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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	30 July 2020	Agenda Item	3.2
Report Title	Joint NHS Partnership and Commissioning Update Report		
Report Author	Nicola Johnson, Interim Assistant Director of Strategy		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides an update on the issues for SBUHB arising out of the partnership and commissioning meetings which have taken place with other NHS organisations since the Board last met.		
Key Issues	<p>The paper provides an update on our work to plan, commission and deliver services through the following joint arrangements:</p> <ul style="list-style-type: none"> • Welsh Health Specialised Services Committee (WHSSC) • Emergency Ambulance Services Committee (EASC) • NHS Wales Collaborative Executive Group • SNUHB/HDUHB interface and ARCH Service Transformation Group • Joint Executive Group with Cwm Taf Morgannwg UHB • Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB • NHS Wales Shared Services Partnership. 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the update on the Health Board's joint NHS partnership and commissioning arrangements. 		

JOINT NHS PARTNERSHIP AND COMMISSIONING UPDATE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

All formal partnership arrangements were paused during the early stages of the pandemic but have gradually been reinstated. Most meetings currently have lighter agendas and focus on urgent issues.

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 12 May and the Minutes are attached on AdminControl (as part of the July Agenda bundle). The issues of interest to SBUHB are:

- **Independent Sector Hospital Services** - The commissioning of capacity from the Independent Sector as part of the response to Covid-19 through WHSSC was reviewed and recommendations were discussed in the 'In Committee' session.
- **Delivering Specialised Services during the Covid-19 Outbreak** – the assurance report was noted as well as the process whereby specialised services that need to be maintained within the overall Essential services agenda were highlighted.
- **Adult Thoracic Surgery** – the Committee ratified the decision made in July 2019 regarding investment in the Consultant workforce to support the Major Trauma centre.

3.2 EASC Joint Committee

This report provides an update on the EASC Joint Committee meeting held on 12th May and the 'Unconfirmed' Minutes are attached at Appendix 1.

The main issues to note are:

- **EMRTS Commissioning Intentions** – a refresh is almost complete and will be provided in July.
- **Ministerial Ambulance Availability Taskforce** – members advised it would be useful to restart this work.
- **Demand and Capacity Review** – it was noted this work has been retained as a priority by WAST throughout the pandemic response period and recruitment into the additional post has been ongoing via virtual methods.

3.3 NHS Wales Collaborative Executive Group

The last NHS Wales Collaborative Executive Group was held in June but minutes or action notes are not yet available and the Board will be updated at the September meeting. The previous meeting took place on 19th May as a joint meeting of the Collaborative Executive Group and the Chief Executives' Management Team and the minutes are attached at Appendix 2.

The main issue to note is:

- **Informatics Systems** - Agreement in principle was given to revised funding arrangements for a critical care clinical information system from the majority of organisations and an update was received on the all-Wales maternity informatics systems and radiology informatics system re-procurement.

3.4 SBUHB/HDUHB interface and ARCH Service Transformation Group

An informal SBUHB and HDUHB Regional Meeting took place on 7th July to discuss regional matters relating to strategic change and the COVID-19 response. Draft minutes are on AdminControl.

The main issues that were discussed were:

- **Sharing Strategic Change Plans** – SBUHB gave an update on the work around the Acute Medical Services Redesign and the plans to explore using Neath Port Talbot Hospital site as an Orthopaedics centre. It was agreed to link in the surgical redesign with HDUHB's work around Prince Philip Hospital.
- **ARCH Service Transformation** – this is described in more detail below.
- **Field Hospitals** – it was agreed to have a separate meeting to scope out whether there is potential for a regional field hospital including a regional workforce model.
- **Essential Services** – it was agreed to share lessons learned in responding to the pandemic and to discuss a regional approach for routine cancer demand as well as the Community Diagnostic Hubs.
- **Digital**– it was agreed that the Digital teams in both Health Boards have developed their modelling capabilities in response to the pandemic. It was agreed to share the learning on demand/capacity modelling.

- **Regional CT Scanner** – it had been very recently agreed that there would be a regional CT scanner sited at Glangwili Hospital in Carmarthen in Quarter 2 and the operational teams will meet to agree how this will be used.

