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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28 January 2021		Agenda Item	
Report Title	Joint NHS Partnership and Commissioning Update Report			
Report Author	Karen Stapleton, 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 <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 11th November and the unconfirmed Minutes are not available. The issues of interest to SBUHB are:

- **Neonatal Transport Update.** Members were advised that a proposal had been received from the three provider health boards for an interim 24/7 model which is anticipated to commence from January 2021 and run for six months. Progress had been more challenging on the permanent solution, as the Joint Committee's continues to support a 'lead provider model' and has written to Clinical Leads to request they work collaboratively to resolve the clinical risks and concerns concurrent with utilisation of the interim model.
- **Future of the All Wales Gender Identity Partnership Group** Members supported the proposal to disband the AWGIPG; and agreed the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC.
- **NCCU - Continuation of Framework for Care Homes** Members received a paper that set out the case for continuation of the NCCU National Framework Agreement for Care Homes after expiry of the current 'Invest to Save' scheme

on 31 March 2021. Members approved the £480k annual budget for NCCU maintaining the Framework; and the utilisation of the WHSSC risk share mechanism to re-charge the funding to health boards.

- **Resource Utilisation for Value - Options 2020-21** - an extra-ordinary meeting was on 15 December 2020. Member approved options to deploy a proportion of the forecast surplus, £13.2m, to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation. SBUHB has submitted 14 proposal that will now be considered against the surplus.
- **Major Trauma Network** – A report was received from the Operational Delivery Network and the Major Trauma Centre on the key highlights from the first six weeks of operation of the South Wales major trauma network.

3.2 EASC Joint Committee

The latest EASC Joint Committee meeting was held on 10th November and the 'Unconfirmed' Minutes are attached on AdminControl

The main issues to note are:

- **Ministerial Ambulance Availability Taskforce** – has been established to critique the key documents and reviews which have been completed on ambulance services, with an Interim Report submitted to the Minister at the end of the year.
- **Beyond the call** - the findings of the work commissioned by the Welsh Government through the Mental Health Crisis Care Concordat – National Review of Access to Emergency Services for those experiencing mental health and or welfare concerns, were shared. The report was published in November.
- **Focus on – Systems pressures** – a presentation was shared on planning and securing sufficient ambulance services for the population of Wales within the context of severe system pressures. Swansea Bay UHB has been working together with WAST on regional solutions, including alignment of escalation plans with Covid learning, safe cohorting of patients / patient offload Department (POD) and minimising patient handover. The SBUHB [POD](#) is now in operation with effect from 11 January 2021.

3.3 NHS Wales Collaborative Executive Group

The last NHS Wales Collaborative Executive Group was held on 26th November and the minutes are attached on AdminControl. The Collaborative Executive Group and Chief Executives' Management Team continue to be combined. The main issues to note are:

- **Rapid Review of Precision Medicine Programmes** - In light of the launch of the UK Genomics Strategy by the Department of Health and Social Care, the Minister for Health and Social Services has agreed to a review of the precision medicine provision for Wales. The scope includes the infrastructure and operational delivery aspects of the following national programmes of work:
 - Advanced Therapies Wales (Velindre NHS Trust)
 - Genomics Partnership Wales (Cardiff and Vale UHB)
 - National Imaging Programme (NHS Wales Health Collaborative)
 - National Pathology Programme (NHS Wales Health Collaborative)

The initial findings are being reviewed by NHS Chief Executives, the Collaborative Director and Welsh Government.

- **NHS Wales Peer Review Programme** - With the current pressures caused by COVID-19, most peer review activity has been suspended and a revised peer review timetable is being prepared for approval, which may include some peer reviews conducted 'virtually'. The Bowel Cancer Initiative (BCI) within the Wales Cancer Network is developing plans for the third round of Colorectal Cancer Peer review.
- **Wales Cardiac Dashboard launch** - The Heart Failure Dashboard was recently launched and is the product of a number of initiatives between the Wales Cardiac Network, NHS Wales Informatics Service (NWIS), the Value Based Healthcare Team (VBHT) and health board clinical staff. It will enable improved submissions to national cardiac databases and allows clinicians to view data in a timelier fashion along with graphical analysis to offer comparisons and an ability to consider why there are variations.
- **'Save a Life Cymru' partnership (SaLC)** an update was received on progress made by the partnership whose aim is to create a cultural change across Wales where the Welsh public understand the need to help anyone suffering an Out of Hospital Cardiac Arrest OHCA, as well as developing their skills and confidence to start Cardiopulmonary resuscitation (CPR) and defibrillation.
- **Sexual Assault Referral Centres (SARC)** - noted that the Collaborative will to take this work under its formal programme arrangements and an updated governance model. Cardiff and Vale University Health Board will continue to lead the Operational Delivery Network and operational planning and delivery will remain with Health Boards with the 3 hubs (Swansea Bay/Hywel Dda/Cardiff & Vale). Commissioning arrangement discussions are to be resurrected with the National Collaborative Commissioning Unit.

3.4 SBUHB/HDUHB interface and ARCH Service Transformation Group

The Delivery and Leadership Group (DLG) has met twice in this period and discussed amongst other things the potential short term priorities for ARCH, as directed by the ARCH Partnership Group, and will feedback once agreed through individual Executive teams. The agreed priorities will go to the next Partnership Group meeting in March 2021. Chairing responsibilities for the DLG will also move to Swansea Bay UHB from June 2021 in line with the rotational agreements for Chairing. An appointment has been made to the ARCH Head of Strategy and Service Planning with a start date of 1st February. Unconfirmed notes are attached

The ARCH Service Transformation Group also met during this period and details of recent progress is outlined below. A meeting due to take place on 19th January was postponed due to the current Covid situation:

- **Dermatology** – Regional 'Vision' paper awaiting signoff by ARCH Dermatology Steering Group. A full time dedicated Dermatology Consultant Plastics post has been advertised with positive interest; interviews planned for first week of February. Plans are underway to reinstate GP teaching sessions on a regional basis with expected commencement date mid-February. Work has begun regionally on scoping out the CNS workforce and the required competence skill sets.
- **Eye Care** – Delivery of the electronic patient record system, Open Eyes, is progressing on schedule. Community leads are completing workforce and

competence skills sets for Optometrists and Orthoptists from across the region. A standardised approach to the gathering of regional data has been agreed. The dataset is aligned to National Eye Care measures and targets. The Regional Glaucoma scoping review was presented to regional steering group in December and as a result, work is underway to explore funding streams to secure a second glaucoma consultant. A new Swansea Bay Diabetic Referral Refinement scheme was recently reviewed and will be implemented following approval of the regional group. Hywel Dda UHB have submitted a research bid to Welsh Eye Care Service for a similar scheme linking with Community services. It is anticipated that these two schemes will align regionally as the projects progress. Opportunities are being explored to potentially commission independent sector on a regional basis to address the Cataracts backlogs.

- **Neurology** – the Headache patient pathway implemented in Swansea Bay UHB has proven to be a success and winner of a Living Our Values Award (LOVA) for Partnership Working. Draft Functional Neurological Disorder (FND) business case development has continued with the latest version being shared with ARCH Service Transformation Group in January for completion by end of March 2021.
- **Pathology** - Following Welsh Government's (WG) endorsement of the Strategic Outline Case (SOC) on the on 27th November 2020 Swansea Bay and Hywel Dda UHBs and Public Health Wales are now taking forward the production of an Outline Business Case (OBC). Siân Harrop-Griffiths, Executive Director of Strategy for Swansea Bay UHB, has been confirmed as Senior Responsible Officer (SRO) and Christine Morrell, Deputy Director of Therapies and Health Sciences, Swansea Bay UHB, as Project Director. The anticipated completion date for the OBC is mid-2022.
- **Swansea Bay City Deal Campuses Project** - The Outline Business Case to the City Deal regional office was informally submitted 18th December for Phase 1 of the project, which will deliver Institute of Life Science (ILS) at the Morriston campus and lay the foundations for Phase 2. Feedback has been received and a formal submission date to Welsh Government and UK Government is being agreed. Scoping work for Phase 2 commenced and initial work to establish stakeholders and partner meetings is underway.
- **ARCH Innovation Forum** – A further Forum call for expressions of interest was launched late November with a view to gain a wider reach at grass route level. Closing date for the call was 15th January. Previous Forums had proved successful and hope to maintain momentum.
- **Covid Insights Survey bid** – In partnership with Swansea University, a bid has been won to produce a National Covid Insights Survey report which aims to capture, share and build upon the learning from the Covid period, ensuring that the clinical lessons to come out of the current situation. The first stage of the report, outlining methodology and purpose of report has been agreed by WG. Individual response for interviews with innovators has been very positive to date. The final report is due end March 2021.
- **NHS Innovation Leads Group** – Participation in the National group continues with the aim to support and champion innovation. Sharing opportunities and developing collaboration across Wales has been successful and an all-Wales bid was submitted to the Health Foundation with letter of support provided by Swansea Bay UHB, the results of which are due soon.

- **AgorIP programme** – Following the recent programme extension to 2023 an all-Wales Innovation Call was funded with participation from colleagues from ARCH and Swansea Bay UHB

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

The Joint Executive Group between Swansea Bay UHB and CTM UHB met on 11th December. The main issues to note are:

- **First Phase of Disaggregation of ICT Services** - an update was received on the ongoing work in relation to the disaggregation of ICT Services and the agreement to reduce SLAs by March 2021. A phased approach was endorsed, with a further update to be provided at the March meeting
- **Service Level Agreements (SLAs) and Long Term Agreements (LTAs)** – JEG noted that given the current winter and COVID pressures faced by service teams, any decisions to cease SLAs in the current financial year should be reviewed on its own merits with pragmatism and on a risk based approach.
- **Essential services** – since September 2020, surgery was reinstated in Neath Port Talbot Hospital in respect of breast, urology, gynaecology and orthopaedic services. Swansea Bay UHB advised that as of Monday 14th December elective Orthopaedic surgery would be temporarily stood down at NPTH as part of the managed retreat of services, due to pressures associated with COVID-19. Urgent and suspected cancer surgery would be maintained.

NPTH future model - Discussions are ongoing about the medium-term service model, as well as on the longer term surgical model, especially for orthopaedics. It was noted that Swansea Bay UHB had shared the Strategic Outline Case (SOC) Development of an Elective Orthopaedic & Spinal Surgical Unit at Neath Port Talbot Hospital with CTM UHB at the Joint Management Group in December. CTM have also agreed to share their SOC for additional theatre capacity at Princess of Wales Hospital site.

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 27th November. Unconfirmed notes are on AdminControl. The main items for SBUHB under discussion were:

- **Major Trauma** – an update was provided following the recent meeting of the Major Trauma Network Delivery Assurance Group, and it was noted that the implementation was progressing well.
- **Thoracic Surgery** – an update was provided on the weekly bilateral meeting, and the development of the draft Strategic Outline Case for the development of the single thoracic surgical centre at Morriston Hospital.
- **Update from WHSSC** – the WHSSC Director of Planning attended the meeting to provide an update on WHSSC services, and confirmed support for establishing alternative arrangements to support the delivery of cleft lip and palate surgery. Members were also informed that the Joint Committee will be considering proposals for using the underspend from their current financial plan to provide further focused support for specialised services

- **Spinal Surgery** – an update was provided on the spinal surgery project. The project launch workshop was held on MS Teams with over 70 attendees, including representatives from the British Association of Spinal Surgeons, British Orthopaedic Association, Royal College of Surgeons and the Society of British Neurological Surgeons. Two regional working groups have been established, to review and make recommendations on the clinical pathways and network arrangements for a range of spinal pathologies. The group also approved the Project Initiation Document and terms of reference for the Project Steering Group.
- **Oesophageal and Gastric Cancer Surgery** – an update was provided on the discussions with the CHCs on the engagement model for OG cancer surgery. Members were advised that due to sudden unforeseen surgical staff shortages, Swansea Bay UHB is currently unable to provide the oesophageal and gastric cancer surgery surgical service, and that support had been sought through the partnership arrangements from the Cardiff and Vale service.
- **Hepato Pancreato Biliary (HPB) Surgery** – an update was provided on the development of the model service specification for hepato-pancreato-biliary surgery. The draft document is in the process of being finalised, and is scheduled to be issued for consultation with key stakeholders, from mid-December until the end of January 2021.
- **Regional and Specialised Services Provider Planning Partnership** – the group reviewed the Memorandum of Understanding, and agreed that the document should be taken through Cardiff and Vale Management Executive meeting, and the Swansea Bay Senior Leadership Team meeting for formal approval, see attached, on AdminControl.
- **Tertiary Services Strategy** – the group received an update on the Tertiary Services Strategy. Work has advanced following the appointment of Mr Navin Verghese as clinical lead for the project. A Teams site has been established and work is underway to review and update the baseline assessment, and to develop the SWOT analysis and vision statement.

