

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
8 SEPTEMBER 2020 AT 13:30 VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Gill Harris	Interim Chief Executive, Betsi Cadwaladr BCUHB
Steve Curry	Chief Operating Officer, Cardiff and Vale CVUHB
Nick Lyons	Interim Chief Executive, Cwm Taf Morgannwg CTMUHB
Carol Shillabeer	Chief Executive, Powys PTHB
In Attendance:	
Cath O'Brien	Chief Operating Officer, Velindre NHS Trust
Hannah Evans	Director of Transformation, Swansea Bay SBUHB
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
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Mark Harris	Patient Care Services Manager, Welsh Ambulance Services NHS Trust (For Focus On – NEPTS agenda item only)
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/66	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. Hannah Evans, Director of Transformation for Swansea Bay UHB and Cath O'Brien, Chief Operating Officer for Velindre NHS Trust were welcomed to their first meeting.	
EASC 20/67	APOLOGIES FOR ABSENCE Apologies for absence were received from Tracy Myhill, Sian Harrop-Griffiths; Steve Moore, Karen Miles, Len Richards and Glyn Jones.	

EASC 20/68	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	Chair
EASC 20/69	<p>MINUTES OF THE MEETING HELD ON 14 JULY 2020</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 14 July 2020 subject to one amendment to the bottom of page 4 which now reads: 'Some concerns had been raised by staff at ABUHB and Judith Paget agreed to share the Datix reports from the UHB in order that the WAST team could understand the issues involved.'</p> <p>The action log was also amended to reflect the change.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Minutes of the meeting held on 14 July subject to the one amendment noted above. 	Chair
EASC 20/70	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED specific progress as follows:</p> <p>EASC 20/36 Coronavirus action Members agreed that there were no further items to add at present although the issues would need to be reviewed on an ongoing basis.</p> <p>EASC 20/56 DATIX report The action log was amended to reflect the change that ABUHB would share the Datix reports with WAST. Jason Killens explained that the team at WAST were planning to respond directly to the concerns raised shortly (added to the Action Log).</p> <p>EASC 20/57 Different usage of personal protective equipment Members noted that this was now more consistent across Wales and the matter was closed.</p> <p>EASC 20/57 Unscheduled Care Dashboard Stephen Harray updated Members by explaining the link to the Unscheduled Care Board's work and the need for live data to support the development and provision of agile timely services. A procurement exercise was underway the outcome of which would be reported back to the NHS Executive Board.</p>	<p>All</p> <p>CEO WAST</p> <p>Chair</p> <p>CASC</p>

	<p>EASC 20/57 Healthcare Inspectorate Wales (HIW) Report Members noted that WAST had received the draft report from HIW and had provided comments on matters of factual accuracy. It was likely the final version of the report would be published by HIW at the end of September. The report would be circulated to Members as soon as received.</p> <p>EASC 20/58 Emergency Medical Retrieval and Transfer Service (EMRTS) Members noted that work was underway to try and secure capital funding for the EMRTS service. A further update would be provided at the next meeting.</p> <p>EASC 20/60 Governance Update Members were aware that the effectiveness survey information was outstanding and would be shared once all surveys had been received from the sub groups.</p> <p>EASC 20/29 CASC as Co-Chair Task and Finish Group Members noted the ongoing work with the Fire and Rescue Services in relation to their work as first responders. A service level agreement was being developed in partnership by WAST. Stephen Harray explained that a briefing session had been planned with the Minister for Local Government and Jason Killens agreed to provide information for the briefing by 14 September 2020 (added to the Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>Ctte Sec</p> <p>CASC</p> <p>Ctte Sec</p> <p>CEO WAST</p>
EASC 20/71	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 20/72	<p>CHAIR'S REPORT</p> <p>The Chair's report was received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report. 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 20/73	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harray highlighted the following key items:</p>	