The ARCH Service Transformation Group has not met since 5th March 2020, and all Clinical Service projects were put on hold during the COVID period. In the last month however, in line with Health Boards' plans to deliver essential services, regional discussions have commenced in the following areas:

- **Eye Care** - a workshop was planned pre COVID to understand opportunities and develop a vision for future regional working. This is now being held on 24th July and glaucoma services are being considered as a priority.
- **Dermatology** - a planning workshop was held pre-COVID, and a comprehensive regional work plan was agreed in March 2020. The Clinical Lead for Dermatology in SBUHB has retired during this period and will return in August when the work plan will be revisited and priorities determined.
- **Neurology** – during the COVID period clinical teams had to be innovative in delivering their care and seeing patients and families remotely, running groups remotely, doing webinars and developing a support website. These important lessons learnt are being incorporated into the the business case for Functional Neurological Disorders.
- **Research, Enterprise and Innovation** – during the COVID period work has continued in a number of key areas. A full briefing on this aspect of ARCH is included at Appendix 4.

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

The Joint Executive Group between Swansea Bay UHB and CTM UHB met on 12th June and the draft notes are available on AdminControl. The main issues for the Health Board to note are:

- **Obstetrics flows** – due to the disruption of COVID-19 this LTA issue still requires resolution.
- **Surgery at Neath Port Talbot Hospital (NPTH)** – A discussion was held on the risks and benefits around surgery at NPTH in the short term. Both Health Boards expressed some urgency around re-starting surgery on the site, whilst noting the difficulties. It was agreed an urgent meeting to be held between the service leads to scope out the possibilities. The longer term vision for the site will be scoped out in line with future IMTP timelines.
- **Field Hospitals** - A constructive discussion was held on the possibility of a joint regional response regarding the use of the Field Hospitals. It was agreed that the two Directors of Finance would scope whether there is any benefit from a financial point of view. If it appears there is merit in pursuing a joint model, the Directors of Planning/Strategy will hold a further conversation about aligning Operational Plans where appropriate.
- **Mortuary transfer** – the mortuary transferred to CTM UHB by the end of April as agreed at the meeting in January.

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 12th June and the draft minutes are on AdminControl. The main items for SBUHB under discussion were:

- **Thoracic Surgery** – the group discussed the low acceptance rates for thoracic surgery, in the South West, during the COVID-19 pandemic. It was agreed to arrange a bilateral meeting between the two providers to ensure that there was a consistent approach which aligned with the latest Welsh Government guidance on ethics and consent.
- **Tertiary Services Strategy** - the group approved a proposal to undertake a rapid reassessment of the risks within each of the tertiary services, including an assessment of the impact of COVID-19 against the following domains:
 - Impact on patient care (patient selection, care, and outcomes, etc.)
 - Impact on service (service model, efficiency, workforce, etc.)
 - Implications for future delivery (opportunities to change service delivery)
- **Oesophageal and Gastric Cancer Surgery** – the group discussed the impact of the COVID-19 pandemic on the provision of surgery over the last few months. An update was provided from the recent workshop, at which it had been agreed that a virtual regional MDT would be established to ensure a consistent approach to managing and prioritising patients, as both organisations resume surgery. An update will be provided at the next meeting of the RSSPPP.
- **Spinal surgery** – the group received a presentation on the SBUHB spinal surgery service, setting out the impact and learning from the COVID-19 pandemic, and the actions required in order to ensure that the service is able to manage demand as activity levels return to normal. Based upon the experience over the last few months, consensus had been reached at a clinical level on the service model required to deliver a comprehensive service for South West Wales. A series of further meetings have been arranged with Hywel Dda and lead clinicians from both services, in order to assess whether there is support for the proposed service model, and to agree the best way to take this work forward.