3.7 NHS Wales Shared Services Partnership (NWSSP) Committee

The last meeting was held on 19th November and minutes are included on AdminControl. The main issues arising for the Health Board to be aware of are:

- **Medical Examiner Service** – the committee received an update that all four Medical Examiner Service Regional Hub Offices are now operational, with the potential capacity to undertake the scrutiny of around 12,000 deaths per year.
- **Primary Care Workforce Sustainability** - NWSSP-Employment Services is facilitating the implementation and management of a number of sustainability tools. Phase 1 - Implementation of a secure web-based tool developed to capture practice staff information for all General Practices. Phase 2 – Creation of GP Wales website to enable Practices to advertise permanent GP workforce vacancies across NHS Wales. Phase 3 – Establishment and operation of the Scheme for General Medical Indemnity (GMPI) by Legal & Risk Services.
- **TRAMS** – the case is being re-submitted to Welsh Government in January following queries raised as part of the formal scrutiny process and will go to the Infrastructure Investment Board later in the month. The programme therefore remains on track for an April 2021 implementation

- **Laundry Services** – the Committee were advised that the business case was approved by Welsh Government Capital Infrastructure Board and was with the Minister for final endorsement. The next key milestone is the TUPE arrangements for Laundry staff to transfer to NWSSP by April 2021 and a timeline for the remainder of the activity to complete in 2024 was outlined.

4 FINANCIAL IMPLICATIONS

There are no financial consequences associated with the updates in this report.

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 (please choose)	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		
(please choose)	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)		
<p>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.</p> <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 – WHSSC Joint Committee – 08.09.20 Appendix 2 – EASC Joint Committee – 08.09.20 Appendix 3 – NHS Wales Collaborative Executive Group – 29.09.20 Appendix 4 – ARCH Partnership – 17.09.20 Appendix 5 – Joint Executive Group SBUHB & CTMUHB – 18.09.20 Appendix 6 – Regional and Specialised Services Provider Planning Partnership – 25.09.20 Appendix 7 – NHS Wales Shared Services Partnership – 17.09.20



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
10 NOVEMBER 2020 AT 09:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Carol Shillabeer	Chief Executive, Powys PTHB

In Attendance:

Steve Ham	Chief Executive Officer, Velindre NHS Trust
Hannah Evans	Director of Transformation, Swansea Bay SBUHB
Gavin Macdonald	Interim Chief Operating Officer, Betsi Cadwaladr UHB
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
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Shane Mills	Director of Nursing and Quality, National Collaborative Commissioning Unit

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/86	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee. Paul Mears was welcomed to his first meeting.	Chair
EASC 20/87	APOLOGIES FOR ABSENCE Apologies for absence were received from Gill Harris, Tracy Myhill, Tracey Cooper and Gwenan Roberts.	Chair
EASC 20/88	DECLARATIONS OF INTERESTS There were no additional interests to those already declared.	Chair

EASC 20/89	<p>MINUTES OF THE MEETING HELD ON 8 SEPTEMBER 2020</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 8 September 2020.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Minutes of the meeting held on 8 September 2020. 	Chair
EASC 20/90	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED specific progress as follows:</p> <p>EASC 20/45 & 20/57 Learning Lessons of working during a pandemic To be received at the next meeting (added to the Forward Look).</p> <p>EASC 20/57 Unscheduled Care Dashboard Stephen Harrhy updated Members by explaining that progress had been made in the work to develop the Unscheduled Care Dashboard. Specification has been developed following work with health boards which would be circulated (added to the Action Log) and external funding had been confirmed. A tender process would soon commence.</p> <p>EASC 20/57 Healthcare Inspectorate Wales (HIW) Report The report has been circulated.</p> <p>EASC 20/60 Governance Update A report would be received at the next meeting (added to the Forward Look).</p> <p>EASC 20/70 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. Stephen Harrhy agreed to provide an update on the work at the next meeting (added to the Action Log).</p> <p>EASC 20/73 EASC allocation letters for Major Trauma Services and Critical Care Transfer Services Stephen Harrhy confirmed that the allocation letters had been received for Major Trauma and Critical Care Transfer Services from the Welsh Government and discussions had commenced with providers. Information related to potential slippage would be included in the next finance report.</p>	<p>CEO WAST</p> <p>CASC</p> <p>Completed</p> <p>Ctte Sec</p> <p>CASC</p> <p>CASC & Director of Finance</p>

	<p>EASC 20/74 Serious Adverse Incidents (SAIs)</p> <p>In relation to the benchmarking information requested, Jason Killens confirmed that the National Quality Group of UK Ambulance Services are developing a snapshot across all Ambulance Services in the UK which will be shared when received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	CEO WAST
EASC 20/91	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 20/92	<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 20/93	<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 letters were in the process of being sent to the Taskforce Members outlining the approach being taken and the plans for the production of the Interim Report which would be submitted to the Minister at the end of the year. The Taskforce would be asked to critique the key documents and reviews which have been completed on ambulance services. The aim will be to update the EAS Joint Committee and its sub groups as often as practicable (Added to the Action Log). • Ambulance Quality Indicators (AQI) Members noted that the AQIs were now being published again following the pause due to the pandemic and they were backdated to cover the whole year. • Emergency Medical Retrieval and Transfer Service (EMRTS) Capital funding was being sought to support the service direction, particularly for 24/7 working and additional vehicle requirements. Some revenue slippage has been utilised to lease vehicles which would then need to be resolved in 2021. No issues were raised by Members concerning this approach. 	<p>CASC</p> <p>CASC / Director of Finance</p>

	<ul style="list-style-type: none"> • Non-Emergency Patient Transport Service (NEPTS) Members noted that the timescales for transfers had been brought forward for Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards and Powys Teaching Health Board, with the expectation that all transfers would be completed by mid-2021. Stephen Harrhy thanked the health boards for their support in moving forward the agreed collective approach. • Revising EASC Integrated Medium Term Plan The EASC IMTP was discussed at the EASC Management Group and a summary had been provided to Members to ensure that the revised priorities were supported. WAST explained that they welcomed the new approach and were working closely with the EASC Team on the detail. The key deliverables were clarified in order to lead to a balanced approach. No issues were raised by Members to this approach. • Beyond the Call Shane Mills was invited to present the findings of the work commissioned by the Welsh Government through the Mental Health Crisis Care Concordat – National Review of Access to Emergency Services for those experiencing mental health and or welfare concerns, report title 'Beyond the Call'. <p>Members noted the importance of language and how mental health services were described. Mental health was referred to as those with a diagnosed mental health disorder and welfare concerns such as social issues and housing, which has an impact on mental health. The review would be published in November and would be shared widely in the system. Members noted the barriers to access to services which were compounded by mental health, including the stigma attached to it.</p> <p>The review involved all agencies across health and social care and also wider public services such as the police and fire and rescue services. Opportunities were highlighted such as the 111 service as well as a range of other "in hours" and "out of hours" services.</p> <p>The Review recommended further work to enhance the 111 service in Wales which has also been supported by the 111 service board. The Review captured the missed opportunities, supported by data, although this was more difficult in social care. The role of the Police within mental health was also captured and this constituted 9-15% of their daily calls.</p>	
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	<p>A bespoke data collection was created and 10,000 calls used which were broken down into 17 index areas. The Review was also supported by an expert reference group.</p> <p>Shane Mills gave an overview of the findings of the data and the inter-connectedness in terms of how and when people accessed services. Members noted the breakdown of information by gender and age, type of caller (self-callers or public), time spent on the phone and the overall time spent. There were 10 recommendations made by the Review which included ensuring real time data and effective multiagency collaboration. Members noted other areas of ongoing work included an access review with MIND and also a conveyance review.</p> <p>Carol Shillabeer added the key drivers in terms of the work identified by the Police and it was important to work closely with them to develop the Review, which has led to a generally better understanding with the Police. In terms of services across Wales there is variability in provision but work to streamline the model in Wales, and potentially a once for Wales approach, can be progressed.</p> <p>Members discussed the prevalence of mental health demands during the pandemic and whether a once for Wales approach could be achieved and how to simplify access for people. Jason Killens also shared WAST's findings that having mental health practitioners in the call centres had been very well received during the pandemic. The link between drug and alcohol use was discussed and it was confirmed that a strong relationship had been identified in the Review.</p> <p>Members were keen to have actions to take forward in each area to ensure that the findings of the review were acted on. Members noted that the Review would be formally presented to the Minister with responsibility for Mental Health services and Mental Health Crisis Care Concordat. The recommendations had been discussed with the 111 service board and further opportunities would be progressed. Mental health practitioners would be available in the WAST control centres over the winter.</p> <p>Members noted that further work to clarify the next steps and the governance routes would take place and further information would be shared at the NHS Wales CEO group. Shane Mills was warmly thanked for the helpful presentation and he agreed to share the final version of the document with Members (Added to the Action Log).</p>	
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Agenda Item 1.4

	<ul style="list-style-type: none"> Commissioning Intentions <p>Members noted a more streamlined approach would be taken and this had been discussed at the EASC Management Group. The approach would take account of the emerging context and a further iteration would be taken to the EASC Management Group for further development before being presented at the next EASC meeting (Added to the Forward Look).</p> <p>The Chair thanked Stephen Harrhy for his report and Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the Chief Ambulance Services Commissioner's report 	<p>Carol Shillabeer</p> <p>Ctte Sec</p> <p>CASC</p>
<p>EASC 20/94</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.</p> <p>Members noted:</p> <ul style="list-style-type: none"> Covid Pandemic <p>Abstractions had risen, slightly less than the peak of the first wave and had triggered the tactical approach to production. This included using staff from 3 Fire and Rescue Services on a regular basis to support production for the front line. Jason Killens offered to bring forward the lessons learned from the first wave to the next meeting (added to the Action Log).</p> <ul style="list-style-type: none"> Health and Safety Executive (HSE) <p>Members noted the update which related to the wearing of personal protective equipment (PPE). As a result policies had been updated and the dialogue with the HSE had been helpful with a number of meetings held. Progress was being made and the approach by WAST had been appropriately adjusted.</p> <ul style="list-style-type: none"> Clinical Indicators / Clinical Outcomes <p>Jason Killens gave an overview of the work related to the electronic case card (moving away from the digital pen). A supplier has been identified and capital funding secured for implementation towards the end of next year. This would enable a greater understanding related to outcomes and over time this will allow informed adjustments to the service.</p> <p>Members noted that there was a training requirement, some could be undertaken on line and some would also need to be face to face. Some modifications and testing would be also required.</p>	<p>CEO WAST</p>

	<p>The issues of interoperability with emergency department systems was also raised and Members were assured that this was a function of the system. This would happen in a phased way and linking to the Welsh Clinical Portal and other different systems across NHS Wales in due course.</p> <ul style="list-style-type: none"> • Non-Emergency Patient Transport Services (NEPTS) In keeping with the requirement for social distancing this was having an impact on the service because vehicles were restricted in the number of patients they could accommodate. This issue was being discussed at the NEPTS Delivery Assurance Group. • Emergency Medical Services Demand and Capacity Review Members were reminded that the staff growth had been planned for a further 136WTE this year and good progress had been made with the expectation that this target would be met by the end of year. This was having a positive impact in the unit hours of production (UHP) which was very encouraging. <p>Members asked:</p> <p>In terms of production hours and the impact of the investment in line with the Demand and Capacity Review Members asked regarding the forecasting and the impact over the winter months. Members noted that 100% of the rosters equated to 119,000-120,000 hours. The figures in October were similar to earlier in the year due to various reasons. The forecasting into the winter used various scenarios including normal winter demand and high levels of Covid. The aim would be to get to 107% of roster fills (113% would be the maximum fill due to vehicle availability).</p> <p>In terms of the urgent care system and the inter-operability opportunities, Members noted that the unscheduled care dashboard work was currently at the tender process stage and further information would be available in due course (Added to the Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the WAST provider report. 	<p>NEPTS DAG</p> <p>CASC</p>
EASC 20/95	<p>FOCUS ON – SYSTEM PRESSURES</p> <p>Stephen Harrhy introduced the session and provided some context in relation to the purpose of the session.</p>	

A presentation had been shared with Members which concentrated on the commissioner perspective on planning and securing sufficient ambulance services for the population of Wales within the context of severe system pressures.

