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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 September 2020	Agenda Item	3.5
Report Title	Joint NHS Partnership and Commissioning Update Report		
Report Author	Nicola Johnson, Assistant Director of Strategy		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides an update on the issues for SBUHB arising out of the partnership and commissioning meetings which have taken place with other NHS organisations since the Board last met.		
Key Issues	<p>The paper provides an update on our work to plan, commission and deliver services through the following joint arrangements:</p> <ul style="list-style-type: none"> • Welsh Health Specialised Services Committee (WHSSC) • Emergency Ambulance Services Committee (EASC) • NHS Wales Collaborative Executive Group • SNUHB/HDUHB interface and ARCH Service Transformation Group • Joint Executive Group with Cwm Taf Morgannwg UHB • Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB • NHS Wales Shared Services Partnership. 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the update on the Health Board's joint NHS partnership and commissioning arrangements. 		

JOINT NHS PARTNERSHIP AND COMMISSIONING UPDATE REPORT

1. INTRODUCTION

This report provides a brief summary of the joint NHS partnerships and commissioning meetings that have taken place since the last Board and the relevant issues for Swansea Bay University Health Board (SBUHB).

2. BACKGROUND

In line with 'A Healthier Wales' the Health Board works in partnership with other NHS organisations to plan, commission and deliver services for our resident population and to improve population health. The paper specifically summarises the issues arising from the:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Collaborative Executive Group
- ARCH Service Transformation Group
- Joint Executive Group with Cwm Taf Morgannwg UHB
- Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB
- NHS Wales Shared Services Partnership.

All formal partnership arrangements were paused during the early stages of the Covid-19 pandemic but have gradually been reinstated, albeit in many cases with lighter agendas.

3. GOVERNANCE AND RISK ISSUES

The most recent minutes or informal notes of the meetings are included in the Appendices or informally through AdminControl and the main issues for SBUHB are summarised as follows.

3.1 WHSSC Joint Committee

This report provides an update on the Joint Committee meeting held on 14 July and the unconfirmed Minutes are attached on AdminControl (as part of the August Agenda bundle). The issues of interest to SBUHB are:

- **Managing Director's Report** – It was noted that IVF services in Wales have restarted following the suspension due to the Covid-19 pandemic in the Wales Fertility Institute (SBUHB is the lead provider) and that a new PET-CT service has started at the South West Wales Cancer Centre in Singleton.
- **Integrated Commissioning Plan** - It was agreed that WHSSC would start developing the Integrated Commissioning Plan for completion by December. SBUHB, as a provider of specialised services, has submitted proposals and as a commissioner will be involved in the prioritisation exercise. As agreed on an all-Wales basis, new investment will be agreed where it can be demonstrated to address one of the 4 Harms in the NHS Wales Operating Framework.
- **Independent Sector Commissioning** – SBUHB has not extended the contract with the independent sector locally.

- **Major Trauma Network** - It was confirmed, based on the Readiness Assessment that has been undertaken, that the Network will go live on 14th September and this was also noted at the NHS Wales Collaborative Executive Group. The Minister announced this 'go live' date on 24th July.

SBUHB was a key participant in the Readiness Assessment as the Health Board is the designated provider of the Operational Delivery Network (ODN) and took over responsibility for this Network from the Collaborative on 24th August 2020. SBUHB is also provider of the large Trauma Unit at Morriston Hospital and the Emergency Medical Retrieval and Transfer Service (EMRTS) which was extended to work 24/7 in July 2020.

The assessment for determining the 'go live' date was based on the following factors:

- Predicted increase in major trauma presentations will likely to occur over summer so important for the network not to go live during this period.
- EMRTS went 24/7 by road in July and will be by air later in the year, so the flow into the University Hospital of Wales will increase from that point onwards.
- It gives organisations a sufficient period to prepare, but recognising the significant progress that had been made pre-COVID-19.
- Avoids commencing the network during winter pressures on the unscheduled care system.

Morriston Hospital is designated as a large Trauma Unit with specialised services within the wider MTN. As part of the assurance process outlined above SBUHB updated the readiness assessment for Morriston to reflect the factors listed. Subsequent discussions with the Network identified that further assurance was required by 24th August on a number of issues regarding recruitment, governance and policies and a further response was provided giving assurance on all of these by this deadline. Progress against these issues has been monitored by the Swansea Bay Trauma Board and a report was provided to the Senior Leadership Team in August setting out these assurances.

A further verbal update will be given at the Board regarding the operation of the Network since 14th September.

3.2 EASC Joint Committee

This report provides an update on the EASC Joint Committee meeting held on 14th July and the 'Unconfirmed' Minutes are attached at Appendix 1.

The main issues to note are:

- **Ministerial Ambulance Availability Taskforce** –this work will be restarted with the aim of providing an initial report in the autumn in line with the commissioning cycle and the first draft of the EASC IMTP which will be taken to the November meeting. Members noted the importance of the work to

implement the Demand and Capacity report recommendations in terms of additionality and direction.

- **Response Times** - Members noted that the Welsh Ambulance Services NHS Trust response times were generally good, although performance in the most rural areas was not at the level expected.
- **The Grange Hospital** - Members noted that good progress was being made on plans for additional ambulance transport to support the opening of the Grange University Hospital in Gwent.
- **EMRTS** – SBUHB is the host provider of the EMRTS service and a presentation was given on the service response during the pandemic.

3.3 NHS Wales Collaborative Executive Group

The last NHS Wales Collaborative Executive Group was held on 21st July and the minutes are included at Appendix 2. The Collaborative Executive Group and Chief Executives' Management Team continue to be combined.