3.7 NHS Wales Shared Services Partnership (NWSSP) Committee

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

- **PPE** - A formal request was received from the Welsh Local Government Association asking for an agreement regarding the procurement and distribution of PPE products to them and it was agreed NWSSP will respond positively to this request, as long as the appropriate funding is in place
- **NHSWSSP Achievements** - A report was presented that detailed the achievements of NWSSP in recent months and it was requested to share this with Health Boards.
- **Temporary Medicines Unit** - Welsh Government has requested an immediate increase in pharmaceutical capacity for syringe filling of the top 12 Injectable Medicines which are used mainly in intensive care environments. NWSSP has been asked to design and implement a Temporary Medicines Unit in South Wales. The service could become operational by early July 2020 and would form an additional service offering from NWSSP to Health Boards and Trusts in line with the existing governance and risk sharing mechanisms.
- **Laundry Services** - An agreement is in place to extend the consultation agreement, due to delays as a result of COVID-19. The consultation process

will now run to 30 June 2020 with an intention to transfer the staff into NWSSP on 1 April 2021.

4 FINANCIAL IMPLICATIONS

There are no financial implications described in this report.

5 RECOMMENDATIONS

The Board members are asked to:

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

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Through the joint partnership and commissioning arrangements, the Health Board plans and commissions services to improve population health and quality of service delivery.		
Financial Implications		
There are no direct financial implications of this report.		
Legal Implications (including equality and diversity assessment)		
Under the Wellbeing of Future Generations Act the Health Board has a duty to work in collaboration and integration to plan, commission and deliver services for the benefit of the population.		
Staffing Implications		
There are no direct staffing implications of this paper.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The paper gives an update on how the Health Board is working in collaboration with other NHS bodies to plan, commission and deliver integrated services in line with 'A Healthier Wales' and the WBFGA. .		
<ul style="list-style-type: none"> ○ Long Term - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs. ○ Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives. ○ Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies. ○ Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives. 		

<ul style="list-style-type: none"> ○ Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. 	
Report History	None.
Appendices	Appendix 1. EASC Minutes Appendix 2. NHS Wales Collaborative Minutes Appendix 3. NWSSP Minutes Appendix 4. ARCH REI



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
12 MAY 2020 AT 130PM VIRTUALLY BY SKYPE**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Nick Lyons	Medical Director, Cwm Taf Morgannwg CTMUHB
Tracy Myhill	Chief Executive, Swansea Bay SBUHB
Steve Moore	Chief Executive, Hywel Dda UHB
Simon Dean	Interim Chief Executive, Betsi Cadwaladr UHB
Carol Shillabeer	Chief Executive, Powys THB
In Attendance:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
James Rodaway	Head of Commissioning & Performance Management
Ross Whitehead	Assistant Director of Quality and Patient Experience
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/38	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the first virtual meeting (using the Skype platform) of the Emergency Ambulance Services Committee.</p> <p>Prior to the presentation of the provider report, the Chair formally thanked Jason Killens and all of the staff at WAST for their excellent response to the Covid 19 Pandemic.</p> <p>The Chair also thanked the Chief Executives of health boards and their staff for their exceptional work and commitment in responding so well to the unprecedented situation.</p>	

	Members expressed their sincere sympathies and condolences to the families, friends and colleagues at WAST and those in the wider health service who had died during the time of this pandemic.	
EASC 20/39	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Len Richards and Sharon Hopkins. Nick Lyons, Medical Director at Cwm Taf Morgannwg UHB was welcomed to his first meeting as the nominated deputy.</p>	
EASC 20/40	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p> <p>Members noted that a new process was in development for declarations in line with advice from Audit Wales and updated forms would be circulated shortly.</p>	<p>Chair</p> <p>Committee Secretary</p>
EASC 20/41	<p>MINUTES OF THE MEETING HELD ON 10 MARCH 2019</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 10 March 2019.</p>	Chair
EASC 20/42	<p>ACTION LOG</p> <p>Members RECEIVED the action log and agreed that a log be developed of pending actions delayed by the impact of the pandemic on normal business. Members NOTED specific progress as follows:</p> <p>Emergency Medical Retrieval Service (EMRTS) Gateway Review</p> <p>The Chair requested that this be added to the 'pending' log.</p> <p>EASC 19/08 & EASC 19/21 & EASC 19/23 Emergency Medical Retrieval Service (EMRTS) Refresh of the commissioning framework</p> <p>Members noted that the work to develop the framework was almost complete and would be provided at the next meeting (Added to the Forward Look).</p> <p>EASC 19/12 Risk Register</p> <p>It was agreed that this would be received by the EASC Management Group and then by the Joint Committee in due course (On the Forward Look).</p>	<p>Committee Secretary</p> <p>CASC</p> <p>Head of Commissioning</p> <p>Committee Secretary</p>

