - 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. 	
EASC 23/130	<p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report was received. In presenting the report, Ross Whitehead highlighted a number of key areas.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • 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.

Members **RESOLVED** to:

- **NOTE** the content of the Quality and Safety Report

	<ul style="list-style-type: none"> • NOTE the impact of performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services • NOTE the information provided regarding the independent review into patient safety concerns and governance processes at the North East Ambulance Service • AGREE that Ross Whitehead support the work in Hywel Dda for wider system learning. • AGREED THE NEXT STEPS <ul style="list-style-type: none"> - 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 23/131	<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"> • The emphasis on the collaborative approach to the development of the EASC Commissioning Intentions for 2024 to 2025. <p>Members noted:</p> <ul style="list-style-type: none"> • 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 	

	<ul style="list-style-type: none"> The CASC would attend the meeting of the Directors of Planning in January to discuss. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the role of Commissioning Intentions in setting out the strategic priorities of the Committee for the next financial year NOTE the focus of intentions on outcomes, value, quality and safety of service delivery with a view to ensuring reasonable expectations for the ongoing improvement of commissioned services NOTE the draft Commissioning Intentions for Emergency Medical Services for 2024-25 NOTE that Commissioning Intentions for both Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service would be discussed at the respective Delivery Assurance Group NOTE that Commissioning Intentions would be approved at a future meeting of the Committee. <p>• AGREED THE NEXT STEPS</p> <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> • EASC Commissioning Frameworks • Integrated Commissioning Action Plans • EASC Integrated Medium Term Plan (including the IMTP Performance Improvements and Enablers Tracker) • EASC Commissioning Intentions. 	
EASC 23/132	<p>UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW</p> <p>The update report on the EMRTS Service Review was received.</p>	

	<p>Lee Leyshon presented the report and gave a detailed overview of work to date according to the phased approach.</p> <p>Noted:</p> <ul style="list-style-type: none"> • 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 	
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- 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

	<ul style="list-style-type: none"> • 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. <p>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.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the progress on Phase 2 and extent of the engagement to date • NOTE the thematic analysis of public and stakeholder feedback of Phase 2 • NOTE the ongoing risk to patients (unmet need) and under-utilisation levels across Wales • NOTE the potential risk to the Charity • NOTE the contents of the letter from Llais • APPROVE the proposed next steps of the Review to include: <ul style="list-style-type: none"> - Options Appraisal with health board representatives - Phase 3 process - Local support is provided by each health board engagement teams to provide local opportunities for the digitally excluded - Simultaneous health board consideration - Recommended option to be received by the Committee in March 2024. • NOTE that the EASC Team would continue to work with health board engagement, communication and service change leads, and Llais throughout the Review. • AGREED THE NEXT STEPS <ul style="list-style-type: none"> - 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. 	
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<p>EASC 23/133</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"> • WAST Stakeholder Briefing • Winter Ambulance Improvement Plan <p>Members particularly noted:</p> <ul style="list-style-type: none"> • 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. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the contents of the WAST Stakeholder Briefing • NOTE the request to provide comments on the Briefing to the EASC Team in order to prepare a response on behalf of the Committee • NOTE the contents of the briefing on the Winter Ambulance Improvement Plan • NOTE the expectation of health boards and WAST to identify key priority areas • AGREE the actions that would be prioritised by their organisation over coming months. • AGREED THE NEXT STEPS <ul style="list-style-type: none"> - 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. 	
<p>EASC 23/134</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>	

Part 3. OTHER MATTERS		ACTION
EASC 23/135	ANY OTHER BUSINESS There was no other business raised. The Chair closed the meeting by thanking Members for their contribution to the discussions and wished members the compliments of the season.	

DATE AND TIME OF NEXT MEETING		
EASC 23/136	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 30 January 2024 (re-scheduled from 16 January 2024) virtually on the Microsoft Teams platform.	Committee Secretary

Signed
Christopher Turner (Chair)

Date

	<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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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	18 January 2024

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

Chair's Report

The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. These included:

- Meeting with Ministers in December where there was some unsolicited positive reflections from Judith Paget on the role of NWSSP, particularly in helping to support NHS Wales in meeting the challenges of the financial climate;
- NHS Wales Chairs' meeting in January which is always helpful in terms of being kept informed on developments and risks; and
- Attending the Velindre University Trust Board at the end of November with the Managing Director to provide updates on development within NWSSP and progress with the IMTP.

The Committee **NOTED** the update.

Managing Director Update

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

- The recent JET meeting with Welsh Government colleagues covering performance, governance, quality, and workforce planning was very positive with Welsh Government acknowledging the significant role that NWSSP plays within NHS Wales;
- The significant involvement in the response to the industrial action taken in the week of the 15th January and particularly the impact on the NWSSP Payroll Division with the need to amend the pay of those on strike;
- An incident was noted immediately prior to Christmas that led to a number of staff, primarily employed in BCUHB, not receiving their pay as expected.