The main issues to note are:

- **Major Health Conditions (MHC) Implementation Groups** – the Collaborative has been formally asked to manage the £9m funding for the MHC Implementation Groups during what is expected to be the final two years of their operation (2020-22).
- **Endoscopy Recovery Plan** – a proposal has been developed for a national recovery plan in the context of the Covid-19 pandemic.
- **Critical Care Information System** – approval for capital funding has been given and the formal implementation project can progress.
- **Major Trauma Network** – it was noted this will go live on 14th September as in section 3.1.

3.4 SBUHB/HDUHB interface and ARCH Service Transformation Group

A light-touch Delivery and Leadership Group meeting of the ARCH partnership took place on 14th August but there are no issues of note to report other than a continued commitment to work together and that the immediate priorities of the three organisations were shared informally.

The formal meetings taking place in September will be reported to the November Board.

3.5 Joint Executive Group (JEG) with Cwm Taf Morgannwg UHB

The Joint Executive Group between Swansea Bay UHB and CTM UHB has not met since 12th June, which was reported to the July Board. The meeting has been postponed until later in September due to the appointment of the new Chief Executive in CTM but issues have continued to be progressed through the Joint Management Group in preparation for the meeting, and these will be reported to the Board in November.

3.6 Regional and Specialised Services Provider Planning Partnership Group (RSSPPP) with Cardiff and Vale UHB

The Regional and Specialised Services Provider Planning Partnership Group met on 31st July and the draft minutes are on AdminControl. The main items for SBUHB under discussion were:

- **Thoracic Surgery** – the discussion centred on the ongoing work to establish a joint MDT to consider high-risk patients, how to manage demand effectively across the two sites and supported the further development of the collaborative approach.
- **Oesophageal and Gastric (OG) Cancer Surgery** – an update was given on the work of the OG Cancer Surgery Service Model Working Group. Work is ongoing to establish a joint supra-regional MDT, with an initial meeting held in mid-July, and further meetings planned for September. The group agreed the key principles of the process to take forward the development of a service model that meets the requirements set out in the agreed model service specification.
- **Spinal Surgery** – a paper was presented on the work proposed to clarify the clinical model for spinal surgery services in South Wales. Following discussion with the clinical leads, consensus has been reached on a two-stage process, which will determine the regional model and the supra-regional model. The group agreed to launch the process through a workshop with wide stakeholder representation.
- **Hepato Pancreato Biliary (HPB) Services** – the group considered and approved a proposal to develop a service specification for HPB services. The Wales Cancer Network has agreed to support the process and a service specification will be developed as a Network product to inform the commissioning of these services. The document will be developed in partnership with WHSSC in their capacity as commissioners of the liver surgery service provided by Cardiff and Vale UHB.
- **Paediatric Neurology** – the group discussed the current sustainability challenges within Paediatric Neurology services. It was agreed that the Medical Directors would hold a joint meeting with clinicians to explore opportunities to work together.
- **Interventional Radiology** – a paper was considered on Interventional Radiology highlighting the need for short term support for out-of-hours and urgent vascular interventional radiology in the South West. It was agreed that there is a need for a strategic plan for services across South Wales, and advice should be sought from the NHS Wales Health Collaborative on the development of a strategy to support the commissioning and delivery of interventional radiology for South and West Wales.
- **Tertiary Services Strategy** – the group received an update on the Tertiary Services Strategy. Work is continuing to develop the baseline assessments to ensure that they reflect impact of COVID on patients and service, as well as identifying any implications to transform future service delivery. A clinical lead will be identified to support the development of the strategy in SBUHB.

3.7 NHS Wales Shared Services Partnership (NWSSP) Committee

The last meeting was held on 21st May and minutes are included at Appendix 3. The main issues arising for the Health Board to be aware of are:

- **Risk Pool** - because of redress, the Risk Pool has expanded exponentially. Clinical panels have now been set up to vet the redress claims to allow the Committee to focus on the vital issues. The risk-sharing agreement will unquestionably be invoked this year and NWSSP staff are working hard to minimise the impact.

- **PPE** – Two hundred million items of PPE have been delivered to the frontline so far and over 600 million more are on order which it is anticipated will put the Welsh NHS and social care services in a strong position to meet demand going forward.
- **Laundry Services** - the consultation process and TUPE process for the laundry service programme has been postponed until April 2021 to avoid disruption to planning for winter pressures and a potential second peak of COVID-19. The Programme Business Case for the capital development was approved for submission to Welsh Government.

4 FINANCIAL IMPLICATIONS

The consequences of the pandemic on the Risk Pool arrangements is identified in section 3.7 although the financial consequences are not yet known.

5 RECOMMENDATIONS

Members are asked to:

- **NOTE** the update on the Health Board's joint NHS partnership and commissioning arrangements.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Through the joint partnership and commissioning arrangements, the Health Board plans and commissions services to improve population health and quality of service delivery.		
Financial Implications		
The consequences of the pandemic on the Risk Pool arrangements is identified in section 3.7 although the financial consequences are not yet known.		
Legal Implications (including equality and diversity assessment)		
Under the Wellbeing of Future Generations Act the Health Board has a duty to work in collaboration and integration to plan, commission and deliver services for the benefit of the population.		
Staffing Implications		
There are no direct staffing implications of this paper.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The paper gives an update on how the Health Board is working in collaboration with other NHS bodies to plan, commission and deliver integrated services in line with 'A Healthier Wales' and the WBFGA. .		
<ul style="list-style-type: none"> ○ Long Term - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs. ○ Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives. ○ Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies. ○ Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives. 		