	<ul style="list-style-type: none"> Ministerial Ambulance Availability Taskforce Members noted that arrangements were continuing to start the work related to the Taskforce. The proposed framework was being developed including the key output products identified. Stephen Harray agreed to share the draft work and asked for comments to shape the work as it develops. The aim was to use existing mechanisms where possible and an interim report was planned to be developed by the end of November (Added to the Action Log). Refreshing the Emergency Medical Services (EMS) Framework Members were aware of the plans to refresh the EMS Framework and it was suggested that this take place by April 2021. Detailed discussions would take place at the EASC Management Group and a report would be developed for the next EAS Committee meeting (added to the Forward Look). The aim of the refresh would be to ensure that the Framework was streamlined and more reflective of the current position for EMS services. Members noted that some issues would need Health Board and WAST support in order that the Framework could operate from the beginning of the next financial year. Quality and Delivery (Q&D) Meeting with the Welsh Government (WG) Members noted a recent Q&D meeting had taken place and the areas discussed where the biggest concern, and the majority of the meeting's focus, was on the current performance. The WG officials were also updated on the plans for the Ministerial Ambulance Availability Taskforce. EASC allocation letters for Major Trauma Services and Critical Care Transfer Services Members noted that the allocation letters had been received by the CASC and were pleased to note that they were in line with the expectations of the financial plan within the Integrated Medium Term Plan (IMTP). Members noted that a full year allocation had been provided and the CASC agreed to develop options for the use of this funding (added to the Action Log). Progress on the Emergency Medical Services Demand and Capacity Implementation Plan Members were aware of the agreement at EASC to fund up to 90wte additional staff within the plan. The WAST team had previously discussed that a further 46wte staff could be recruited and trained within the financial year. 	<p>CASC</p> <p>CASC</p> <p>CASC</p>
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Members noted that a discussion had taken place at the EASC Management Group regarding the recruitment of the additional front line staff which had been supported, although the source of the funding was unclear. Stephen Harray suggested that this additional cost of £1.4m could be included as part of the process to bid for resources under the winter protection fund to ensure maximising front line staff. This suggestion was supported by Members.

The Chair thanked Stephen Harray for his report and Members discussed the following matters:

- Concerns were raised regarding the capacity of the system to meet all of the ongoing plans during the potential resurgence of the pandemic. In terms of the revision of the EMS Framework, Members felt that clinical outcomes would be important but there may be a wider requirement to filter the work of the Committee to business critical areas only.
- Members noted that the review of the IMTP would provide an opportunity to redefine the key areas of work and this would be discussed at the EASC Management Group and would be reported to the next EAS Committee meeting (added to the Forward Look). It was suggested that further information may be circulated outside of the formal meeting arrangements as the current system may not have sufficient capacity to deliver all of the previously agreed plans.
- Members noted the opportunity to align with the work already underway on seasonal planning and the potential opportunity to be more coordinated with the option of needing to work outside of the formal Committee arrangements if required.
- Members noted that good collective progress had been made on the arrangements to open the Grange University Hospital and a helpful recent meeting had taken place which had resolved some key outstanding issues.

The Chair summarised the discussion and Members **RESOLVED** to:

- **NOTE** the Chief Ambulance Services Commissioner's report
- **NOTE** the need to identify a set of specific priorities
- **NOTE** the aim to link to seasonal priorities
- **APPROVE** the intention to seek £1.4m from the winter protection funding for the additional staff within the EMS Demand and Capacity Implementation plan.

CASC

<p>EASC 20/74</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. To provide more clarity in relation to activity and performance Jason Killens asked the Chair if he could share a presentation and it would be shared with Members after the meeting. The Chair reminded Members that he would prefer to avoid having tabled information at the Committee meetings in order for opportunity to scrutinise the information in advance. However, he agreed to the use of the presentation to assist Members, particularly as performance had deteriorated.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • Serious Adverse Incidents (SAIs) – a marked reduction in numbers over the recent months although now monitored weekly by the WAST Directors, reported to a WAST sub-committee and onto the WAST Board. A report would be compiled monthly and more examples would be shared with the EASC Team (added to the Action Log). <p>The Chair asked if it would be possible to compare the levels of SAIs with other comparable areas as it was difficult to set in context the data presented. Jason Killens agree to try and benchmark with other areas and present the information in the next report (added to the Action Log).</p> <ul style="list-style-type: none"> • Long waits – the reasons were provided as was more evidence of the shift back to normal working • Health and Safety Executive (HSE) – two improvement notices had been received (sharps injury (disputed) and extended time spent in personal protective equipment). A full response had been provided to the HSE and the policy position on personal protective equipment (PPE) had been updated. The importance of the turnaround of ambulances at emergency departments was discussed and that WAST staff wearing PPE were reliant on health board staff to comply with the guidance (added to the Action Log). Members noted that it was likely that the HSE would escalate this issue if further situations arose • Performance position <ul style="list-style-type: none"> - RED position – for August was below 65%, however the number of calls responded to in 8 minutes was more than the previous August - 999 handling and 999 calls – good performance - Incidents – volumes increased from August 2019 	<p>CEO WAST</p> <p>CEO WAST</p> <p>All</p>
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- Production comparison August – more this year compared to previous years
- EMS Abstractions – increase due to annual leave as staff were encouraged to take leave before winter
- Overtime reductions – no incentivised overtime
- Covid 19 abstractions now at 3%
- More activity August 2020 compared with 2018 and 2019
- Emergency Ambulance Utilisation (3% tolerance)
- Staffing – focus is on additionality and recruitment