<p>EASC 19/55 & 19/92 Mental Health It was agreed that this be added to the 'pending log'.</p> <p>EASC 19/78 Reference document on the WAST Relief Gap Emergency Ambulance Service It was agreed that this be added to the 'pending log' and would also form part of the work for the Ministerial Ambulance Availability Taskforce.</p> <p>EASC 19/79 WAST Service Transformation It was agreed that this be added to the 'pending log'.</p> <p>EASC 19/97 Serious Adverse Incidents (SAIs) Members noted that SAIs had been included in the WAST Provider Report and a recent Quality and Delivery meeting with the CASC had discussed the approach in detail. Information would be included in every WAST Provider report going forward (Added to Action Log).</p> <p>EASC 19/100 Emergency Department Quality and Delivery Framework It was agreed that this be added to the 'pending log'.</p> <p>EASC 19/103 & EASC 20/16 Governance A report would be received at the next meeting which would include the Annual Governance Statement, highlight reports from Sub Groups and the risk register.</p> <p>EASC 20/12 Ministerial Ambulance Availability Taskforce Members noted that the work had been delayed and the Minister was aware. This would be added to the 'pending log'.</p> <p>Emergency Medical Retrieval and Transfer Service A meeting had been planned to take place before the end of March with the Air Ambulance Charity. This would be rearranged and this was added to the 'pending log'.</p> <p>EASC 20/15 Finance Report A Finance Report would be received at the next meeting and would include the 'A Healthier Wales' allocation.</p>	<p>Deputy CASC</p> <p>CEO WAST</p> <p>CEO WAST</p> <p>CEO WAST</p> <p>CASC</p> <p>Committee Secretary</p> <p>CASC</p> <p>Chair and CASC</p> <p>Director of Finance</p>
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	<ul style="list-style-type: none"> • Co-Chair Task and Finish Group – Members were reminded that the CASC had been asked to work with the fire and rescue service; this work had been put on hold. Further information would be shared when available. • Ambulance Quality Indicators (AQIs) – Members noted that performance targets were on hold, although data continued to be collected; Stats Wales had paused the publication of the AQIs. • Meetings with WAST – Members noted that the CASC had a weekly meetings with the Chief Executive of WAST. A Quality and Delivery meeting was held last week and the CASC reported that progress was being made. • EASC Management Group - Members noted that the Group would recommence shortly and would work on developing the 'new normal' in line with the requirements of the operating framework. • Covid response – Members noted that the CASC and the EASC teams had continued to work closely with WAST and commended the positive way in which the WAST Executive Team and all of the staff had responded to the pandemic. Members noted that in terms of the additional expenditure related to the pandemic response, this was being monitored and this would not be the responsibility of health boards to fund. Members noted that the importance of the revised financial plan and clarification of the additional expenditure incurred by WAST. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chief Ambulance Services Commissioner's report. 	<p>CASC</p> <p>CASC</p> <p>CASC</p>
<p>EASC 20/45</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:</p> <p>Pandemic and response</p> <ul style="list-style-type: none"> • Members noted that the team at WAST had aimed to double their capacity across key operational areas. Areas highlighted included: <ul style="list-style-type: none"> - 111: Members noted that early on in the pandemic a 350% increase had been seen in the number of calls received for several weeks; additional call handlers and clinical staff had been recruited to assist and the online symptom checker was operational; as the activity reduced the team had been realigned. 	

- More call handling capacity had been developed in Swansea and Cwmbran (2) with the potential to open in North Wales if required. This approach allowed safe working practices, conforming to social distancing rules, to operate in call centres.
- The surge in activity over the most recent weekend which saw the highest peak in activity over the last 3 months.
- 999: capacity had been doubled.
- Emergency Medical Services: the limiting factor was the availability of vehicles.
- Workforce issues: weekly overtime had doubled, support had been received from the military and underlying sickness absence had reduced.
- Performance: good outturn performance at over 65% across Wales in April and also expected in May.
- Non-emergency patient transport services had been maintained for renal and oncology patients; shadow plans had been developed to increase capacity when required, although not this had not yet been deployed.