<ul style="list-style-type: none"> ○ Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. 	
Report History	None.
Appendices	Appendix 1. EASC Minutes Appendix 2. NHS Wales Collaborative Minutes Appendix 3. NWSSP Minutes



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
14 JULY 2020 AT 0930 AM VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Simon Dean	Interim Chief Executive, Betsi Cadwaladr UHB
Len Richards	Chief Executive, Cardiff and Vale UHB
Nick Lyons	Medical Director, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda UHB
Carol Shillabeer	Chief Executive, Powys THB
In Attendance:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience
James Rodaway	Head of Commissioning & Performance Management
Craige Wilson	Deputy Chief Operating Officer, Swansea Bay UHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
David Lockey	National Director EMRTS Cymru (for Agenda item 2.3)
Matthew Edwards	Programme Manager EMRTS Cymru (for Agenda item 2.3)
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/49	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.	
EASC 20/50	APOLOGIES FOR ABSENCE Apologies for absence were received from Tracy Myhill, Sian Harrop-Griffiths and Sharon Hopkins. Craige Wilson, Deputy Chief Operating Officer for Swansea Bay UHB was welcomed to the meeting.	

EASC 20/51	<p>DECLARATIONS OF INTERESTS There were no additional interests to those already declared.</p>	Chair
EASC 20/52	<p>MINUTES OF THE MEETING HELD ON 12 MAY 2019 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 12 May 2019.</p>	Chair
EASC 20/53	<p>ACTION LOG Members RECEIVED the action log and NOTED specific progress as follows:</p> <p>EASC 19/08 & EASC 19/21 & EASC 19/23 Emergency Medical Retrieval Service (EMRTS) Refresh of the commissioning framework Members noted that the work to develop the framework was almost complete and would be provided at the next meeting (Added to the Forward Look).</p> <p>EASC 19/12 Risk Register Members noted the delay in developing the register in line with the host body arrangements. It was agreed that this would be received and considered by the EASC Management Group and then by the Joint Committee at its next meeting (On the Forward Look).</p> <p>EASC 20/29 Safe Cohorting of Patients EASC Management Group to report back to the Committee (added to the Forward Look).</p> <p>EASC 20/26 Coronavirus - Actions Information would be presented for discussion at the EASC Management Group and shared with Members in due course.</p> <p>EASC 20/44 Integrated Medium Term Plan It was agreed that a revised plan would be received at the next meeting.</p> <p>EASC 20/45 Learning Lessons during a pandemic It was agreed that the next WAST provider report would share early findings.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>CASC</p> <p>Head of Commissioning</p> <p>CASC</p> <p>CASC</p> <p>Head of Commissioning</p> <p>CEO WAST</p>

EASC 20/54	<p>MATTERS ARISING</p> <p>EASC 19/55 & 19/92 & 20/29 Carol Shillabeer reported that work was continuing in relation to Mental Health and progressing well; the latest work included data collection to understand the demand on the service and the challenges faced. A further update would be provided at the next meeting.</p>	
EASC 20/55	<p>CHAIRS REPORT</p> <p>The Chair’s report was received. In presenting the report, Chris Turner highlighted the various discussions that had taken place since the previous meeting, including one to one with Martin Woodford, Chair of the Welsh Ambulance Services NHS Trust. Members also noted that Chris Turner had been invited to serve a further year as interim Chair of the Committee and he had accepted.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair’s report. 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 20/56	<p>CHIEF AMBULANCE SERVICES COMMISSIONER’S REPORT</p> <p>The Chief Ambulance Services Commissioner’s (CASC) report was received. In presenting the report, Stephen Harry highlighted the following key items:</p> <ul style="list-style-type: none"> • The link within the report to the Year End Accounts and the Annual Governance Statement. Members noted the key actions identified going forward which reflected the discussions at each meeting and were felt to be proportionate and supported the agreed focus going forward. • Ministerial Ambulance Availability Task Force – Members noted that the work had been temporarily stood down, although plans were in place to recommence the work; the Minister had been made aware of the plans. However, the work would need to be modified for the members of the Taskforce and would involve greater emphasis on critiquing work and proposals emerging from the work of sub groups. The aim was to try and provide an interim report to the Committee in the autumn in line with the commissioning cycle and the first cut of the Integrated Medium Term Plan at the November meeting. Members noted the importance of the work to implement the Demand and Capacity report recommendations in terms of additionality and direction. 	

- Members noted that the Welsh Ambulance Services NHS Trust response times were generally good, although performance in the most rural areas was not at the level expected.
- Members noted the desire to learn from the impact of the pandemic on the service and what changes had been made to inform future service provision. Other changes, including transfer and discharge services, as well as the other ongoing changes in NHS Wales would have significant impact on how ambulance services are provided.
- Members noted that the Emergency Medical Services (EMS) Framework Agreement needed to be reviewed. Members noted that the framework was fit for purpose at the time it was developed but would now need to be modified to get a better balance between the service provision, patient safety / harm and staff experience. Members noted that the EASC Management Group would lead on the development of the EMS Framework Agreement and it would be presented at a future Committee meeting (Added to the Forward Look).
- Members discussed the issues related to the performance in rural areas which until recently had been good and consistent. Members noted that this had changed over the last 8 weeks and the performance was well under 50%. It was agreed that further information be provided by WAST to understand why this had occurred (Added to the Action Log).
- Members noted that it was felt that good progress was being made on plans to open the Grange University Hospital. Judith Paget thanked the EASC Team for the support given to assist the Health Board and WAST to get near a solution for the new transport arrangements. Members noted that proposal would be received shortly by the Aneurin Bevan Board to secure the resourcing needed. It was noted that emergency surgery and trauma would be centralised and there may be additional issues with patients needing to be transferred from Nevill Hall sooner than anticipated. Some concerns had been raised by staff and Jason Killens agreed to share the Datix issues from the WAST perspective in order that the Aneurin Bevan University Health Board team could understand the issues involved (Added to the Action Log).