Forecast

- Production stronger in September – on or over 100% for emergency ambulances, more work required on rapid response vehicles
- Amber performance and patients experiencing long waiting times
- Anticipating further Covid19 surge
- Modelling forecast for September - 66%.

Members were concerned about the deterioration in performance; it was noted that Powys had not met the target over the last 5 or 6 months although ongoing discussions were taking place. The performance was worse during 2020 and it was suggested that this could be attributed to the switch away from the deployment of rapid response vehicles (RRVs); it was hoped that the recommencement of RRVs would improve the performance in Powys and other health board areas.

Members asked regarding the impact of 'consultant connect' in terms of managing conveyance and whether any learning could be shared across the system. Members noted that the numbers to date were small and that there was a large variation in the uptake.

The CASC responded to the content of the presentation and highlighted:

- Helpful to note that more front line staff available in August than previous year despite reduction in overtime and an increase in annual leave allocated; therefore, additional investment in demand and capacity plan is starting to become effective
- Support the rebalancing of emergency vehicles and RRV as this will have a positive impact on red performance; however, WAST need to keep in mind any potential negative impact on amber performance

CASC

	<ul style="list-style-type: none"> - Keen to work with health board colleagues re handover delays and what do their plans look like – it was agreed that the CASC to contact everyone for their plans (added to the Action Log) - Confirmed that a detailed analysis of the ambulance performance in August was being undertaken to supplement WAST improvement plan including variation in mobilisation times in South East Wales compared with other regions - Opportunities for learning across Wales including Cardiff and Vale UHBs CAV 24/7. <p>The Chair asked regarding the information on current and forecasted future performance and suggested that it would be helpful to have a coordinated plan from WAST to tackle the issues identified. It was felt this overview list would also be helpful for the work of the Ministerial Ambulance Availability Taskforce to coordinate the actions to be taken.</p> <p>Members agreed that the EASC Management Group receive and discuss the overview list (Added to the Action Log). Members also noted the importance of the impact of cultural issues in terms of the ownership and professional responsibilities in working together and this would be key during the winter months.</p> <p>Other matters highlighted from the WAST provider report included:</p> <ul style="list-style-type: none"> • the recruitment of the additional staff for the front line which was at 119.28wte to date which subject to additional resources could be increased although the additional work by the finance teams would provide clarity. • Where health board service changes had been planned, Jason Killens thanked colleagues for including the WAST Team as early as possible to support service changes across NHS Wales. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the provider report and the actions agreed. 	CEO WAST
EASC 20/75	<p>FOCUS ON – NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)</p> <p>The report and presentation on the Non-Emergency Patient Transport Service (NEPTS) was received. In presenting the report, James Rodaway and Mark Harris explained that the report had been received at the NEPTS Delivery Assurance Group and also at the EASC Management Group.</p>	

Members noted:

- NEPTS Headline statistics
- The Collaborative approach undertaken at the NEPTS Delivery Assurance Group – this work included the team at WAST but also health board teams with a focus on continuous improvement
- Commissioning and Quality Assurance undertaken – the Framework was in place and robust processes were in operation. Step 1 and 2 were considered key in ensuring the transport solution is as good as possible
- NEPTS Service Development
- Enhanced Service Provision – renal, oncology and end of life service; renal patients account for 30% of all NEPTS journeys which was steadily increasing and more work ongoing to develop oncology services. It was noted that the End of Life Care Service had won a Health Service Journal Award and the team were warmly congratulated on this achievement
- Performance/ Service Delivery Improvements
- Governance and Planning – this included a more joined up approach and particularly the tiered staff structure in health boards to support the local commissioning
- NEPTS Demand and Capacity Review now underway
- The Impact and Learning from Covid19
- The NEPTS Delivery Assurance Group at the end of September would be discussing winter planning and discharge capacity matters and the impact of Covid19 on NEPTS activity.