Activity and performance

- Amber performance had improved from the beginning of the financial year, activity reduced, production and lost hours had all contributed which was the best position for a number of years.

Demand and Capacity Review - Implementation progress

Overview of the work to date was provided which included:

- Members noted that WAST had also retained this review as priority work during the Covid 19 pandemic response.
- Aim to recruit a net additional 136 WTE staff and the majority would be emergency medical technicians (EMT).
- Undertaken virtual recruitment events and virtual online training courses.
- Had already secured 40.28 WTE of the staff required and were also aiming to over-recruit the numbers of paramedics due to some slippage in the programme.
- Members noted that the Demand and Capacity Review was undertaken across NHS Wales and did not include the anticipated changes as a result of the Grange University Hospital opening. As a result Members noted that it was anticipated that a potential further 84 WTE staff would be required. Urgent discussions were underway to match the potential to open the new hospital in the Autumn as opposed to March 2021.
- Members noted that other developments and plans were on hold (apart from the work with the Grange Hospital).

Non-Emergency Patient Transport Service (NEPTS)

- Members noted that work was continuing to improve the national booking process.
- The Demand and Capacity Review of NEPTS had now been reconvened and was being managed through the NEPTS Delivery Assurance Group.

WAST Integrated Medium Term Plan (IMTP)

- Members noted that the WAST Board had approved the IMTP and a letter in support had been sent by the CASC although the planning processes had been put on hold by the Welsh Government.
- Members noted that WAST would respond to the new operating framework and intended to submit on 18 May. Members noted the intention to give the CASC sight of the final draft for comment by the end of the week.

Regional Escalation

- Members noted that this process had been disrupted due to the response required for the Covid 19 pandemic.
- The WAST team suggested that it would need to continue to refine plans for the previously agreed revised regional escalation process in the future to weave in learning and management of activity due to the impact of the pandemic.

In receiving and noting the WAST provider report Members highlighted:

- The excellent progress made with the recruitment of staff and asked whether health boards also searching for additional staff had impacted on WAST; Jason Killens suggested that he would welcome a further opportunity to discuss recruitment, for example of paramedics, across NHS Wales and the potential impact of this, although no issues had been experienced to date.
- Performance issues - in terms of the improving trend but also of the variation in performance across Wales.
- The Amber performance was positive.
- Further discussions would need to take place in relation to how the extra resources (136WTE staff) would be deployed and it was agreed that the EASC Management Group would lead on the work and report to a future Committee meeting **(Added to Forward Look)**.
- The additional capacity in the transfer and discharge service and plans for the medium and long term which was encouraging.
- The impact on WAST staff during the pandemic and the challenges faced; Jason Killens explained that efforts were being made to capture the learning and not lose the agile way in which staff were responding.

	<p>It was felt that IT had been an enabler and the team were aiming to capture the learning from this. The WAST team were planning a Covid 19 Wave 1 debrief session to capture any learning and recovery actions. Work included an online digital version for front line staff to bring together in time for the WAST Board meeting in June. This information would be shared with Members (Added to Action Log). Generally, staff appeared to be coping well.</p> <ul style="list-style-type: none"> • Matters relating to personal protective equipment (PPE) and the impact in relation to the time taken to respond to incidents. The issue remained on aerosol generating procedures and cardiac arrest in relation to the type of PPE used. • Additional information was sought regarding performance and the possibility that due to the reduction in demand coupled with increased production that this would impact more on red performance. Members noted that in responding to the pandemic the number of rapid response vehicles had been reduced and community first responders had not been utilised as previously, primarily to ensure the safety of the staff. However, this was changing and the performance was now on an improving trajectory. • The evaluation of winter was raised and the work to do in planning for the next winter period alongside the Covid 19 impact. It was suggested and agreed that it would be helpful to undertake more planning than normal to ensure the NHS would be able to respond effectively. Members noted that WAST would increase the ambulance fleet by 100 new vehicles but would retain the older vehicles for an additional 12 months to ensure a contingency for the fleet. Additional staff were also trained and available such as the Fire and Rescue service staff. The impact of the winter in the Southern Hemisphere would also be monitored and WAST were keen to work closely with Health Boards in taking this work forward. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the provider report and the actions agreed. 	
<p>EASC 20/46</p>	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that a pending log be developed and closely monitored to ensure that necessary actions can be captured and completed in a timely way.</p>	<p>Gwenan Roberts</p>