In terms of the WAST Demand Management Plan (WAST DMP) at level 5 or 6 Members noted that this would mean that WAST would not be able to send a resource to any caller. This was felt to be an extreme position and that every opportunity should be taken to try and avoid such occurrences.

The aim of the session was to:

- Ensure ambulance availability - actions to take over handover delays and WAST actions to maximise resources available
- Understand the impact of escalation across the system as a whole – on both health boards and WAST.
- How health boards and WAST work together and the regional solution
- Align escalation plans with Covid learning
- Capacity for alternatives for demand management
- Find the tolerances
- Identify actions to take.

Members agreed to this approach.

Ross Whitehead gave the presentation, again highlighting the commissioner perspective to plan and secure sufficient ambulance services for Wales. On a few occasions recently, the WAST DMP had been triggered and these system pressures challenged the ability of the Committee to meet with its statutory obligation. Members noted that WAST had undertaken modelling forecasts in line with the expectations of the Welsh Government in relation to the impact of the pandemic and many forecasts indicated that WAST would not reach the 65% performance target for red calls.

An overview of incident demand, attended scene, attended hospital and lost hours was provided. Members noted the specific impact of the pandemic on service provision as well as the data and the actions already taken in terms of recruitment, establishing the Operational Delivery Unit, the doubling of handover delays since August and the WAST DMP level 6 triggered on more than one occasion.

Members noted the modelling and scenario plans for worst case, most likely in high covid levels and most likely in low covid levels.

	<p>In terms of the collective position and the actions required to deliver the statutory requirements this winter, Members noted the key areas of efficiencies, investment, additionality, opportunities for the operational delivery unit and handover delays. The modelling that had been undertaken had assumed 90% of the handover delays experienced in 2019.</p> <p>Members discussed the ongoing system pressures, and in particular for health boards, with regard to handover delays at emergency departments. Stephen Harrhy also confirmed that the work undertaken by Improvement Cymru would also inform the process going forward.</p> <p>Members supported the requirements to maximise the availability of ambulances this winter, the need to have a focus on reducing harm and improving quality and patient outcomes and the need to act in a proactive way starting from a Health Board footprint but to engage collectively on a regional basis where this was needed by exception. Members committed particularly to the following actions:</p> <p>Ambulance Resource – Central funding has been provided to support WAST to staff rosters up to the fleet maximum of 113%. Funding for this would come centrally from the winter protection fund and WAST should maximise available resource with immediate effect. Stephen Harrhy agreed to circulate a report on securing additional NEPTS capacity as part of the Q3 and Q4 winter protection plan (Added to the Action Log).</p> <p>Resource Efficiency – Members agreed that WAST should effectively target this additional resource to times of the day, dates and regions where there was currently a mismatch between demand and capacity.</p> <p>Safe cohorting of patients / patient offload Department (POD) staffing and operating model – Members recognised the role that the safe cohorting of patients would have this winter in enabling the timely release of ambulances and Stephen Harrhy agreed to work with WAST and the relevant health boards to find a solution to staffing and agreeing the operating model for these areas for this winter (Added to the Action Log).</p> <p>Operational Delivery Unit (ODU) – Members recognised the role of the ODU in supporting system level information flow and recognised it needed to develop further to support the system. Members agreed that Health Boards should proactively maximise their own capacity prior to requiring regional support.</p>	<p>CASC</p> <p>CASC</p> <p>Health Boards</p>
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	<p>Stephen Harrhy agreed to continue to work with the Chief Operating Officers (COOs) on this to agree scope and responsibilities and to develop the operating model for the ODU (Added to the Action Log).</p> <p>Information – Members recognised the opportunities that were currently available for sharing information between WAST and Health Boards and the additional opportunities that an expanded unscheduled care dashboard and ‘signals for noise’ present us with.</p> <p>Jason Killens agreed to review and enhance the data provided regularly to Health Boards with a focus on a range of the Ambulance Quality Indicators (AQIs) (Added to the Action Log), Stephen Harrhy agreed to work with the NHS Wales Informatics Service (NWIS) to provide an immediate Business Intelligence based solution and to move forward the on-going procurement of a dashboard and supporting data infrastructure to have a single view in health boards and WAST (Added to Action Log).</p> <p>Handover Levels – Members discussed the importance of minimising patient handover lost hours and the requirement to maintain levels below 150 hours per day as any level above this would be challenging from a resource availability perspective (Added to the Action Log). Members also discussed the importance of turning vehicles around quickly and adopting a ‘no tolerance’ approach to delays over 1 hour.</p> <p>Escalation – Members agreed that a standardised approach to escalation (and the level within organisations) with a focus on proactive actions, quality improvement and harm reduction would be necessary and helpful for providing clarity on responsibilities and actions at all levels of escalation, both at Health Board level and in WAST. Stephen Harrhy agreed to take this work forward and would circulate a draft proactive proposal to Members (Added to the Action Log).</p> <p>Post Production Lost Hours – Members agreed that quick progress was required on the understanding and reduction of post-production lost hours particularly those associated with rest breaks. Members discussed the need to provide WAST with support and cover for this, recognising that it would be a challenging ask.</p> <p>Jason Killens agreed to respond to Stephen Harrhy on this issue and clarify his thoughts on potential ways forward (and learn from other services and reviews) which would be shared with all Members (added to the Action Log).</p> <p>Members RESOLVED to: NOTE the presentation and action the areas agreed above.</p>	<p>CASC</p> <p>CEO WAST</p> <p>CASC</p> <p>Health Boards and WAST</p> <p>CASC</p> <p>CASC & CEO WAST</p>
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Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 20/96	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received.</p> <p>Members noted the stable position. Further work would be undertaken to include critical care and for the Emergency Medical Retrieval and Transfer Service. Work continued to monitor the additional funding provided for additional staff in WAST, out of hospital care and winter planning.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and NOTE the report. 	Director of Finance
EASC 20/97	<p>EASC SUB GROUP MINUTES</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> • EASC Management Group - 27 Aug 2020 • NEPTS Delivery Assurance Group – 18 Aug and 29 Sept 2020 • EMRTS Delivery Assurance Group – 16 June 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	CASC
EASC 20/98	<p>EASC GOVERNANCE INCLUDING THE RISK REGISTER</p> <p>The EASC Governance report was received. In presenting the report Stephen Harrhy explained that two risks had been escalated on the risk register namely the performance in the red and amber categories.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • NOTE the governance report and the requirement for the effectiveness survey. 	CASC
EASC 20/99	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members noted that further work was required on the Emergency Medical Service (EMS) Framework. Further work would take place outside of the meeting to suggest the next Focus on topic.</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 20/100	<p>ANY OTHER BUSINESS</p> <p>One further item of business was raised at the meeting. Jason Killens suggested that the NEPTS Delivery Assurance Group could discuss discharge planning across the winter. Ross Whitehead suggested as time was a major factor in this matter as well as access to providers and offered to write to WAST with some proposals which was agreed by Members (Added to the Action Log).</p>	CASC

DATE AND TIME OF NEXT MEETING		
EASC 20/101	<p>A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 26 January 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

ARCH Service Transformation Meeting

Action Notes

Date: 13.11.20

Time: 9:30-11:00

Venue: Virtual Teams

Chaired: Sian Harrop-Griffiths (SHG)

Apologies: Michelle Crossman (MC)

Actions Recorded: Sharon Hughes (SH)

Attendees:
Phil Kloer (PK)
John Gammon (JG)
Naomi Joyce (NJ)
Stephen Evans (SE)
Charlie Mackenzie (CM)
Daniel Warm (DW)
Shaun Ayres (SA)
Sarah Gates (SG)

Agenda item: 1.1 Welcome, introductions, and apologies for absence

Discussion: All were welcomed to the meeting and apologies were noted.

Agenda item: 1.2 Minutes/Actions of the last meeting and Matters arising

Discussion: Outstanding actions: JG confirmed that SU were now linking with the relevant teams in both HDUHB and SBUHB and with specific Service Leads in order to inform the programmes for the recommissioning exercise. SHG confirmed that the ARCH projects had been reviewed against the COVID-19 essential services framework, CW/KR approved.

Agenda item: 2.1 Recommissioning Update

Discussion: JG advised that the re-commissioning has commenced and the PQQ published, documents have been disseminated to all relevant colleagues in SU and both HBs along with the key requirements – only a 72hr window to evidence compliance with these requirements. The full tender is due to be submitted on 27th January 2021 and SU will be looking to health colleagues to continue the collaborations to inform the bid. JG has received the HB workforce strategies and IMTP's which will be referenced within the tender, the tender is approx. 60% of SU's total tendered provision. JG advised that the expectation of the bid is very different this time around and has been influenced by the workforce plans from the local HBs. There is an additional focus on enhanced digital learning as well as placements, including inter-disciplinary learning, blended learning, distanced/dispersed learning and SU are scoping the most appropriate way for provisions to be delivered via digital platforms e.g. Diagnostic Radiography for example may not need as much physical equipment as previous but instead requires new software and there is a collaboration between SU, HBS and the Imaging Academy on this. The bid includes growth of existing business/programme re-design but there's also 5 new clinical programmes OT, Physiotherapy, Learning Disabilities, OPD, Diagnostic Radiography and the phase two will be around curriculum development of these programmes which the relevant HB representatives are regularly involved with and JG is confident it can be delivered. PK queried if these programmes would be available at Pentre-Awel? JG confirmed that these programmes will only be available to a small cohort of 24 -35 students and include things like simulation pods and so are currently being re-scoped. All programmes will commence Sept 2022 and will be a combination of under/post graduate and the second phase focusses on dual qualifications and top up programmes. SHG queried (if relevant) if anything could be done in the interim to help support the health workforce recovery from COVID-19 and if this is being factored in to the tender, particularly with the numerous retirements being taken and how the education/training route can support this? JG stated this was a valid point and has a not thought how we fully explore/capture and suggested that this is raised and discussed at the Strategic Education Partnership meeting and will take this forward at this meeting. SHG agreed to raise with Christine Richards, Chris White and Kathryn Jones also. The next ST meeting takes place on the 19th January 2021 where the conversation can reconvene and JG will circulate the draft tender for the ST group to scrutinise/act as a 'critical friend' – unless they are part of the tender 'evaluation panel' to avoid a conflict of interest.