Members **RESOLVED** to: **NOTE** the Chief Ambulance Services Commissioner's report.

<p>EASC 20/57</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:</p> <ul style="list-style-type: none"> • Response to the Pandemic The internal debriefing process in relation to the first wave was now coming to a close, a report was being developed for the Trust Board and would be shared with the Committee (added to the Action Log). <p>Members noted that 500 staff had given their reflections on pandemic so far which included sharing good practice and areas of learning. Jason Killens explained that an action plan would be developed during July and August to share back with staff i.e. 'You said-we did'. Members noted that WAST was referring to itself as being in a 'monitoring' phase of the pandemic; the organisation had not yet "recovered" and was referring to itself as "in recovery" and this work would help to shape its plans going forward.</p> <ul style="list-style-type: none"> • Summary of long waits for ambulances Members noted that very few patients experienced long waiting times between April and June this year due to the reduced activity and additional capacity in the service. <p>In terms of RED performance, Members noted that across the first quarter the performance had been over 70% but not in rural areas. Jason Killens explained that the Community First Responders had not been utilised initially during the response to the pandemic, although they were now gradually coming back into service with the appropriate personal protective equipment. It was anticipated that this would have a positive impact and improve performance in rural areas.</p> <p>Members also noted that most of the rapid response vehicles had not been utilised during the initial response to the pandemic which had an impact on red performance. In line with the findings in the Demand and Capacity Report, Members felt the challenge remained to deploy the right number of staff in the right place.</p> <ul style="list-style-type: none"> • Plans for the Grange University Hospital Members noted that teams from across WAST, Aneurin Bevan UHB and the EAS Team were working together to get a settled position, it was anticipated that 84 additional staff would need to be employed. 	<p>CEO WAST</p>
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<ul style="list-style-type: none"> • Quarter 2 Operational Framework plan submissions to the Welsh Government Jason Killens provided an overview of the Q2 plan and highlighted that 3-4 areas had been identified for Q3 and 4. • Emergency Departments Jason Killens gave an overview of the work which was aiming to divert patients away from emergency departments using Consultant Connect. <p>Len Richards highlighted the ongoing work at Cardiff and Vale UHB, in conjunction with Aneurin Bevan UHB, using the data to determine how patients accessed services during the pandemic and how potentially this could be used to plan or have early warning for surges in activity. Members noted the work and suggested that EASC could consider the implications of this work for potential roll out across NHS Wales. Members noted that additional funding had been requested from the Welsh Government to support having a live feed of data to develop the early warning system.</p> <p>Members noted that Aneurin Bevan UHB were waiting for agreement from the Welsh Government officials in terms of whether the Grange University Hospital would open in November. Judith Paget supported the work of the team at WAST in terms of Consultant Connect and phone first. The pod at the Royal Gwent hospital had experienced staffing issues and the Health Board and WAST were working to resolve.</p> <p>Nick Lyons supported the work and explained that Cwm Taf Morgannwg UHB was also keen to take forward Consultant Connect. Members felt that the pandemic had highlighted the different policies in place across Wales and felt that it would be beneficial to work collectively to avoid the unnecessary pressure within NHS Wales by using the same systems. Members noted the different uses and requirements of personal protective equipment across Wales and agreed that it would be helpful if the WAST team highlighted the differences in approach across Wales (Added to the Action Log).</p> <p>A broader discussion took place on the wider unscheduled work and Stephen Harray highlighted that work had been identified within the 'Amber Review' and discussions could be held with the NHS Wales Informatics Service (NWIS) regarding what could be achieved in real time.</p>	<p>CEO WAST</p>
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- Much of the EMRTS work took place by road not air during the pandemic, particularly the twilight rapid response vehicle, although it was anticipated that the service would soon be flying more again
- The impact of the Covid 19 pandemic which included flying restrictions by the air operator (and reduction in the numbers of pilots available); curtains are in place on all aircraft; importantly the EMRT service was maintained throughout
- Network work; noted to be time consuming in relation to tele conferencing and maintaining links
- Severe escalation plan in place; worked with the Critical Care Network and planned to mobilise key staff to any hospital overwhelmed with Covid 19 cases and would transfer patients to less affected areas for critical care treatment
- Monthly activity by base: rapid response vehicle usage was clear and in constant demand within the south east Wales region
- Twilight rapid response vehicle (RRV) originally resourced through winter funding; averaging 3.2 calls per shift; nature of calls include: cardiac arrest, road incidents, falls and unconscious patients
- RRV – useful project met unmet need this service enabled the move to 24/7 expansion
- 24/7 service expansion; noted the national shortage of pilots; the charity was working with the provider and aiming for an All Wales response; phase 2 for North Wales would be more difficult with a workload of 160 each year at night
- National Critical Care Transfer Service; working together with the Critical Care Network; separate to the core work and ring fenced; aiming for set up in 9-12 months time; recruitment of key staff, project manager and clinical lead – interviews next week.

Members asked whether Professor Lockey felt there was any danger that the work to extend the EMRT service to 24/7 would accelerate the major trauma network work and if this could overwhelm trauma centres. Prof Lockey explained that patients were already taken to the unit for definitive care and doubted whether a lot of change would impact on centres. Members noted the outstanding requirements for the service to be provided 24/7 in terms of the capital for the EMRT service and for critical care services.