AGENDA ITEM 1.4

	<p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan for future meeting in line with the discussions held. 	Chair and CASC
EASC 20/47	<p>ANY OTHER BUSINESS</p> <p>There was none</p>	

DATE AND TIME OF NEXT MEETING		
EASC 20/48	<p>A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 14 July 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.</p>	Committee Secretary

Signed
Christopher Turner (Chair)

Date

Unconfirmed



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NHS Wales Health
Collaborative

NHS Wales Collaborative Executive Group

Minutes of Meeting held on Tuesday 19 May 2020

(via Skype)

Author: Rosemary Fletcher

Version: 0 Draft

Members present

Judith Paget, (Chair), Chief Executive, Aneurin Bevan UHB (JP)
Simon Dean, Chief Executive, Betsi Cadwaladr UHB (SD)
Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)
Steve Ham, Chief Executive, Velindre NHS Trust (SHa)
Sharon Hopkins, Interim Chief Executive, Cwm Taf Morgannwg UHB (SHo)
Alex Howells, Chief Executive, HEIW (AH)
Jason Killen, Chief Executive, WAST (JK)
Steve Moore, Chief Executive, Hywel Dda UHB (SM)
Len Richards, Chief Executive, Cardiff & Vale UHB (LR)
Carol Shillabeer, Chief Executive, Powys THB (CS)
Chris White, Chief Operating Officer, Swansea Bay UHB (CW)
(deputising for Tracy Myhill)

In attendance

Mark Dickinson, Director Clinical Networks, NHS Wales Health Collaborative
Neil Frow, Managing Director, NWSSP
Jane Green, Welsh NHS Confederation
Darren Hughes, Director, Welsh NHS Confederation
Helen Thomas, Director, NWIS

Apologies

Tracey Cooper, Chief Executive, Public Health Wales (TC)
Tracy Myhill, Chief Executive, Swansea Bay UHB (TM)

1. Welcome and introduction

Action

As for recent meetings, the Collaborative Executive Group and Chief Executives' Management Team meetings had been combined. The first part of the meeting focussed on urgent matters within the NHS Wales Health Collaborative's core work programme.

2. Minutes of meeting on 28 April 2020	Action
Members confirmed the notes of the previous meeting were an accurate record.	
3. Critical Care Clinical Information System	Action
Members noted the content of the update and, in particular, the proposal to accelerate the implementation of a "COVID-19 eXtreme Minimum Viable Product", or CXMVP, and the revised revenue funding profile for health boards (based on WG funding the capital elements of the procurement). SM highlighted the response to Covid-19 had strengthened the case for the digital system for critical care. LR sought to clarification that, should the current £1m allocation be confirmed as recurrent after year 2, this would discount the revenue requirements from health boards. MD confirmed this position. All members gave approval to the revised funding arrangements, with the exception of SD and SH, who both undertook to seek further clarification internally and to confirm approval (or otherwise) as soon as possible.	SD/SH
4. Wales Maternity Informatics System	Action
Members noted the content of the briefing and, in particular, the fact that further discussions are planned between NWIS, WG and the Collaborative (including the Wales Maternity and Neonatal Network) to discuss possible next steps. Further information will be brought back to the group in due course.	MD/RF
5. Radiology Informatics System/PACS Re-procurement	Action
Members noted the content of the update and, in particular, the correspondence issued to Fujifilm UK Ltd providing notice of voluntary termination and a Termination Assistance Notice in relation to each of the Deployment Orders.	
6. Collaborative Work Programme	Action
Members noted the briefing and, in particular, the fact that the staff of the NHS Wales Health Collaborative team are working flexibly to support NHS Wales and Welsh Government in the response to the pandemic and to ensure critical business activities continue.	