Actions:	Discuss internally and identify if the Strategic Education Partnership Group is an appropriate forum for discussion on contingency planning and risk mitigation of significant increase in staff retirements/leavers and backfilling such roles in health boards as well as maintaining clinical expertise.	JG/ SHG
	Share the HEIW tender proposal draft response document with the ST group who will act as a 'critical friend' to provide scrutiny and feedback on relevant content.	JG / ALL

Agenda item: **2.2 REI Update**

Discussion: **Innovation Forum (IF)**
The next call for expressions of interest for the IF are going out at the end of November and will be promoted widely for the forum starting early 2021, the subgroup will convene to prioritise the applications. Feedback from panellists and presenters to date has been very positive and SU are looking to do a more in-depth evaluation and review early 2021. The forum have already seen positive outcomes through the creation of new partnerships, pathways to industry collaboration, and signposting to funding – one of which was a winner at the Health Hack.
Accelerate/Healthcare Technology Centre

Healthcare Technology Centre have developed a Brochure and now have over 30 collaborative projects with industry and partners at various stages ranging in disciplines from life science to data science and innovation management. We are in the process of finalising additional funding to support ongoing delivery, expansion of the team and an extension to March 2022. We have been awarded £120k from HEFCW Research Wales Innovation Fund to support the sustainability of activity and will be recruiting 2 innovation managers whose primary roles will be to secure additional funding to support sustainability of the Healthcare Technology Centre in prioritised areas. The University web pages are being updated with some of the case studies and will be looking to hold an event early next year alongside a social media campaign in collaboration with other programmes including AGORIP to raise awareness of the work going on and the support available. We have also secured some additional funding from Ser Cymru relating to a project that is being undertaking in collaboration with industry partners, RIW and Hywel Dda relating to ultrasound, artificial intelligence, and the detection of respiratory disorders including COVID-19. Furthermore, we have secured additional funding from Circular Economy funding relating to local SME working with fish and food chain for health. We have been awarded the LEAF Bronze, for laboratory sustainability. Colleagues have been working with the local HBs and RPBs to map innovation assets and activities, identifying examples of best practice and recommendations to support the strategies for the evolving RII Co-ordination Hubs. The most advanced work is with the West Wales RPB and Hywel Dda UHB with a Phase I report due to be issued shortly, West Glamorgan RPB is the most recent to procure SU to carry out the RII mapping. SU are now working with 6 out of the 7 RPBs to undertake similar projects.

Teams from across HTC and HBs participated in the Welsh Health Hack 2020 in November. The hack creates multi-disciplinary teams to identify and develop solutions to challenges put forward by NHS staff. A collaboration between HTC, ARCH and Schools of Medicine and Management have successfully been appointed by WG to draft the COVID 19 Innovation & Transformation Report. This is a product of analysis and interrogation of the data collected as a result of the NHS Wales survey initially published at the start of the pandemic by Aneurin Bevan UHB and incorporates a number of additional data sets. This report looks to understand the enablers of innovation during the pandemic, highlight exemplars and case studies of innovation within the NHS as a result of the pandemic and also create recommendations to sustain innovative practices and culture. Currently working with Fujitsu and Digital Health Ecosystem Wales alongside University (Medicine, Management, Computer Science) to realise a model whereby there can be a clear pipeline of support available to support the development of user/clinical informed developed of digital technologies efficacious and evidence based. We are working with colleagues in Welsh Government in to secure some pump prime funding to realise this ambition.

Swansea Bay City Deal - Campuses project

Resubmission of the Outline Business Case to secure the ring-fenced funding is due to be submitted in December. £15m City Deal funding to support Phase I developments which relate to the development of a building at sports centre singleton site and refurbishment and reuse of the Management Centre at Morriston. Architects and cost consultants are currently undertaking feasibility studies including outline designs and plans for Phase I developments. Procurement of consultancy to support the commercial case within the outline business case is progressing via ARCH. FBC is the next phase for completion and expect to work on this from Jan 2021. The Edinburgh Bio-Quarter has influenced/shaped thinking to date and has recently revived these discussions but plans to date have focussed on the planning permission for the access road. SE advised he has been chasing financials from Ian McDonald, CM will prompt for these.

Swansea Bay City Deal - Pentre Arwel

The project is progressing at pace and the business case has now been approved by joint committee which allows the submission to government. MOUs have now been signed with

all academic partners and a Contractor engagement event is due to be held this month (Nov) to engage with the 5 contractors on the West Wales framework and not using the OJEU process. PK attended the Wellness PB and CCC have taken gateway review process through counsel and due to go to City Deal very soon (26th Nov) and there are very few outstanding actions. They are well ahead with assisted living, research and education but in terms of health is we have the overarching principles but there's some detailed planning required and impact on workforce activity. JG confirmed there was a meeting yesterday and it was a significant meeting, JG will link with Steve Wilkes too identify the outcomes of the meeting – it is important that as a University they support the regional developments and engaged and contributing to the entire process and are re-scoping the space required/scope of provision along with the Health and Wellbeing academy (placements and supporting the delivery of clinical services).

AGORIP

Has received an extension until 2023 with an investment of £20m and expansion into East Wales making it a Pan-Wales project to support commercialisation. Currently working on mobilising the additional support and teams.

ILAs

Value based Healthcare and Innovation which been approved and is being funded through Welsh Government led by School of Management at Swansea University, Hamish Laing, and Gareth Davies are leading on these.

Actions:

- Send health board Innovation proposals (e.g. SBRI and AI in Health & Care) to NJ/SE/SG to assess if suitable for the Innovation Forum or for signposting to appropriate partner/audience/organisation.
- Circulate a written REI briefing based on the verbal update provided to the ST group.
- Communicate the REI 'good news stories' via ARCH
- Circulate link to the HTC webpage
- Circulate the link to the Covid Innovation Survey
- Ensure the finance model/relative financial information for the Campuses OBC is sent to SU as soon as possible to meet December submission date.
- Inform/discuss with Keith Lloyd the potential risk of discussions concerning Pentre-Awel and the 'research' provision and gaps in communications/updates that might be happening at a lower level.

SHG

**NJ
SE/SH
NJ
NJ/SH
CM
JG/NJ**

Agenda item:

3.1 Flash Highlight Report

Discussion:

SHG commenced by requesting the regional clinical projects localised groups are mapped against the national to evidence back to WG how we link and alignment to the work being done with the national groups/networks against our priorities e.g. Cardiology, Orthopaedics etc.

Cardiology – SE advised that CW/KR want to carry on but pressures of COVID will take priority. Contact with BHF to get things going again and SE will take this forward with Mark Ramsey and review by the next meeting.

Neurology – Work has continued during Covid, SBUHB implemented the headaches pathway, open access clinics, telephone helplines which is aligned with HDUHB approach and waiting lists dropped from 44 weeks to 3 weeks and are maintaining this level – this is a significant change and the impact is that its supported epilepsy to reduce their waiting lists and free up outpatients' time. PK/SHG requested this to be promoted/communicated. CM has update all the figures in the business case and there has been a focus on the benefits of the system, SE has also developed a brief of the FND which can be brought to the next meeting. Long Covid has been mentioned in the brain trauma team and they believe their expertise can assist with this. An additional Neurology Consultant is still required at Hywel Dda and SE will review the business case from 2 years ago to progress this.

IR

SE advised that the lead left the HB and has gone to Sheffield and so there is a gap/risk around this. Cardiff & Vale are leading on some work which we can link in with and Ian Langfield is involved in this from SBUHB. HDUHB have already implemented this pathway but the knock-on effects would be regional e.g. Epilepsy Provisions. SHG asked that SE link in with Ian Langfield to ensure the region are inputting appropriately.

HASU – CW/KR are working locally on this and not in a position to develop a regional proposal due to COVID pressures. SHG requested an update on the Project Management and how this would be resourced, SE advised there wasn't any PM support in place at this time due to funding. PK commented that resurrecting this should be timely and touch base with funders so to attract new funds for resourcing around March 2021.

Dermatology - Was on hold for 8 months, the vision is being developed which commenced with scrutinising the peer review reports and aligning the recommendations within to the work plan along with Sharon Blackford who is clinical lead for SBUHB. There are funds available for a laser post for HDUHB patients which will be advertised soon, the joint Dermatology Consultant post will be re-advertised due to not attracting a suitable candidate. Sean James, Deputy Medical Director (HDUHB) is scoping Dermatology in Primary Care and a GP network cluster is being developed for those with a special interest in Dermatology. There is also funding to employ an Integrated GP Fellow with an interest in Dermatology. The project team are currently reviewing the pathway for Dermatology and transferring images to AI software which will teach it what to look for. NJ offered support from HTC regarding the technology aspect and if Accelerate can assist as well as the possibility for financial support.

Eye Care – 3 x regional meetings have taken place over recent months and a vision document has been developed which is currently being reviewed by CW/KR. Each sub-speciality has its own T&F group which are focussing on governance, training, pathways, community activity, theatre, patient expectations, communications and standardising data collection. Glaucoma is more in depth and this is being scoped in more detail by Mike Austin – have employed an additional consultant in Swansea which will release Mike to offer consultancy to HDUHB. Glaucoma is linking in with the national work. The Open Eyes digital platform implementation timeline is likely to be delayed beyond March 2021, IT and VBH teams from both HBs are linked in with the T&F groups. Aim to bring the vision to the ARCH Partnership in December.

Regional Pathology Service – a regional team presented to the IIB end of October, and SHG hopes the SOC would be approved shortly to move forward with the OBC.

Endoscopy – being taken through the national programme. PK raised concerns that there's expected to be 4 x regional centres which could end up being concentrated in certain parts of Wales and not accessible for all - West Wales for example. CW/KR to provide an update on this by next meeting.

Digitisation – Query if this is still ongoing via ARCH, SE to resurrect letter he originally sent to Digital leads and identify status.

Vascular – no update - CW/KR to provide update by next meeting.

Actions:

- | | |
|---|----|
| • Map out who is representing the HBs on what national groups/networks so to align with the locally represented and evidence any gaps. | SE |
| • Neurology – prepare and publish a communication promoting the positive impact made from implementing service changes (e.g. Headache pathway). Identify if the same level of benefit realisation has been experienced since HDUHB implemented these changes. | SE |
| • Interventional Radiology – link in with Ian Langfield to offer ARCH support and obtain up to date progress and share with ST Group at future meetings. | SE |
| • Update the highlight report to reflect the situation with HASU and recognise lack of resource/funding to progress. | SE |
| • Identify if the National Stroke Unit Group has funding available again to resource the HASU project. Commence discussions with them now to raise the availability of funding to support project management in advance of the new financial year. | SE |

- Endoscopy – identify a new project lead following KM’s retirement **SE**
- Engage with KJ/CW to obtain update, identify interactions and progress made with the National Endoscopy programme network and feed back to ST group. **SE**
- Obtain update on Vascular from KJ/CW and if it is to remain a ‘live’ ARCH project. **SE**
- Create a Communication/Newsletter so to promote the excellent work of ARCH and receive support to gain the greatest reach via all partners to ensure our voice is heard and we increase the profile of ARCH. **SH/SM**

Agenda item: 4. Any Other Business

Discussion: PK raised that there are early discussions forming from Orthopaedics leads about regional approaches, discussions are mainly focussed on Paediatrics and hand care but is a positive development and Paul Williams/Owen Ennis are leading.

JG raised the examples of regional service transformation discussed today and the group having so much potential but is feeling frustrated that ST may not be getting the support and engagement that is needed – the group receive a lot of apologies and attendees have dropped off from previously - what can be done to raise the ARCH profile. SHG asked SE to think about a press release or comms to showcase the excellent work being carried out supported by NJ and DW.

Actions:

NEXT MEETING: 19th January 2021



NHS Wales Collaborative Executive Group

Minutes of Meeting held on Tuesday 17 November 2020

(via Teams)

Author: Mark Dickinson		Version: 0b
Members present	Judith Paget (Chair), Chief Executive, Aneurin Bevan UHB (JP) Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF) Steve Ham, Chief Executive, Velindre NHS Trust (SHa) Alex Howells, Chief Executive, HEIW (AH) Jason Killen, Chief Executive, WAST (JK) Paul Mears, Chief Executive, Cwm Taf Morgannwg UHB (PM) Steve Moore, Chief Executive, Hywel Dda UHB Teresa Owen, Director of Public Health, Betsi Cadwaladr UHB (TO) (for Gill Harris) Len Richards, Chief Executive, Cardiff & Vale UHB Carol Shillabeer, Chief Executive, Powys THB Chris White, Director of Therapies, Swansea Bay UHB (CW) (for Tracey Myhill)	
In attendance	Rhys Blake, Head of Planning, NHS Wales Health Collaborative (RB) Mark Dickinson, Director Clinical Networks, NHS Wales Health Collaborative (MD) Jane Green, Welsh NHS Confederation (JG) Rob Tovey, Assistant Director of Finance, NHS Wales Health Collaborative (RT)	
Apologies	Tracey Cooper, Chief Executive, Public Health Wales (TC) Gill Harris, Interim Chief Executive, Betsi Cadwaladr UHB (GH) Tracy Myhill, Chief Executive, Swansea Bay UHB (TM)	
1. Minutes of meeting on 29 September 2020 (EG-2011-01) and matters arising		
The minutes of the September 2020 meeting were approved as a correct record.		