CASC

	<p>Members noted that the processes for distributing capital were on hold with Welsh Government at present. As the capital allocation would be made through the Committee a revenue to capital transfer might be considered by Members to ensure progress is maintained. This would be further discussed at a future meeting (Added to the Action Log).</p> <p>The Chair thanked Professor David Lockey and Matthew Edwards from the EMRT Service for excellent work during the pandemic as well as the informative presentation and report.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the presentation and report. 	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 20/59	<p>FINANCE REPORT</p> <p>Stuart Davies presented the finance report.</p> <p>Members noted that over the next few months further work would take place with WAST to ensure that the new investment including the additional staff would be isolated in terms of the costs and a reconciliation exercise would provide clarity on the activity and the costs incurred.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the report and note the future work on costs 	Director of Finance
EASC 20/60	<p>EASC GOVERNANCE UPDATE</p> <p>The EASC Governance update report was received. In presenting the report Gwenan Roberts highlighted the following:</p> <ul style="list-style-type: none"> • The EASC Annual Report 2019-2020 was received for the first time. This outlined the work of the Committee, its Members and attendance. Members noted that two of the associate members had not attended a committee meeting for the last two years and the Chair agreed to write a letter to the organisations to remind them. Members agreed to complete the effectiveness survey separately and return to the Committee Secretary and receive an overview of the findings at the next meeting (Added to the Action Log). • The EASC Annual Governance Statement had been previously circulated to Members and it was noted that it had been received and noted at the Audit and Risk Committee in line with the host body arrangements (Cwm Taf Morgannwg UHB) 	Gwenan Roberts

	<p>Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG) for the following dates:</p> <ul style="list-style-type: none"> • 07 Feb 2020 • 24 Apr 2020 • 12 May 2020 • 26 May 2020 • 09 Jun 2020 • 23 Jun 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
<p>EASC 20/62</p>	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that the Chair and the Chief Ambulance Services Commissioner finalise outside of the meeting.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan. 	<p>Chair and CASC</p>
<p>Part 4. OTHER MATTERS</p>		<p>ACTION</p>
<p>EASC 20/63</p>	<p>ANY OTHER BUSINESS</p> <p>There was one item – temporary amendments to the model Standing Orders.</p>	
<p>EASC 20/64</p>	<p>TEMPORARY AMENDMENTS TO MODEL STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS – LOCAL HEALTH BOARDS, NHS TRUSTS, WELSH HEALTH SPECIALISED SERVICES COMMITTEE, EMERGENCY AMBULANCE SERVICES COMMITTEE AND HEALTH EDUCATION AND IMPROVEMENT WALES</p> <p>Gwenan Roberts presented the report which outlined the requirements of the Welsh Health Circular published on 9 July.</p> <p>Members noted the temporary changes to the Standing Orders in relation to the tenure of the Chair and Vice Chair which would cease to have effect on 31 March 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the changes for ratification at all Health Board meetings before the end of July 2020. 	

DATE AND TIME OF NEXT MEETING		
EASC 20/48	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 8 September 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed
Christopher Turner (Chair)

Date

unconfirmed



GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Executive Group

Minutes of Meeting held on Tuesday 21 July 2020

(via Teams)

Author: Mark Dickinson	Version: 1
Members present	Judith Paget, (Chair), Chief Executive, Aneurin Bevan UHB (JP) Simon Dean, Chief Executive, Betsi Cadwaladr UHB (SD) Steve Ham, Chief Executive, Velindre NHS Trust (SHa) Sharon Hopkins, Interim Chief Executive, Cwm Taf Morgannwg UHB (SHo) Alex Howells, Chief Executive, HEIW (AH) Jason Killen, Chief Executive, WAST (JK) Steve Moore, Chief Executive, Hywel Dda UHB (SM) Len Richards, Chief Executive, Cardiff & Vale UHB (LR) Carol Shillabeer, Chief Executive, Powys THB (CS) Tracy Myhill, Chief Executive, Swansea Bay UHB (TM) Helen Thomas, Director, NWIS (HT)
In attendance	Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF) Mark Dickinson, Director Clinical Networks, NHS Wales Health Collaborative
Apologies	Tracey Cooper, Chief Executive, Public Health Wales (TC)

1. Welcome and introduction	Action
The Collaborative Executive Group and Chief Executives' Management Team meetings continue to be combined. The first part of the meeting focussed on urgent matters within the NHS Wales Health Collaborative's core work programme.	
2. Minutes of meeting on 23 June 2020 (EG-2007-01) and matters arising	Action
Members confirmed the notes of the previous meeting were an accurate record.	

<p><i>Radiology Informatics System Procurement (RISP)</i></p> <p>It was noted that not all organisations had nominated representatives for the RISP Board. It was agreed that RF would follow up this action with the team.</p>	<p>RF</p>
<p>3. Collaborative Work Plan 2020/21 (EG-2007-02)</p>	
<p>RF introduced the work plan, which has been redrafted in light of the Covid-19 Pandemic. This plan will form the basis of the development of a longer term plan for the NHS Wales Health Collaborative which will be drafted towards the end of Q2 2020.</p> <p>TM commented that, other than critical care, there appeared to be relatively few specific references to the COVID response and work in the post-COVID context. RF advised that all teams had refocused priorities either in direct support of the immediate response or in supporting reactivation of services but acknowledged this may not be explicit in the high level work plan.</p> <p>CS noted that there is a need to reserve flexibility with regard to the establishment of the NHS Wales Executive.</p> <p>The Work Plan was approved to be taken to the Collaborative Leadership Forum for further discussion.</p>	<p>RF</p>
<p>4. Implementation Groups – Governance and Funding (EG-2007-03)</p>	
<p>RF presented the paper, noting that the Collaborative has been asked formally by Welsh Government to manage the £9m of funding for major conditions implementation groups during what is expected to be the final two years of their operation (2020/21 and 2021/22). This paper set out the background to the current arrangements and to the request received and highlights a number of governance issues. RF highlighted that due diligence would be applied to these funding streams, which TC endorsed in order to manage variability.</p> <p>The Group gave approval for the Collaborative to accept responsibility for the management of the implementation group allocations, subject to a number of specific governance arrangements being put into place.</p>	
<p>5. Endoscopy COVID-19 Recovery Plan Update (EG-2007-04)</p>	
<p>RF updated the Group on discussions with the Welsh Government relating to the National Endoscopy Programme’s proposal to</p>	