Mark Harris provided detailed operational information regarding the different ways of working within the NEPT service during the pandemic which included support providers, people driving themselves to appointments, student paramedics and also the voluntary sector. The team were working to manage through the agreed script and were finding alternative ways of transporting patients.

Members noted that the NEPT Service were also working with Optima using the modelling tool to analyse how the service could be used in the winter. Other complementary work included how volunteer drivers could be protected including consideration for early vaccination (when available).

The importance of the whole system approach to developing winter plans was discussed and particularly for this service. The longer term issues would also need to be considered including the resetting of plans for outpatients and other work.

	<p>The CASC emphasised the importance of the joined up approach and informed Members of the ongoing work with the procurement team to look at all spend on private providers as there may be an opportunity to realise savings and the further development of the NEPT service in line with the 'Once for Wales' ethos. Members were very supportive of the All Wales approach and the improvements being made within the NEPT service to date.</p> <p>Members suggested that the NEPTS Demand and Capacity Review would need to understand the learning from the Covid19 experience in terms of how the service could be rebalanced and provided in different ways.</p> <p>Members discussed the outstanding transfers to complete the 'Once for Wales' approach as agreed and asked about the timescales. Members noted that prior to the pandemic and lockdown all of the work required pre transfer had been completed for the ABUHB area. The aim was now to revisit the data and WAST had appointed a lead manager to oversee the work – ABUHB would be the next area to transfer. The Powys area had also provided data and would follow ABUHB before the end of the financial year.</p> <p>The CASC explained that the detail would be developed and reported via the NEPTS DAG to the next Committee meeting. In terms of the timescales, it was expected that CTMUHB would transfer in the first half of 2021 and BCUHB by the end of the financial year 2021-22 (added to the Action Log).</p> <p>The Chair, in summary, confirmed that effectively phase 1 had been achieved and further work was now required to transfer the other services as soon as possible. The WAST team were also congratulated by the Chair on their achievement of the Health Service Journal Award for their End of Life service.</p> <p>Members RESOLVED to: NOTE the presentation and report.</p>	
EASC 20/76	<p>OUTLINE COMMISSIONING INTENTIONS</p> <p>The report outlining the commissioning intentions was received. In presenting the report, Ross Whitehead highlighted the initial aim to facilitate further discussion at the EASC Management Group to analyse the commissioning intentions for previous years and undertake and option appraisal for each intention. This would then allow for the development of additional intentions or amend the intentions for the next financial year.</p>	

	<p>Members noted that the aim is to issue draft commissioning intentions towards the end of October with the suggestion that a report would be provided to the next EAS Committee on 10 November. Jason Killens supported the work and confirmed that the WAST would want to be fully involved as early as possible (added to the Forward Look).</p> <p>Members RESOLVED to: NOTE the report.</p>	<p>Assistant Director of Quality and Patient Experience</p>
EASC 20/77	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received.</p> <p>Members noted the stable position. Stuart Davies explained that the finance team were working closely with the WAST finance team to verify the net increase in staff related to the 90wte previously agreed by the Committee. Members were pleased to note the report from the WAST CEO regarding the net additionality and the aim of the finance team was to give assurance to the Committee that the net position of staff in post at WAST was increasing.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	<p>Director of Finance</p>
EASC 20/78	<p>UNSCHEDULED CARE PRESENTATION</p> <p>Stephen Harray gave the presentation on Unscheduled Care. Members noted that the presentation had been previously received by the NHS Executive Board.</p> <p>The following areas were highlighted in terms of the connection to ambulance services and the plans for the future:</p> <ul style="list-style-type: none"> • Aim to maximise the use of phone first / contact first - likely this would be best done nationally but without cutting across work already in place (e.g. Cardiff and Vale - CAV 24/7); this presents an opportunity for WAST and the 111 service to provide the service • Health board hubs organised and run locally, 'flow hubs'. Likely to include minor injury or illness units/ lower acuity respiratory services / people who have fallen and mental health; other services which would be decided locally on the 80/20 rule (local/national) • Scheduling and how this may look, allowing ready access to services already available • Phase 1: what can be developed in preparation for winter? <p>For WAST</p> <ul style="list-style-type: none"> • 111 and call taking 	

- Access to the distribution hubs – what might this mean?
- Link to consultant connect and how to maximise the opportunity and measure through whole system – the development of an unscheduled care dashboard will become helpful
- Important for separate streams 999 and 111 (design principle)
- Need to be careful not to 'double-count' staff and need to be practical how to use staff
- Measurement – some information shared for the whole system approach including primary care measures and working with the primary care programme and emergency departments where is there an alternative to 4 hour target – potential to create an aggregated measure?
- Consulting and engaging regarding ambulance quality indicators with the measures a one system approach is exciting and it is being supported nationally
- Specific ambulance service opportunities
- Helpful for winter and future.