<p>EG-2008-06 - Imaging COVID Recovery Planning – SM reported that he continued to have discussions with Simon Dean on the plans for supplementary CT and MRI capacity but central funding was uncertain. It was agreed to raise at the NHS Executive Board that afternoon. The potential for such services as part of diagnostic hubs was noted.</p>	
2. Minutes of meeting on 25 February 2020 (EG-2011-02)	Action
<p>It was noted that, as a result of temporary changes to meeting arrangements from March, the minutes of the February meeting had not previously been formally received.</p> <p>The minutes of the February 2020 meeting were approved as a correct record.</p>	
3. Collaborative Work Plan	Action
<p><i>Developing a new approach</i></p> <p>RB made a presentation on the approach to the development of a medium term plan for the Collaborative, highlighting its breadth, and the opportunities being taken to maximise synergies within the Collaborative and, also, externally through a whole-system approach. This included a coordinated approach to engagement with other national organisations, including HEIW, NWIS and DU, through which respective lead and supporting roles would be confirmed.</p> <p>RF confirmed that a more detailed presentation was being prepared for discussion at the Leadership Forum on 1 December.</p> <p><i>Q3/4 Operating framework – Collaborative position statement (EG-2011-03)</i></p> <p>The report on Collaborative support for the Q3/Q4 Operating Framework was received and noted.</p>	
4. MRI Surveillance for Women at Very High Risk of Breast Cancer (EG-2011-04)	Action
<p>RF referred to the report which provided an update on work to date by a Task and Finish Group. In response to questions as to whether a national approach to the work was necessary, RF clarified that a decision in 2019 for the work to be undertaken locally was later reconsidered and a national approach agreed to gain national consistency. RF advised that further updates would be provided.</p>	

5. HaemBase Cymru (EG-2011-05)	Action
<p>The report on progress with the implementation of HaemBase Cymru was received and noted. The group agreed to support engagement from local clinical and managerial leads to facilitate the adoption of HaemBase Cymru locally to enable the benefits of an All Wales solution to be realised.</p> <p>It was noted that efforts to prioritise the replacement CANISC as the NHS Wales cancer informatics system may have consequences for the ongoing work on HaemBase Cymru and CEOs would be briefed accordingly, as necessary.</p>	CEs
6. Collaborative Update Report (EG-2009-06)	Action
<p><i>Rapid Review of Precision Medicine Programmes</i></p> <p>Members noted that, in recognition of the significant work ongoing across several key precision medicine programmes, LR had initiated a rapid review of the infrastructure and operational delivery aspects of these programmes. LR commented that the draft report had been shared with SM, as SRO for imaging, and agreed to forward to RF. Following this, LR planned to discuss the findings and recommendations with NHS Chief Executives and Welsh Government, with outcomes used to inform subsequent stages of review across this progressive field of work</p> <p><i>National Endoscopy Programme</i></p> <p>The plans to develop additional regional capacity, as part of the national approach to recovery from the pandemic, were still under consideration by Welsh Government.</p> <p><i>NHS Wales Peer Review Programme</i></p> <p>The group noted the content of the update and appended report and endorsed the plans to recruit an external peer review panel member (outside of NHS Wales) to be part of the peer review panel for the next round of colorectal cancer reviews.</p> <p><i>Neonatal Network – transport review</i></p> <p>The group noted the content of the update and that WHSSC have agreed that an interim 24/7 neonatal transport service will be implemented in South Wales in early January 2021.</p> <p>In addition, RF reported on preliminary discussions between the Collaborative and WHSSC on consideration of the development of a cross-health board Operational Delivery Network (ODN) for maternity and neonatal services. It was proposed that the Wales Maternity and Neonatal Network should explore this concept further and develop recommendations for further consideration. It</p>	MD

<p>was agreed that further consideration to this concept by the Network should be undertaken, but that consideration should also be given to maximising the contribution of the existing Network. It was noted that chief executives would need to be satisfied that an ODN was required to address significant specific problems that could not be addressed via existing mechanisms, before approval was given to establish and ODN.</p> <p><i>National UK Quality in Care Diabetes Awards</i></p> <p>The group noted the awards received and recorded congratulations to the winners.</p> <p><i>Wales Cardiac Dashboard launch</i></p> <p>The recent launch of the cardiac dashboard was noted.</p> <p><i>Save A Life Cymru Campaign</i></p> <p>The update on Save a Life Cymru was noted.</p> <p><i>Collaborative Leadership Forum 1 December 2020</i></p> <p>It was noted that the Collaborative Leadership Forum is due to meet on 1 December and the intention is to focus on the development of a medium term plan for the Collaborative</p>	
<p>7. Lymphoedema Network Wales – Hosting MOU (EG-2011-07)</p>	<p>Action</p>
<p>The group endorsed the Memorandum of Understanding and noted the intent for full responsibility for strategic oversight and associated funding for Lymphoedema Network Wales to transfer from the Collaborative to SBUHB with effect from 1 January 2021.</p>	
<p>8. Sexual Assault Referral Centres</p>	<p>Action</p>
<p>JP introduced the item advising that there had been recent discussions amongst NHS chairs through which it had been requested that the Collaborative take back responsibility for programme oversight for SARC from C&V UHB.</p> <p>SM reported on correspondence from the South Wales Police and Crime Commissioner raising concerns at the slow pace of implementation of the regional model. As a consequence, Maria Battle, as chair of the SARC Board, had discussed with her NHS chair colleagues, the outcome of which was the request for the Collaborative to take back strategic leadership for the programme.</p> <p>In discussion, the governance arrangements were queried and it was agreed that a new structure was required that would keep CEOs sighted on progress, risks and issues.</p>	

	Paper Ref: EG-2012-01
NHS Wales Health Collaborative Executive Group	Minutes 17/11/20

<p>RF highlighted that, to enable the Collaborative to effectively discharge the programme leadership and oversight, there was a need to recruit a programme director and support, and a lead time to achieve this was required. RF also requested named executive leads for each health board with whom to liaise on the programme requirements and accountability for local actions. RF advised that there was a requirement for a lead commissioning organisation to be confirmed; it was understood that the National Collaborative Commissioning Unit had previously agreed in principle to undertake this role and this would be followed up. It was also likely that HEIW's support would be required as workforce was a significant limiting factor to the implementation of the plans that had been agreed by Health Boards and PCCs/police in Autumn 2019. CEOs confirmed their support for these actions.</p>	
9. Date of next meeting	
The next meeting will be held on Tuesday 15 December.	

'DRAFT' ACTION NOTES – JOINT EXECUTIVE GROUP MEETING
11th DECEMBER 2020 - Via MS TEAMS

PRESENT: Siân Harrop-Griffiths (SHG), Clare Williams (CWs), Craige Wilson (CW), Nick Lyons (NL), Darren Griffiths (DG), Steve Webster (SW), Karen Stapleton (KS), Matt John (MJ), Richard Evans (RE), Sam Jenkins (SJ)

ISSUE	ACTION	LEAD
1.1 Welcome & Introductions	SHG welcomed the group to the meeting.	Chair
1.2 Apologies for Absence	<p>Apologies were received from Tracy Myhill, Paul Mears, Chris White, Alan Lawrie and Julie Keegan.</p> <p>RE advised that he could not stay for all the meeting and he reported that a plan had been put in place across SE wales to maintain Upper GI services and it was agreed would be shared with NL following sign off at SBUHB Senior Leadership team (SLT).</p>	RE
1.3 To Approve Notes and Actions of the Previous Meeting	<p>To Approve the Action Notes from the meeting held on 21st September 2020</p> <p>Matters Arising:</p> <p>SHG noted that most of the Actions were either completed or on the agenda. There was a query if Obstetrics was included on the agenda and KS advised it was included in the 3.1 C&C update.</p>	

ISSUE	ACTION	LEAD
<p>2.1 First Phase of Disaggregation of ICT Services</p>	<p>Members received the report that was presented by Matt John and Clare Williams.</p> <p>MJ summarised that despite the extreme pressures both organisations are currently facing, there has been really good progress in this area. Three workshops have successfully been assumed where the following actions were agreed upon:</p> <ul style="list-style-type: none"> • Disaggregate the IT Team that support POWH and are based at POWH and undertake the TUPE process to transfer the five support staff based at POW to CTMUHB by the end of March 2021. • Remove the ICT Project Budget element of the SLA by the end of March 2021. • Disaggregate the Service Desk Function by June 2021. <p>MJ stated that NWIS have a number of national systems which need to be disaggregated and it is vital to ensure that all organisations are committed to this plan. CWs noted that in order to progress the disaggregation of WPAS, there was a commitment from NWIS that there would be a three-way meeting between SBUHB, CTMHB and NWIS, in early 2021, in order to discuss the disaggregation of WPAS.</p> <p>Members agreed that progress was being made and there were positive outcomes.</p> <p>Members noted the update on the ongoing work in relation to the Disaggregation of ICT Services and the agreement to reduce SLAs by March 2021. Members agreed to endorse the phased approach and to receive a further update at the March meeting.</p>	<p>MJ/CWs</p>

ISSUE	ACTION	LEAD
3.1 Commissioning and Contracting update	Members received the report that was presented by Karen Stapleton.	KS
	Members of the JEG noted that given winter and COVID pressures the services are facing, it wasn't in the best interest for Clinical teams and Service Managers to be completing paperwork in relation to SLAs. Members agreed that each pathway should be looked at on its own merits with pragmatism and on a risk based approach.	
	CW noted that in terms of colorectal that there are still some discussions ongoing which CW flagged as urgent. It was noted that there is an intention to stop referrals into CTM from 31 st December 2020. This issue is being progressed but there are some delays due to operational pressures.	CW
	NL stated that it was essential to take a pragmatic approach when looking at each pathway. It was noted by the JEG members that pathways are changing temporary due to Covid-19 pandemic. NL stated it was if risks emerge then they will be dealt with if and when they emerge.	NL
	SHG queried the potential impact to SBU and how/where this issue is being managed. CW stated that it is being managed through senior colleagues at Morriston and CW is due to meet with Deb Lewis to discuss the issue further.	
	In relation to the Obstetrics SLA, SW noted that there is no change to contractual agreements and financial flows in the current financial year due to block agreement. It was noted by the JEG members that CTM are undertaking work to understand the consequential flows due to changes in ABUHB, and any impact on POWH and Singleton.	SW
	Members noted that in relation to the Obstetrics SLA further work from both organisations was needed in order to understand patient flows.	