<p>develop and deliver a national recovery plan in the context of the COVID-19 pandemic, including proposals for regional provision.</p> <p>LR queried why the proposals had been taken straight to the WG Executive Directors Team and questioned the governance arrangements around the programme. RF responded that the governance arrangements differ from other Collaborative networks and programmes as the National Endoscopy Programme was established as a nationally directed programme with a direct accountability to Welsh Government. SD noted that, if there are concerns regarding regional solutions, demonstration of and confidence in successful local solutions would avoid the need for regionally configured services.</p> <p>The content of the report was noted.</p>	
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6. Collaborative Update Report (EG-2007-05)	Action
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<p>RF presented the report, providing updates on the following matters:</p> <p><i>LINC</i></p> <p>The current status was noted.</p> <p>The group agreed the expansion of iPassport, should demand exceed the current supply, with the costs of additional licences being borne by individual organisations</p> <p>The Group approved the draft agreement</p> <p><i>RISP</i></p> <p>Progress with workshops was noted.</p> <p><i>Imaging Essential Services</i></p> <p>Correspondence between Andrew Goodall and Steve Moore was noted. The National Imaging Programme will continue to investigate how to deliver tangible improvements for patients and professionals at both local and regional level through a nationally co-ordinated approach, at both scale and pace. SM thanked RF for the correspondence and supported the need to build the programme capacity.</p> <p><i>South Wales Trauma Network</i></p> <p>It was noted that that WHSSC Joint Committee had approved 14th September as the 'go live' date for the South Wales Trauma Network. The Operational Delivery Network team will now focus its attention to instigating the operational plan and focus on internal communications. The Collaborative will be managing</p>	
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<p>arrangements for communication with external stakeholders in planning for 'go live'.</p> <p><i>Critical Care Clinical Information System</i></p> <p>It was noted that informal confirmation had been received from Welsh Government officials that the Minister has approved the capital funding required to ensure that the contract for the new system can be signed and the formal implementation project can progress</p> <p>---</p> <p>The range of informatics projects reported on highlighted the need to develop a national schedule for re-procurement of all-Wales informatics systems. HT reported that such a 'road map' is under development.</p> <p>It was agreed that the primary agenda items for the Collaborative Leadership Forum to be held on 28 July would be the Collaborative Annual Report and Work Plan.</p>	<p>RF</p>

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

MINUTES OF MEETING HELD TUESDAY 23 JULY 2020

10:00 – 12:00

Meeting held on TEAMS

Part A - Public

ATTENDANCE	DESIGNATION	ORGANISATION
ATTENDEES:		
Margaret Foster (MF)	NWSSP Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of Workforce & OD	NWSSP
Alison Ramsey (AR)	Deputy Director of Finance	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Chris Turley (CT)	Director of Finance	WAST
Geraint Evans (GE)	Director of Workforce & OD	Aneurin Bevan
Hazel Robinson (HR)	Director of Workforce & OD	Swansea Bay
Huw Thomas (HT)	Director of Finance	Hywel Dda UHB
Rob Nolan (RN)	Director of Finance	BCUHB
Phil Bushby (PB)	Director of P&O Development	PHW
Pete Hopgood (PH)	Director of Finance & IT Services	Powys THB
Steve Elliot (SE)	Deputy Director of Finance	Welsh Gov
Darren Dupre (DD)	Union representative	Unison
Eifion Williams (EW)	Director of Finance	HEIW
Gareth Price (GP)	Personal Assistant	NWSSP
Laura Price (LP)	Graduate Trainee Manager	NWSSP
Anouska Huggins (AH)	Agenda Item 3.2 only	Archus

Item		Action
1. STANDARD BUSINESS		
1.1	Welcome and Opening Remarks The Chair welcomed Committee members to the July 2020 Shared Services Partnership Committee meeting and thanked attendees for joining the meeting remotely.	
1.2	Apologies Apologies were received from: Steve Ham (SH) – Velindre - Trust Chief Executive Hywel Daniel (HD) – CTM UHB - Interim Director of W & OD	