Although NWSSP received the calls relating to this issue, the delay was caused by the Health Board's flexible pay arrangements provider. This incident has led to an acknowledgement of the need to revisit the respective responsibilities for this arrangement and Workforce Directors are meeting to discuss this;

- The TUPE process for the Cwm Taf laundry staff is underway and we are also supporting Hywel Dda UHB in the meetings with the staff affected by the planned closure of their laundry and the associated creation of a laundry hub; and
- Advanced negotiations with the landlord are on-going for the fit-out of the building on the Nantgarw estate that will be used to house staff moving from both Companies House and our current HQ in Nantgarw. The expected date for us to move into this accommodation will be in the latter part of 2024.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

IMTP 2024-27

The draft IMTP was submitted for approval. The Ministerial Priorities for 2024-25 were targeted primarily at clinical services delivered by Health Boards. However, the Framework required NWSSP to demonstrate how we align our plan to support Health Boards to deliver their services. The financial allocation letter for 2024-2027 was published by the Welsh Government in late December and our financial plan has been revised to reflect this.

The draft IMTP was endorsed by SLG in December and has been developed in collaboration with all our divisions who have written underpinning divisional plans for the next three years. In line with the direction from the Minister for Health and Social Care, we recognise the need to focus on a smaller number of priorities for 2024-25 which are as follows:

- Doing the basics well;
- Financial sustainability;
- Duty of Quality; and
- Staff Wellbeing.

It was noted that NWSSP did not receive the 3.67% core uplift provided to other NHS organisations which has limited the ability to deliver certain service developments and initiatives that would benefit NHS Wales. The Committee acknowledged that there was a need to uplift the services provided by NWSSP under a SLA. The achievement of the financial plan for 2024-27 will be challenging and there are several significant financial risks to be managed to achieve this aim.

The plan was well received by Committee members who emphasised the need for a co-ordinated approach to ensure that all NHS Wales organisations were working to support each other in the light of the financial challenges that all organisations

currently face. The Plan would be reviewed at touch point meetings scheduled for February.

The Committee **APPROVED** the IMTP for submission to Welsh Government subject to any further significant changes being brought back for review.

Mamhilad Lease

The renewal of the lease for the part of Mamhilad House occupied by the NHS Wales Counter Fraud Service was presented to the Committee for approval.

The Committee **APPROVED** the renewal of the Lease.

All-Wales Overpayments Procedure

The procedure was submitted to the Committee for approval. Over recent years the number and value of overpayments has risen substantially and operating with 13 separate overpayment policies across NHS Wales hinders attempts to comprehensively address this issue which has been a regular finding in internal audit reports. Despite a number of attempts to introduce a once-for-Wales approach, this has not been achieved, and so the Directors of Finance tasked the Deputy Directors of Finance to establish a Task and Finish Group to take this forward. The Group included representation from Payroll, Counter Fraud, Internal Audit and Finance. The group had consulted widely and taken on board an extensive range of comments and produced a number of iterations and were currently on version 10 of the procedure. Presentations had been made to the All-Wales Deputy Directors of Finance forum and the All Wales Directors of Workforce forum. The outcome of the Group was the procedure that was presented to Committee for approval, and which generated significant discussion. Members acknowledged the significant amount of work that had gone into producing the draft procedure and welcomed the progress made in producing an All-Wales procedure. A number of constructive comments were made which would be incorporated in the final version of the procedure. Although this is a procedure rather than a policy, it was thought helpful for the document to be reviewed at the Business Committee of the National Partnership Forum.

It was therefore agreed to further update the procedure to reflect the comments of Committee members and to bring it back for approval in March. It was also agreed that the procedure should be considered by the National Partnership Forum Business Committee.

Commercial Storage and Distribution

The renewal of the contract for the commercial storage of medical consumables was presented to the Committee. The proposed renewal represents a saving on the current contract as less storage space is required.

The Committee **APPROVED** the renewal of the Contract.

Radiopharmacy Clean Room

The closure of legacy facilities in the Cardiff area makes the case for development of an alternative facility an urgent priority. The SSPC approved the business case for the Radiopharmacy service at the November meeting and were now presented with a proposal for the design and build of a Clean Room. Funding for this development has been approved, but the work will be undertaken in phases with each phase being dependent on the satisfactory conclusion of the previous stage. A formal tender exercise has been undertaken and contract award is dependent upon SSPC and then the Velindre University Trust Board approval.

The Committee **APPROVED** the Clean Room Proposal.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP is reporting a break-even outturn position for 2023/24. The 2023/24 forecast is currently being reviewed which may lead to an increase in the £1.6m distribution identified in August 2023. The Welsh Risk Pool forecast was £135.929m which requires £26.494m to be funded under the Risk Share Agreement. NWSSP is on track to fully utilise its capital allocation.

People & OD Update – Sickness absence rates have reduced further to 2.89% (against a target of 3.3%) for the 12 months to 31 December 2023. Statutory and Mandatory training compliance is above 96% although this figure excludes the Single Lead Employer staff.

Performance – The report covered the period to 30th November. Of the 42 KPIs reported 37 were on target. The targets that were off track covered recruitment services (2) and audit and assurance (3).

Project Management Office Update – All projects are on track with the exception of the TRAMs programme and the Primary Care Workforce Intelligence System. The TRAMs programme has been hit by the lack of available capital funding, but good progress is now being made with the Radiopharmacy Unit. The Primary Care system has been impacted by a six-week delay in receiving key information from the supplier.

Corporate Risk Register – The number of red-rated risks has reduced from seven to five covering industrial action, financial climate, TRAMs programme, Brecon House, and the COVID-19 Public Inquiry.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Months 8 and 9).

AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none">The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
N/A	
Date of next meeting	21 March 2024