ISSUE	ACTION	LEAD
	<p>Actions:</p> <ul style="list-style-type: none"> • CTM to share outcome of the work on flows and the potential impact to POWH and Singleton with SBUHB. • SBUHB to review documentation provided by CTM in relation to patient flows. • DG & SW agreed to meet in Jan-Feb and present update to JEG in March 2021. • It was noted that CWs and Nicola Johnson (NJ) had previously found no formal commission intention had been documented but patient choice is the most significant reason contributor for patient flows. It was agreed that the work conducted by CWs and NJ would be shared with KS. • Both organisations to agree upon the impact of the changes in flows. <p>Members of JEG noted that has been some progress but this issue is yet to be resolved. A further update would be received at the March 2021 meeting.</p>	<p>SW</p> <p>DG</p> <p>SW/DG</p> <p>CWs</p>
<p>3.2 Update on recommencing Services in NPT Hospital</p>	<p>Members received an oral update from CW who advised that as from September 2020 surgery had been reinstated in NPTH (breast, urology, gynae and orthopaedic) and overnight stays for breast patients had been implemented.</p> <p>SW provided an update on the POWH Theatres Fire Enforcement Notice and the possible implications it may have on NPTH. There is a Fire Enforcement Notice on the theatres at POWH which has an end-point of December 2021. Due to Covid-19 pressures the plans are currently delayed. In order to do the work at POWH theatres it would require the entire theatre block being extracted and installing decant theatres whilst building work is undertaken. SW noted that if there is a strategic intent for NPTH to be wholly SBU then CTM would need the</p>	<p>CW</p> <p>SW</p>

ISSUE	ACTION	LEAD
	<p>theatre capacity to respond to such change. CTM are in the process of constructing a SOC which has two options:</p> <ul style="list-style-type: none"> • Option A: Close down the main theatre block, decant the theatres and then conduct the necessary work leaving 6 theatres non HBN compliant. This option would not address CTM being extracted from NPTH. • Option B: Conduct the necessary fire work on the POWH theatres as well as right-sizing the theatre capacity to manage the extraction of CTM from NPTH. Option B places more of a financial burden than Option A. <p>SW noted that the period of work is estimated at around 2 years. If Option B is approved, the JEG members were notified that work would commence in December 2021 and would be completed in December 2023 at the earliest. In turn, this would mean that CTM would only have the capacity to release NPTH, in order for it to sit wholly within SBU, at the start of the 2023/24 financial year.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Members agreed that a draft SOC regarding the Fire Enforcement Notice would be shared between colleagues from both organisations. • Members agreed to ensure that both organisations continue on-going discussions regarding the role of NPTH. 	SW
3.3 Oral update on the future role of NPT Hospital	<p>Members received an oral update from CW on the future role of NPTH. It was noted that the SOC for additional theatres facilities to support the relocation of Orthopaedic services had been shared with CTM at the JMG in December. This has since been submitted to WG. CW provided an update that as of Monday 14th December Orthopaedic surgery will be stood down at NPTH, following a decision at GOLD, for a month, due to pressures associated with COVID-19.</p>	CW

ISSUE	ACTION	LEAD
	Urgent and suspected cancer surgery has been maintained This will be reviewed on a rolling basis.	
3.4 Risk Register	<p>Members of the JEG received an update on the Risk Register and KS advised that some of the risk scores had been increased. Members agreed to the changes in scores and also noted that some of the identified risks were in fact issues.</p> <p>Action:</p> <ul style="list-style-type: none"> Members noted that a further review of the Risk Register was required to ensure that the issues and risks were accurately recorded and to ensure that the Risk Register correlates with the risks on both organisations Health Board's Risk Registers. 	<p>KS</p> <p>KS/JK</p>
4.1 Any Other Urgent Business	Members of JEG did not note any additional urgent business to discuss.	
Date and time of next meeting	Wednesday 10th March 2021, 15:00-17:00	

SWANSEA BAY AND CARDIFF AND VALE

REGIONAL AND SPECIALISED SERVICES PROVIDER PLANNING PARTNERSHIP

27th November 2021

DRAFT ACTION POINTS

ATTENDANCE

Len Richards	Chief Executive, CVU (Items 1 -2)
Richard Evans	Medical Director, SBU
Abigail Harris	Director of Strategic Planning, CVU
Siân Harrop-Griffiths	Director of Strategy, SBU
Stuart Walker	Medical Director, CVU
Chris White	Chief Operating Officer, SBU
Steve Curry	Chief Operating Officer, CVU
Karen Preece	Director of Planning, WHSSC (Items 1 – 5)
Ian Langfield	Associate Programme Director, CVU & SBU

APOLOGIES

Tracy Myhill	Chief Executive, SBU (Chair)
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Welcome and introductions

LR opened the meeting, and welcomed KP, who was attending on behalf of Sian Lewis. LR explained that due to an unforeseen diary clash, he would have to leave early to chair another meeting. AH agreed to take over as chair once LR left. Apologies were received from Tracy Myhill.

1. Major Trauma

CW reported that the Major Trauma Network Delivery Assurance Group had met earlier that week, and that good progress had been made in developing the data set. Whilst there have been some early issues with call centres and repatriation for rehabilitation, the system is working well. KP agreed to touch base with Dr Dindi Gill, to discuss what action is needed to address the blockages in the rehabilitation pathway. KP confirmed that commissioners had been assured by the progress achieved, and the governance arrangements which have been established. SW commented that the network had developed an infogram, which provides a good overview of the service, and suggested that it would be helpful to share this with the group. SW added that there had been some challenges associated with paediatric vascular emergencies, and difficulties with TARN data collection, but progress was being made.

SHG commented on the attendance at recent meetings, and in particular the absence of colleagues from CTM. She explained that this representation was important, as it would minimise the risk of escalating and conflating local issues with regional issues, in particular when considering the deployment of the surge plan. LR confirmed that there Cardiff have a meeting with CTM, and this would be an opportunity to raise this with colleagues. CW added that there are only two COOs present at the last meeting, and this representation needs to be strengthened.

ACTION – IL to circulate the infogram to members.

ACTION – AH to liaise with Dan Phillips to ensure item on attendance at Delivery Assurance Group is on the agenda for next partnership meeting with CTM

2. Thoracic Surgery

SH-G confirmed that fortnightly meetings were continuing between the two services, with both services using the joint tracker, and the regional MDT was continuing to review and expedite patients across services based on clinical priority. There has been an issue with theatre staffing in recent weeks in Morriston, as staff have been redeployed to support Covid activity.

SH-G provided an update on the SOC, the clinical model has been signed off, and finance teams from Cardiff, Swansea and WHSSC are working through the financial model. The aim is to submit to Board in February. SW explained that part of the challenge was related to untangling thoracic training from cardiac training. He confirmed that he had been in discussion with Dr Tom Lawson, at Health Education and Improvement Wales, regarding the need to disaggregate training going forward. KP suggested using the 2019 SCTS guidance as the basis on which to agree a clinical model, as this confirmed that it was possible to use a mixed approach. RE commented that the collaboration between the two services appeared to be working well. SH-G added that the operational team had asked whether it was possible to ensure consistent WHSSC attendance at the meeting. KP agreed to raise with the Mr Kerryn Lutchman-Singh.

LR handed over the chair to AH, as he prepared to leave the meeting.

ACTION – KP to discuss attendance at fortnightly meetings with Mr Kerryn Lutchman-Singh.

LR left the meeting.

3. Update from WHSSC

KP explained that WHSSC are keen to explore how they can further develop their support for the partnership, and that they will continue to liaise with IL.

SH-G suggested that it would be helpful to pick up the outcome of the recent provider meeting with WHSSC. KP replied that cleft lip and palate surgery is the biggest area of concern for commissioners, however, following a recent meeting with NHS England, she was optimistic that there could be some support with capacity. RE explained that the rate limiting factor is theatre availability and theatre staffing. The unit is exploring weekend working, but this would be for lips, and not palates. SC replied that Cardiff should be able to support theatre space, and CW suggested that Mike Bond should liaise to Deb Lewis to arrange. CW explained that the surgeon will be able to travel, but the unit will need to ascertain the level of nursing support available. AH asked how quickly this can be done. SC replied that he will get correspondence going over next week.

KP informed members that there was significant underspend in the WHSSC plan, and the Joint Committee were happy to consider options for using in year, and will be considering proposals in a few weeks. Stuart Davies picking up issue of weekend pay with Darren Griffiths. SC asked for a progress update on the possibility of outsourcing cardiac surgery to Stoke. KP confirmed that Stoke is keen to support, and agreed to provide a further update to SC.

ACTION – SC to ask Mike Bond to liaise with Deb Lewis

ACTION – KP to provide update on outsourcing cardiac surgery

4. Spinal Surgery

IL provided an update on the spinal surgery project. Since the last meeting a workshop had been held on MS Teams to launch the project. There had been over 70 attendees in the workshop,

including representatives from the British Association of Spinal Surgeons, British Orthopaedic Association, Royal College of Surgeons and the Society of British Neurological Surgeons. Following the meeting, two regional working groups had been established, and had held their first meetings. Mr Iqroop Chopra is leading the South East working group, and Mr Navin Verghese is leading the South West working group. The two groups are reviewing and making recommendations on the clinical pathways for a range of spinal pathologies, and proposed network arrangements for each region.

SW commented that it was reassuring to see such a high level of consensus on the clinical model for spinal surgery in South and West Wales, but commissioning support would be essential once the project has concluded, and the recommendations have been published. RE confirmed that the project was making good progress. The group discussed the need to ensure for establishing appropriate commissioning arrangements for this service, and SH-G and AH recommended that the papers should be shared with Directors of Planning with a supporting presentation.

SW and RE updated the group following their recent discussion with Mr David Cumming, Chair of the NHS England Spinal Services Clinical Reference Group. SW commented that whilst colleagues from the professional societies had been very generous with their time and support for the project, it was important not to over commit them at this stage of the project, as there was a high level of consensus with the clinical model. It was agreed that their advice would be valuable in informing the development of the commissioning model, but they should not be required to attend the Project Steering Group as members. RE and SW to consider and advise on the most appropriate way to engage with professional societies on the project.

The group reviewed the PSG terms of reference, and approved with the following additions to the membership:

- Chairs from the regional working groups
- Operational leads from the spinal surgery services

The group reviewed and approved the Project Initiation Document.

ACTION – IL to update the PSG membership

ACTION – IL to circulate papers to DoPs and develop short presentation

5. Hepato Pancreato Biliary Services

IL provided a brief update on HPB services, and the progress of the service specification. The draft specification is almost complete, and scheduled to be issued for consultation with key stakeholders in mid-December.

Throughout the development of the service specification, the group had identified a number of significant commissioning gaps, including:

- Pancreatic surgery
- HPB emergencies (Bile duct injury, liver abscesses and trauma)
- HCC MDT
- Transarterial chemoembolization (TACE)
- EUS guided drainage of pancreatic collections/necrosis
- Transjugular intrahepatic portosystemic shunt (TIPS)
- Dietetics, Physiotherapy and OT support

It is also recognised that there are challenges with access to access to 24/7 vascular interventional radiology for pancreatic surgery.

IL explained that in the absence of meaningful commissioning engagement with the service over the last decade, it had been difficult for the service to address these key deficits. The one exception is the liver cancer surgery service which is commissioned by WHSSC, against a clear service specification. IL emphasised the importance of ensuring Health Boards were aware of the challenges within the service, and the need to develop an appropriate commissioning framework. Following discussion, it was agreed that IL would prepare an update for TM and LR to take to the next meeting of the Collaborative Executive Group.

SH-G suggested that it would be helpful to provide an update to DoPs, alongside the spinal surgery update.

ACTION – IL to prepare a short update for TM and LR

ACTION – IL to develop a short presentation for Directors of Planning meeting

KP left the meeting.

6. Oesophageal and Gastric Cancer Surgery

IL provided an update on discussions with the CHCs on the engagement model for OG cancer surgery. IL explained that he had attended the Board of CHCs Joint Planning Committee, and a recent meeting of their Senior Management Team. He had also attended the Swansea CHC Service Planning Committee, and is scheduled to attend the Cardiff CHC Service Planning Committee in the next few weeks. A further meeting is scheduled with AH and SH-G and the engagement leads from both Health Boards to discuss next steps.

RE provided an update on the current situation in Swansea. The SB surgeon is currently not in work, and it is not clear when they will return. As a consequence support has been sought from the service in Cardiff.

He explained that the CTM surgeon also unavailable for work, and that temporary arrangement which had been established for him to operate at Morriston, was never intended to be long term. In view of the absence of the CTM surgeon, and a number of additional factors, he confirmed that he would be meeting with the CTM medical director to discuss the repatriation of patients.

SHG added it would be necessary to inform the CHCs of the current situation, and impact on the ongoing work.