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	Sue Hill (SUH) – BCUHB - Director of Finance	
1.3	Declarations of Interest MF declared that she has become a governor of Cardiff & Vale College.	
1.4	Minutes of Meeting held on 21st May 2020 Draft Minutes of meeting held on 21 st May 2020 were reviewed and accepted with no issues raised.	
1.5	Matters Arising from Meeting on 21st May 2020 All actions to be discussed are complete or on the agenda.	
2. Chair/Managing Director's Report		
2.1	Chair's Report MF began the meeting by stating she intends to visit IP5 in the foreseeable future to convey her personal thanks to the staff who have worked so flexibly and diligently throughout the crisis. MF also identified that because of redress, the Risk Pool has expanded exponentially. Clinical panels have now been set up to vet the redress claims to allow the committee to focus on the vital issues. The risk sharing agreement will unquestionably be invoked this year, staff are working hard to minimise the impact.	
2.2	Managing Director's Update NF presented his report which provides a detailed update into the key issues that have impacted upon, and the activities undertaken by, NWSSP since the last Committee in May. These included: COVID-19 – Since the start of the COVID-19 crisis, NWSSP have been able to deliver over 200m items of PPE to front line staff in NHS Wales and in Social Care. Staff across NWSSP have worked extremely hard to keep sufficient stocks of PPE available to meet demand and this is continuing as we move towards a potential 2 nd wave of COVID 19 combined with the usual winter pressures. In anticipation of this, over 600m additional items of PPE are currently on order and, when delivered, will put us in a very strong position to be able to continue to meet demand going forward. SSPC members and other key stakeholder groups are shortly to be surveyed on their views of NWSSP's performance across all services during the crisis so that lessons can be learnt so we can understand what can be improved upon in future.	

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	<p>IP5 - The establishment of specialist laboratories in IP5 continues and NWSSP have been working with both Public Health Wales, Welsh Government and the Department of Health & Social Care to support the construction of the laboratories on the 1st floor. The principles behind these developments have been agreed by the IP5 Project Board. Leases and memoranda for the occupation are currently being drawn up and implemented to govern the arrangements that cover the occupation of the building for this purpose.</p> <p>Audit & Assurance - All 2019/20 annual opinions have been issued and presented to Audit Committees. Revised plans for 2020/21 have been agreed by Audit Committees and work is underway at all health bodies. Plans are likely to change again depending on the continued impact of COVID-19 and Audit & Assurance will continue to be flexible and work with health bodies to agree any further changes that will need to be made.</p> <p>Employment Services – the recent announcement of the retirement of the Director of Employment Services, Paul Thomas, with effect from 31 October, has provided the opportunity to strategically realign the Employment Services portfolio formally under the direction and leadership of our Workforce Director Gareth Hardacre.</p> <p>Primary Care Services - Following a rigorous interview process Andrew Evans will be joining the NWSSP Senior Management Team on 1 September as the successor to Dave Hopkins as the Director of Primary Care Services.</p>	
3. Items for Approval/Endorsement		
3.1	<p>Quarter 2 Plan</p> <p>AR introduced the paper on the Q2 Plans. The key messages in our submission were:</p> <ul style="list-style-type: none"> • We have not stood down any of our core services during the period and performance levels have been maintained. • We have adapted quickly to the needs of the NHS in Wales; solution focussed and dynamic in our response. • We continue to forecast a breakeven outturn for 2020/21; this includes a significant increase in the level of income and expenditure in 2020/21 compared with our IMTP. • We have adopted a number of new ways of working. The most significant of which in terms of scale, risk and cost has been providing PPE supplies to the wider healthcare areas: social care, funeral directors and the four family practitioner areas. 	

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	<ul style="list-style-type: none"> • We revised our Scheme of Delegation to facilitate rapid decision making and maintain sound governance, particularly to secure supplies of priority stocks including oxygen, PPE, ventilators and beds. • We moved the majority of our workforce to a home working model within a few weeks, and our ICT infrastructure has proved to be resilient. This was facilitated through the provision of additional capital provided by Welsh Government. • We have brought forward a number of planned initiatives that were included in our IMTP: roll-out of Office 365, adoption of agile working and a review of our contact centres. • We have extended the consultation process and postponed the TUPE process for the Laundry service programme until April 2021 to avoid disruption to planning for winter pressures and a potential second peak of COVID-19. • We paused the Medical Examiner service programme, but this has resumed from 1 July. <p>Q2 continues to be a challenge, as we aim to evaluate the new ways of working we have adopted quickly, re-focus on our planned service improvements for 2020-21, enable our staff to take a well-earned break, whilst planning with our customers for a potential second peak to COVID-19. We are well placed to meet the challenge but we are seeking confirmation on a number of revenue and capital funding streams to help us achieve our aims for the year ahead.</p> <p>The Committee approved the Q2 Plan for submission.</p>	
3.1.1	<p>Planning and Response group</p> <p>The Planning and Response Group which had met weekly since March, held its final meeting on the 16th of June. PS described the activities and achievements of the group for the Committee.</p> <p>All decisions taken by the group were recorded in an 'Issues and Decisions Log' that was reviewed and updated at every meeting. In total, 64 decisions were formally taken with some of the most important being the rapid roll-out of Office 365 and the laptop distribution. The group has been instrumental in achieving a safer working environment for staff with many able to work from home, allowing for greater flexibility and socially distancing measures to be implemented at our main hubs and sites.</p> <p>The Committee noted the report.</p>	