Members noted the update and asked if the information would be presented for the whole system to better understand the co-dependencies. Outlining the real priorities was felt to be important to include the outputs which could be achieved. The CASC suggested that all of the information would need to be coalesced into a presentation to inform the seasonal planning work too (added to the Action Log).

Members noted the processes which could be adopted and also considered the requirements for the public in accessing services appropriately. Members felt there was an opportunity to measure patient safety, experiences and outcomes in different ways. It was felt that patients would want clarity regarding accessing the right service available and the actions to assist when services not accessed appropriately. Members felt that the fall-back position for patients trying to access services would be very important and the right communications would be essential for success.

Members **RESOLVED** to:

- **NOTE** the report.

EASC 20/79	<p>EASC INTEGRATED MEDIUM TERM PLAN (IMTP) REVISED DELIVERY PLAN</p> <p>Stephen Harray gave an oral overview of the plans to revisit the delivery plan in light of the latest requirements for the Welsh Government to include the latest learning, direction and to concentrate on key priority areas in view of current pressures within the system. Members noted that the EASC Management Group would discuss the plan in more detail before resubmission to the Committee in due course.</p> <p>Members RESOLVED to: NOTE the report.</p>	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 20/80	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) FRAMEWORK AGREEMENT FINAL DRAFT</p> <p>The final draft of the Emergency Medical Retrieval And Transfer Service (EMRTS Cymru) Framework Agreement was received. James Rodaway presented the report.</p> <p>Members noted the development of the suite of collaborative commissioning frameworks in place and EMRTS was the final version. Members noted that sections of the report needed to be completed and importantly the need to amend the financial information section as confirmation had not been received for the Major Trauma and Critical Care transfer services at the time of writing.</p> <p>EMRTS Delivery Advisory Group had received the document and would finalise all sections. The CASC asked for support in making amendments outside of the formal meetings arrangements and whether the Chair could sign off the final version on behalf of the Committee (Chair's Action). The final version would be received and ratified by the Committee at the next meeting.</p> <p>Members noted that in the meantime the interim framework was in place and the service was operating within the governance required.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. • APPROVE the final draft • APPROVE that the CASC and Chair finalise the framework for submission for ratification of Chair's Action at the next meeting. 	

<p>EASC 20/81</p>	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) FRAMEWORK AGREEMENT FINAL DRAFT</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> • EASC Management Group - 26 June • EASC Management Group - 27 July 2020 • NEPTS Delivery Assurance Group – 7 July 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
<p>EASC 20/82</p>	<p>EASC RISK REGISTER</p> <p>The new EASC Risk Register report was received. In presenting the report, Stephen Harray explained that the register had been developed in line with the CTMUHB Risk Management Strategy (as the host body). Members noted that the EASC Management Group had received the EASC Risk Register and had provided useful comments which had been used to amend the register. The scope of the risks had been widened to cover the responsibilities of the Committee and no red risks had been identified.</p> <p>Members noted that the commissioning risks had been clarified and the importance of capturing the risks for which the Committee was responsible.</p> <p>Further discussion took place regarding the risk appetite of the Committee and the tolerance for the risk target which were felt to be quite low. Members felt it would be important to ensure that these were set correctly to be able to manage or mitigate the risks identified.</p> <p>The Chair suggested and it was agreed that the risk appetite would need to be fully discussed by the Committee at a future date and it would be added to the 'Focus On' list of topics (added to the Forward Look).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • NOTE the risk register would be received at every Committee meeting. 	

EASC 20/83	<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 next 'Focus On' topic was Commissioning Intentions.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	Chair
Part 4. OTHER MATTERS		ACTION
EASC 20/84	<p>ANY OTHER BUSINESS</p> <p>No other business matters were raised at the meeting.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 20/65	<p>A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 10 November 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed
Christopher Turner (Chair)

Date