ACTION – IL to provide briefing following meeting with AH and SH-G

7. Regional and Specialised Services Provider Planning Partnership

IL presented the Memorandum of Understanding (MoU), which had been developed with support from Committee Secretaries. He explained that the principles of working, agreed at the last meeting of the RSSPPP, have been embedded in the document. The group reviewed the MoU, and decided that no further amendments were necessary. It was agreed that the document should be taken through Cardiff and Vale Management Executive meeting, and the Swansea Bay Senior Leadership Team meeting for formal approval.

ACTION – IL to liaise with Committee Secretaries to ensure MoU submitted to the appropriate committees for approval.

8. Tertiary Services Strategy

IL provided an update on the Tertiary Services Strategy (TSP). Work has advanced in Swansea, following the appointment of Mr Navin Verghese as clinical lead for the project. A Teams site has been established and work is underway to review and update the baseline assessment, and to develop the SWOT analysis and vision statement.

AH explained that the TSP would need to be picked up as part of the renewed focus on the CSP.

ACTION – IL and Mr Navin Verghese to meet with SH-G and RE to discuss the TSP.

9. Interventional Radiology in South and West Wales

IL explained that since the last meeting, he had held discussions with colleagues in the NHS Wales Health Collaborative and WHSSC, regarding the development of a strategy for interventional radiology in South and West Wales. However, it was clear that neither organisation was able to support this work.

IL to pick up with Matt Temby and Lee Davies as following discussion with WHSSC, it had been agreed that Cardiff would appoint a project lead to progress the work on interventional neuroradiology for South and West Wales.

ACTION – IL to discuss possibility for supporting a project lead with Matt Temby and Lee Davies

10. COVID-19 – Impact on RSSPPP Work Programme

Following a brief discussion, it was decided not to suspend any of the RSSPPP work streams at this time. It was agreed that it would be important to keep this under review, and consider at the next meeting.

11. Any Other Business

IL explained that it had not been possible to make further progress with paediatric neurology, as OD capacity was limited. SH-G and RE to raise discuss with the interim Executive Director for Workforce and OD.

SH-G informed the group that they were preparing a letter to Simon Dean on partnership work, and suggested that it would be helpful to submit a joint letter.

CW commented that the attendance of WHSSC at the meeting had been useful, and it would be helpful to structure future agendas to facilitate their input at future meetings.

Action. SH-G to share draft letter with AH

12. Next Meeting

IL confirmed that the next meeting was scheduled for the 22nd January 2021 via Microsoft Teams.

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	19 November 2020
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	

The full agenda and accompanying reports can be accessed on our website.

- 1. Medical Examiner Service** – Andrew Evans, Programme Lead for this service provided an update. All four Medical Examiner Service Regional Hub Offices are now operational, with the potential capacity to undertake the scrutiny of around 12,000 deaths per year. This represents 40% of all deaths in Wales and 75% of those that occur in acute hospital settings. The service has already covered some primary care deaths in addition to those in hospitals. The main challenge to the operation of the service is the need for timely digital access to the patient's medical records and particularly that relating to the last episode of care. This can either be facilitated through direct access to local digitised records or alternatively through receiving scanned copies via e-mail. The current issue stems not from a lack of support at the corporate level from Health Boards and Trusts, but more that this support has not been communicated to those departments whose direct help is required in accessing this information. It was agreed that this issue would be taken back through Medical Directors who are meeting on 20 November. A proposal has previously been put forward that has been agreed in principle by the Medical Directors.
- 2. Laundry Service** – Neil Davies, Director, Specialist Estate Services and Ian Rose, Head of NWSSP Programme Management Office, provided an update. The business case was approved by Welsh Government Capital Infrastructure Board last week and is now with the Minister for final endorsement. There is now much to do with the next key milestone being the TUPE arrangements for Laundry staff to transfer to NWSSP by April 2021. The focus will be on migrating the existing services into NWSSP in a seamless manner, in order to minimise disruption to the existing services, and ensuring the laundry service continues to operate "as is" from April 1st 2021. Ian Rose set out a timeline for the remainder of the activity which is scheduled to complete in 2024. We will now be looking to appoint a Programme Lead to ensure the seamless transfer

of the service.

3. Welsh Language – Non Richards, Welsh Language Officer, NWSSP, set out the conclusions from the recently published Annual Report of the Welsh Language Commissioner, and matched these to the progress with the Welsh Language within NWSSP. Good progress has been made both in terms of training staff and in translating documents, although COVID has had a significant impact. All web pages, documentation, signage and posters have been translated, and work has been undertaken within Procurement to ensure that Invitations to Tender can be made available in Welsh where required. Progress has also been achieved with translating job descriptions on an all-Wales basis, but this has been slower than expected. This is not due to issues with translation, but rather within Workforce where the job descriptions need to be both standardised and made more concise. Workforce colleagues in the Committee recognised this concern, and further efforts were agreed to address it.

4. Chair's Update

The Chair and Managing Director had recently attended the Cwm Taf Morgannwg UHB Board meeting to update on developments within Shared Services. Although having only a short timeslot on the agenda, the update was well received. MF requested that all Health Boards, Trusts and Special Health Authorities should be extending similar invitations to herself and NF to present to them, even if only for a short time. The Chair also highlighted the recent Honours awards where two members of our staff had been recognised for their response to COVID.

5. Managing Director's Update

The Managing Director updated the Committee on a range of items including:

TRAMS – Following the Committee's approval of the Programme business case at the September 2020 meeting, the case was submitted to Welsh Government for formal scrutiny. Several queries have been raised as part of the 1st phase of the scrutiny process and are currently being reviewed. The main discussion items relate to transitional funding and the revenue required to cover the gaps in the initial set-up phase. A further meeting was held recently with Welsh Government colleagues to review the business case in more detail. As a result of this, there are some required changes to the financial details which will then be re-submitted to Welsh Government in January with a view to it being taken through the Infrastructure Investment Board later in the month. The programme therefore remains on track for an April 2021 implementation.

IP5 - Work continues and is progressing well on the build of the two laboratories to support the needs of both PHW and the UK Lighthouse Project. Discussions are on-going with Welsh Government with regards to the Strategic Outline Case that has been previously approved by the Committee. Welsh Government have also agreed to cover the running costs of the facility for the current financial year as part of the overall COVID and BREXIT contingency arrangements. News is awaited on further capital allocations to cover the costs of additional roller-racking for increased stock holding

requirements.

Temporary Medicines Unit - The accreditation of the Unit has been achieved with the Contractors now fully signing the new build across to NWSSP. Testing is on-going but should be fully complete by the end of November. Work is ongoing with relevant stakeholders to ensure that all appropriate processes are in place and to determine the revenue requirements post the current financial year should the facility still be required. MHRA approvals are awaited with visits to be undertaken in mid-December after which the first product should be available for distribution to Heath Boards. Discussions are ongoing with Velindre concerning their requirements for assurances regarding their host status.

Welsh Risk Pool Committee – The Committee agreed that the Digital Health & Care Wales SHA should become a member of the Welsh Risk Pool Committee with effect from 1 April 2021.

Staffing Changes – Paul Thomas has retired as Director of Employment Services, and the functional responsibilities for the Directorate are now the responsibility of Gareth Hardacre, Director of Workforce and OD. Recruitment is currently underway to appoint a Director of Planning and Performance which will be a new role for NWSSP.

6. Items for Approval

Operational Plan Update – The NWSSP Winter Plan, setting out planned activities for Q3 and Q4 was submitted to Welsh Government in mid-October. A meeting with the Finance Delivery Unit took place on 2 November 2020 to review in depth income streams and revenue and capital expenditure assumptions. A meeting with the Welsh Government Planning team is anticipated in the next few weeks. Q3 and Q4 presents in many ways an even greater challenge than earlier quarters, as NWSSP continue to deliver services through new ways of working, re-focus on planned service improvements for 2020-21, and support customers during the winter months whilst still living with the COVID-19 pandemic. However, the Senior Leadership Team believe NWSSP is well placed to meet the challenge.

Welsh Government has yet to issue planning guidance for 2021-2024. However there is an indication that a one year operational plan may be required for 2021-22 rather than a three year IMTP. As agreed with the SSPC in September, there is a strong case to continue with the principal of a three year Strategic Plan alongside a more detailed Operational Plan for 2021-2022. We have therefore begun our planning process, inviting all Divisions to:

- Reflect and Engage;
- Adapt and Change; and
- Think SMARTer.

A Staff Engagement event is planned for the afternoon of December 17 to progress this and all Committee members are encouraged to attend where possible.

The Committee **NOTED** the update and **endorsed** the Q3 & Q4 plan

Clinical Waste – An update was provided on the current situation with clinical waste contracts across NHS Wales.

COVID19 has caused the type, make up and volumes of clinical waste to shift markedly. A primary reason has been an unprecedented increase in the amount of disposable PPE being used. This has had a dual effect of increasing volume of waste created, but also (due to its often bulky and lightweight make-up) has significantly reduced the average weight of each waste container.

Following detailed discussion regarding the options available to NHS Wales at this time, the Committee agreed to an outline proposal contained within the report and asked for NWSSP colleagues to continue working with Local Health Board leads to address any areas of concern,

The Committee **APPROVED** this proposal.

Primary Care Workforce Sustainability - Following 'A Healthier Wales' and its adoption under the Primary Care Model for Wales, a critical component of modernising the primary care workforce infrastructure is understanding the workforce demographic and acting quickly to recruit into the multi-disciplinary teams. NWSSP-Employment Services is facilitating the implementation and management of a number of sustainability tools. The programme is sponsored and funded by Welsh Government. The various tools have been developed and implemented on a phased basis as follows:

- Phase 1 - Implementation of a secure web-based tool developed to capture practice staff information for all General Practices.
- Phase 2 – Creation of GP Wales website to enable Practices to advertise permanent GP workforce vacancies across NHS Wales.
- Phase 3 – Establishment and operation of the Scheme for General Medical Indemnity (GMPI) by Legal & Risk Services.

To assist with the management of the GMPI Scheme, NWSSP L&R requires swift access to workforce information. To address this, an open tender process was undertaken with the requirement of an on line tool to facilitate data capture as well as providing benefits to Practices in Wales with the management of Locum shifts. This part of the online portal is known as Locum Hub Wales. Going forward, Welsh Government have identified the opportunity to extend the development of the Locum Hub Wales to provide additional support to the OOH/111 Service.

The Committee:

- **NOTED** the update on progress with the Primary Care Sustainability programme.
- **ENDORSED** the proposed next steps to work with the OOH and 111 Service

to adapt the Locum Hub and develop a new portal to support those services.

7. Project Updates

The Committee reviewed the Programme and Projects Highlight Report. There is one project (Student Awards Service) where the risk rating is currently red, but the Committee was reassured that existing systems in this area remain robust and viable.

8. Governance, Performance and Assurance

Finance & Workforce Report - As at the end of September 2020, NWSSP were reporting a break-even position. Welsh Government has been invoiced for £2.2m for Q1 COVID expenditure and confirmed the funding for Q2 expenditure of £1.66m. Funding for future periods, however, has not been guaranteed, with total COVID operational costs forecast to exceed £8m for the full financial year. An additional distribution to NHS Wales and Welsh Government of £1.250m will be made in 2020/21 bringing the total distribution to £2.000m which is in line with 2019/20. However, the charges imposed by the Department for Health & Social Care for the operation of the ESR contract are being significantly increased, resulting in a potential additional cost of £939k in the current financial year which will need to be recharged to Health Boards and Trusts. Reference was also made to the STRAD CIP fund which stood at £1m and would need to be redistributed to Health Boards and Trusts in the event that it was utilised in this financial year.

Audit Wales Management Letter – The Committee reviewed the Management Letter which provides independent assurance of the integrity of the systems operated by NWSSP to support and provide services to NHS Wales. The Management Letter is very positive with no significant concerns raised.

Corporate Risk Register – There are four red risks on the register relating to:

- the replacement of the NHAIS system which has had some technical difficulties due to COVID but is still on-track to go live with parallel running now underway;
- the potential impact on services and supplies in the event of a no-deal BREXIT;
- the need to replace the Ophthalmic Payments system where work is ongoing to develop an in-house system but contingency arrangements are in place to cover any delays; and
- the implications for the financial position if NWSSP are not fully funded for all COVID-related expenditure.