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3.1.2	<p>Adapt and Future Change group</p> <p>AR presented an update report on the activities of the Group but explained that the majority of the report has already been covered in the Quarter 2 discussion (3.1) and therefore focused on the results of the staff survey. The survey has been distributed and has had a very positive response. Focus groups have been set up to analyse results. A follow-up on the survey will be held in Autumn.</p> <p>A major outcome of the survey is the development of an agile working strategy.</p> <p>NF wanted to recognise for the minutes that Alwyn Hockin, Trade Union representative, has been a very constructive member of the efforts to respond to COVID-19 and he is now a formal member of the SMT where his input and views are much appreciated.</p> <p>The Committee noted the report.</p>	
3.2	<p>Laundry PBC</p> <p>The agenda item was introduced by Anouska Huggins (AH), who is the Capita consultant to the programme. She reminded Committee members of the progress achieved thus far and outlined the specific elements of the Business Case.</p> <p>There was a detailed discussion on the report and she outlined the detailed information that was required by Welsh Government to satisfy their initial feedback on the initial OBC. She also highlighted the further information that would be required as part of the next stage.</p> <p>The Committee approved the Business Case for submission to Welsh Government</p>	
3.3	<p>Temporary Medicines Unit</p> <p>An update was provided on progress with the Unit which is governed by a Project and Service Management Board. The build of the facility is well advanced within IP5 with completion expected at the end of July. Validation work is being programmed for August with the aim of declaring the unit functionally ready to use from September onwards, if the COVID situation should require. A Technical Agreement has been drawn up, in consultation with the Chief Pharmacist Group and other key stakeholders, covering the</p>	

Item		Action
	<p>respective responsibilities of the TMU Service and the Health Boards in the supply of medicines. In summary:</p> <ul style="list-style-type: none"> • The TMU is a Technical & Professional Service; • All Clinical responsibilities and decisions lie with the Health Boards; and • The TMU will only make and supply the products which the Health Boards request. <p>The Chief Pharmacist Group have now endorsed the agreement, and the Committee were therefore content to approve the Technical Agreement.</p>	
3.4	<p>Single Lead Employer- Update</p> <p>The Committee received an update on progress with the project and also a request to approve a set of revised operating and management governance framework documents required to support the expansion of the current SLE Model from 30 July 2020.</p> <p>EW commented very positively on the progress that NWSSP had made in this area.</p> <p>The Committee approved the documents and also noted that if there were any further minor changes or amendments required, they were happy to delegate these to the Project Board. Any significant changes would however need to be brought back to the SSPC in September 2020.</p>	
3.5	<p>Amendment to Standing Orders</p> <p>The Chair (MF) temporarily left the meeting for this agenda item as the 2nd amendment detailed below relates directly to her role. HT took over the chair for this agenda item, for which PS explained the detail of the amendments requiring action. The Committee:</p> <ul style="list-style-type: none"> • noted the extension of the increased financial limits for COVID-19 expenditure to 30 September 2020 which was approved by the June Velindre Trust Board; • endorsed the amendments directed by Welsh Government relating to the temporary disapplication of tenure of office for the Chair prior to formal approval by the Velindre University NHS Trust Board. <p>MF then returned and chaired the remainder of the meeting</p>	

Item		Action
3.6	<p>Service Level Agreements</p> <p>PS reported that the standard Service Level Agreements are presented to the Committee on an annual basis for approval. They were due for approval in the March meeting, which was cancelled due to Covid.</p> <p>The Committee approved the core Service Level Agreements for 2020/21 noting that there were no significant amendments from the previous year.</p>	
4. Project Updates		
4.1	<p>Medical Examiner</p> <p>The impact of COVID 19 meant that the implementation timeframe had to be suspended in March, with Medical Examiner Service capacity at that point diverted to support Health Boards manage the impact of the disease on the death certification process.</p>	
4.2	<p>PMO Highlight Report</p> <p>AB explained that the layout of the report has been slightly changed following feedback from SMT and the report now categorises projects in a more meaningful way. There are no major risks to the service, all projects are on track as amber or green with the exception of the laundry programme which has been discussed earlier on the agenda.</p>	
5. Governance, Performance & Assurance		
5.1	<p>Finance & Performance Report</p> <p>NWSSP had achieved a small surplus of £11k for the 2019/20 financial year. The accounts have now been formally audited by Audit Wales and the position confirmed. This has been separately reported to the Audit Committee. The current forecast position for 2020/21 remains break even on the assumption that we are fully funded by Welsh Government for COVID related expenditure. The forecast outturn for the risk pool is consistent with that set out in the IMTP which will require the risk sharing agreement to be invoked.</p> <p>37 of our 42 key performance indicators are currently reporting green or amber. The following 5 internal measures however are</p>	

Item		Action
	<p>showing as red - Aged Debts, NHS PSPP, Variable Pay & Agency, Time to Shortlist, Time to Shortlist.</p> <p>Staff sickness is currently at very low levels, which may at least in part be due to a large number of staff being able to work from home. PADR compliance is currently amber at 76%, this was due to it being placed on hold across the board and must now recommence and improve. Statutory and Mandatory training compliance is at 95%.</p>	
5.2	<p>Corporate Risk Register</p> <p>PS confirmed that the register now contains the COVID-related risks that were previously reported separately. There are three red risks on the register relating to:</p> <ul style="list-style-type: none"> • The replacement of the NHAIS system which has had some technical difficulties but is still on-track to go live in October; • The need to replace the Ophthalmic Payments system by September 2020 where work is on-going to develop an in-house system but contingency arrangements are in place to cover any delays; • We have yet to receive confirmation of COVID funding from Welsh Government. 	
6. Items for Information		
6.1	<p>Finance Monitoring Reports</p> <p>The Committee were provided with the reports covering Months 1, 2 and 3 of 2020/21 for information.</p>	
6.2	<p>Audit Committee Highlight Report</p> <p>The Committee were provided with the report covering the Audit Committee meeting on June 30 for information.</p>	
7. ANY OTHER BUSINESS		
7.1	<p>NF wished to thank HR, who is attending the Committee for the final time, for her support and commitment to the SSPC.</p>	
DATE OF NEXT MEETING: Thursday, 17 September 2020 from 10:00-13:00		

Item		Action
NWSSP Boardroom HQ, Charnwood Court, Nantgarw / By Teams (As appropriate)		