BREXIT Risk Assessment

The NWSSP BREXIT Risk Assessment has been reviewed and updated where necessary, including from lessons learned and actions taken in response to, COVID-19. The NWSSP BREXIT Mobilisation Team is meeting on a regular basis to consider the risks. For now, despite much work taking place in terms of

building up stock levels, the current level of risk in the supply chain is shown as very high. This is due to the political factors outside of NWSSP control. It is hoped that the measures that have been put in place will reduce the impact of any disruption, but this will obviously also be significantly impacted by the position with COVID and the potential for an effective vaccine.

9. Items for Information

The following papers were provided for information:

- Health & Safety Annual Report 2019/20
- Welsh Language Annual Report 2019/20;
- Audit Wales – Review of Nationally Hosted Systems;
- NWSSP Audit Committee Annual Report 2019/20;
- NWSSP Audit Committee Highlight Report October 2020;
- Counter Fraud Annual Report 2019/20; and
- Finance Monitoring Reports (August & September 2020).

10. Any Other Business

There were no further items discussed.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting

21 January 2021

DATED

MEMORANDUM OF UNDERSTANDING

IN RELATION TO

REGIONAL AND SPECIALISED SERVICES PROVIDER PLANNING

between

SWANSEA BAY UNIVERSITY HEALTH BOARD

And

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

THIS AGREEMENT is dated

PARTIES

- (1) **Swansea Bay University Health Board** of 1 Talbot Gateway, Baglan Energy Park, Port Talbot, SA12 7BR (**SBUHB**).
- (2) **Cardiff and Vale University Health Board** of Woodland House, Maes y Coed Road, Llanishen, Cardiff, CF14 4TT (**CVUHB**).

1. BACKGROUND

- 1.1 SBUHB and CVUHB have agreed to work together on the project detailed in Annex A (**Project**). A Regional and Tertiary Services Provider forum will be established between SVUHB and CVUHB to provide a forum between the two organisations to develop a shared view of how to deliver sustainable specialised services across the two tertiary centres in South Wales in the future. The forum will ensure that a collaborative relationship between the two providers is maintained to deliver the best quality and outcomes of care possible to patients.
- 1.2 The forum would seek to develop shared plans to ensure the sustainability of specialised services into the future. This will change the way specialised services are delivered including location of services, changes to the commissioning arrangements and new forms of service delivery between the authorities via networking arrangements.
- 1.3 The parties wish to record the basis on which they will collaborate with each other on the Project. This Memorandum of Understanding (**MoU**) sets out:
 - (a) the key objectives of the Project;
 - (b) the principles of collaboration;
 - (c) the governance structures the parties will put in place; and
 - (d) the respective roles and responsibilities the parties will have during the Project.

2. KEY OBJECTIVES FOR THE PROJECT

- 2.1 The parties shall undertake the Project to achieve the key objectives set out in Annex A to this MoU (**Key Objectives**).
- 2.2 The parties acknowledge that the current position with regard to the Project and the contributions already made (financial and otherwise) are as detailed in the Annex A to this MoU.

3. PRINCIPLES OF COLLABORATION

The parties agree to adopt the following principles when carrying out the Project **(Principles)**:

- (a) collaborate and co-operate. Establish and adhere to the governance structure set out in this MoU to ensure that activities are delivered and actions taken as required;
- (b) be accountable. Take on, manage and account to each other for performance of the respective roles and responsibilities set out in this MoU;
- (c) be open. Communicate openly about major concerns, issues or opportunities relating to the Project;
- (d) learn, develop and seek to achieve full potential. Share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;
- (e) adhere to statutory requirements and best practice. Comply with applicable laws and standards including applicable procurement rules, data protection and freedom of information legislation.
- (f) manage stakeholders effectively;
- (g) deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoU. and
- (h) act in good faith to support achievement of the Key Objectives and compliance with these Principles.

4. PROJECT GOVERNANCE

4.1 Overview

The governance structure defined below provides a structure for the development and delivery of the Project.

4.2 Guiding principles

The following guiding principles are agreed. The Project's governance will:

- (a) provide strategic oversight and direction;
- (b) be based on clearly defined roles and responsibilities at organisation, group and, where necessary, individual level;
- (c) align decision-making authority with the criticality of the decisions required;
- (d) be aligned with Project scope (and may therefore require changes over time);
- (e) leverage existing organisational, group and user interfaces;

- (f) provide coherent, timely and efficient decision-making; and
- (g) correspond with the key features of the Project governance arrangements set out in this MoU.

4.3 **Regional and Specialised Services Provider Planning Forum (RSSPPF)**

- (a) The **RSSPPF** provides overall strategic oversight and direction to the Project. This forum will consist of:

SBUHB: Chief Executive Officer, Chief Operating Officer, Executive Medical Director, Executive Director of Strategy

CVUHB: Chief Executive Officer, Chief Operating Officer, Executive Medical Director, Executive Director of Planning
- (b) The RSSPPF shall be managed in accordance with the terms of reference set out in Annex B to this MoU.
- (c) The RSSPPF will provide strategic management at Project and workstream level. It will provide assurance to SBUHB and CVUHB that the Key Objectives are being met and that the Project is performing within the boundaries set by the RSSPPF.
- (d) The RSSPPF shall have responsibility for the creation and execution of the project plan and deliverables, and therefore it can draw technical, commercial, legal and communications resources as appropriate into the RSSPPF.

4.4 **Reporting**

- (a) The forum would be working on behalf of both Health Boards and would report into each via appropriate committees and operational groups on a regular basis (Operational Group Meetings and Strategy and Delivery Committee for CVUHB and Senior Leadership Team for SBUHB).
- (b) The outputs from the forum will inform discussion with the WHSSC Joint Committee by the two CEOs to keep the WHSSC partners informed and involved when needed.
- (c) Where specialised services are not WHSSC commissioned, we will discuss, where appropriate, with other Chief Executives through the NHS Wales Health Collaborative Executive Group.

5. **ESCALATION**

- 5.1 If either party has any issues, concerns or complaints about the Project, or any matter in this MoU, that party shall notify the other party and the parties shall then seek to resolve the issue by a process of consultation. If the issue cannot be resolved within a

reasonable period of time, the matter shall be escalated to the RSSPPF, which shall decide on the appropriate course of action to take.

- 5.2 If either party receives any formal inquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to the Project, the matter shall be promptly referred to the RSSPPF (or its nominated representatives). No action shall be taken in response to any such inquiry, complaint, claim or action, to the extent that such response would adversely affect the Project, without the prior approval of the RSSPPF (or its nominated representatives).

6. INTELLECTUAL PROPERTY

- 6.1 The parties intend that any intellectual property rights created in the course of the Project shall vest in the party whose employee created them, or in the case of any intellectual property rights created jointly by employees of both parties the rights shall be held jointly.
- 6.2 Where any intellectual property right vests in either party in accordance with the intention set out in clause 6.1 above, that party shall grant an irrevocable licence to the other party to use that intellectual property for the purposes of the Project.

7. TERM AND TERMINATION

- 7.1 This MoU shall commence on the date of signature by both parties, and shall expire on receipt of not less than three months' notice in writing from either party.

8. VARIATION

This MoU, including the Annexes, may only be varied by written agreement of the RSSPPF.

9. CHARGES AND LIABILITIES

- 9.1 Except as otherwise provided, the parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU.
- 9.2 Both parties shall remain liable for any losses or liabilities incurred due to their own or their employee's actions and neither party intends that the other party shall be liable for any loss it suffers as a result of this MoU.

10. STATUS

- 10.1 This MoU is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this MoU. The parties enter into the MoU intending to honour all their obligations.

- 10.2 Nothing in this MoU is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party as the agent of the other party, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

11. GOVERNING LAW AND JURISDICTION

This MoU shall be governed by and construed in accordance with English law and, without affecting the escalation procedure set out in clause 5, each party agrees to submit to the exclusive jurisdiction of the courts of England and Wales.

Signed for and on behalf of **SWANSEA
BAY UNIVERSITY HEALTH
BOARD**

Signature:

Name:

Position:

Date:

Signed for and on behalf of **CARDIFF
AND VALE UNIVESITY HEALTH
BOARD**

Signature:

Name:

Position:

Date:

Annex A. The Project

Project overview

To support the establishment of a regional and tertiary service provider forum to undertake a joint, high-level review of specialised service provision across South Wales with a view to identifying a shared approach on the delivery of Specialised Services for the future, and to identify the priority areas where a collaborative approach will address current service risks associated with service sustainability to deliver the best quality and outcomes of care possible to patients.

The Key Objectives

- (a) Our specialised services must be underpinned by a clear commissioning framework – including service specifications, commissioning policies, referral pathways, etc.
- (b) Our specialised service models must be both clinically and financially sustainable and resilient, using a value based healthcare approach to deliver high quality patient experiences, care and outcomes.
- (c) Our specialised service models must be underpinned by a sustainable workforce plan, which recognises skills and workforce availability, and provides appropriate training opportunities and access to research.
- (d) Our specialised services should deliver care as locally wherever possible, and services should only be centralised where necessary.
- (e) Service users should receive the same level of care wherever they access specialised services across the region.
- (f) We should not be constrained by past thinking, we should work collaboratively with all stakeholders to develop patient centred, clinically described models, which can inform future commissioning decisions.
- (g) Our specialised services should work synergistically to ensure equity of access across South Wales- recognising where there are differences and similarities between services.
- (h) Our specialised services should aspire to achieve UK standards and specifications.

Annex B. Specialist Services Forum - Terms of Reference

1. Purpose

The Regional and Tertiary Services Provider Forum between SBUHB and CVUHB has been established to provide a forum for the two organisations to develop a shared view about how best to deliver sustainable specialised services across the two tertiary centres in South Wales in future. This is not about replacing the commissioning process for these services, rather, ensuring collaborative relationships between the two providers to deliver the best quality and outcomes of care possible to patients.

2. Scope

In order to inform the work programme, a high level review of the current provision of regional and tertiary (specialised) services is required to identify those services which are most at risk due to service sustainability issues (either workforce, patient population critical mass to meet standards, or below peer outcomes). In parallel with this, the Health Boards should identify one or two critical services where urgent collaboration is required to deliver improvements to test the approach. The forum would seek to develop shared plans to ensure the sustainability of services into the future. This may result in needing to change the way services are delivered. This could include the location of services, changes to commissioning arrangements, and new forms of service delivery between organisations via networking arrangements. Any changes to services would be subject to commissioner agreement and appropriate engagement and consultation processes.

It is recognised that a high level plan for tertiary services that would emerge from the work of the forum would need to inform and be informed by WHSSC's commissioning intentions, and the local clinical services plan of both SBUHB and CVUHB.

3. Membership

The forum will be made up of CEO's, Executive Directors of Strategy/Planning and Medicine and Chief Operating Officers from each organisation in the first instance with the Managing Director and Planning Director of WHSSC invited to attend the meetings where appropriate. Senior clinical and operational leaders from the tertiary service providers may also be invited to attend as appropriate.

4. Reporting Arrangements

The forum would be working on behalf of both Health Boards and would report into each Health Board via appropriate committees of the respective Boards on a regular basis (Strategy and Delivery Committee and Operational Meetings for CVUHB and Senior Leadership Team and directly to the Board for SBUHB).

The outputs from the forum will inform discussion with the WHSSC Joint Committee by the CEO's of each Health Board to keep WHSSC partners informed and involved when needed.

Where specialised services are not WHSSC commissioned we will discuss, where appropriate, with other Chief Executives through the NHS Wales Collaborative.

5. Meeting Arrangements

The forum will meet on a monthly basis for the first three months and bi-monthly thereafter.

Meetings will be held on MS Teams, with the host organisation CEO chairing. The secretariat function will be provided by the Associate Programme Director for Tertiary and Specialist Services Planning Partnership.