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

MINUTES OF MEETING HELD TUESDAY 21 MAY 2020

10:00 – 12:00

Meeting held on Skype

Part A - Public

ATTENDANCE	DESIGNATION	ORGANISATION
ATTENDEES:		
Margaret Foster (MF)	NWSSP Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Gareth Hardacre (GH)	Director of Workforce & OD	NWSSP
Alison Ramsey (AR)	Deputy Director of Finance	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Peter Elliott (PE)	Project Manager	NWSSP
Steve Ham (SH)	Trust Chief Executive	Velindre
Chris Turley (CT)	Director of Finance	WAST
Geraint Evans (GE)	Director of Workforce & OD	Aneurin Bevan
Bob Chadwick (BC)	Executive Director of Finance UHB (part of meeting)	Cardiff & Vale
Hazel Robinson (HR)	Director of Workforce & OD	Swansea Bay
Huw Thomas (HT)	Director of Finance	Hywel Dda UHB
Hywel Daniel (HD)	Interim Director of Workforce & OD	CTM UHB
Phil Bushby (PB)	Director of People and Organisational Development	PHW
Peter Hopgood (PH)	Director of Finance & IT Services	Powys THB
Steve Elliot (SE)	Deputy Director of Finance	Welsh Government
Sue Hill (SUH)	Director of Finance	BCUHB
Gareth Price (GP)	Personal Assistant	NWSSP

Item		Action
1. STANDARD BUSINESS		
1.1	Welcome and Opening Remarks The Chair welcomed Committee members to the May 2020 Shared Services Partnership Committee meeting.	
1.2	Apologies Apologies were received from:	

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	<ul style="list-style-type: none"> • Eifion Williams, Director of Finance: HEIW • Huw George, Director of Finance ,PHW • Darren Dupre: Unison 	
1.3	<p>Declarations of Interest No declarations were received.</p>	
1.4	<p>Minutes of Meeting held on 16th January 2020 Draft Minutes of meeting held on 16th January 2020 were reviewed and accepted with no issues raised.</p>	
1.5	<p>Matters Arising from Meeting on 16th January 2020 All actions to be discussed are complete.</p>	
2. COVID-19 Update		
2.1	<p>General Update</p> <p>AB indicated to the Committee that a number of requests had been received from Finance Directors requesting information regarding the business continuity arrangements in place at Shared Services. Consequently a summary report was created and provided through the Directors of Finance group and has since been updated for the Committee.</p> <p>Prior to COVID 19 NWSSP had already established comprehensive business continuity plans for each directorate in response to a variety of scenarios, including a pandemic.</p> <p>Following the outbreak, the NWSSP Planning and Response Group was set up. This group comprises the senior management team, plus trade union and communications representation, and has met on a regular basis to develop the NWSSP response to COVID19 and to oversee the return to business as usual, recognising that 'normal' may be very different from how things were previously.</p> <p>Due to the continuity plans, significant investment in technology, and the dedication of the staff to work long hours in demanding circumstances, all core services have been delivered and quality maintained throughout.</p> <p>HT expressed his gratitude (which was reiterated by those present) to Shared Services and the staff for the hard work and dedication in very difficult circumstances. He did enquire about PPV services, which he understood had been stood down and also that PCS would not be issuing the annual reports to each Audit Committee for this</p>	

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	<p>service. NF replied that while the service may have been stood down in recent months due to the pandemic, there was no reason why Annual Reports could not still be produced and as far as he was aware, this was still the plan. NF would check the position with Dave Hopkins in PCS and confirm the position to HT (Later confirmed that Annual PPV Reports would still be produced).</p>	
2.2	<p>Workforce Update</p> <p>GH shared with the Committee the data surrounding COVID19 and how it affected the Shared Services workforce. The number of COVID19 related absences continues to reduce, down to 197 in the last week. The number of staff self-isolating has also reduced from 171 to 162.</p> <p>GH conveyed to the Committee that what is not shown in the report is the flexibility of staff in dealing with the challenges presented. Some staff have been on rotation in an office environment and some in isolation. The flexibility provided has received positive feedback from staff, and Workforce are now looking at how they can maintain this going forward</p> <p>Before the pandemic a pilot was already in place at Shared Services to look at Mental Health Wellbeing. This pilot provided staff with access to Mental Health first aiders throughout the organisation. This service has been stepped up during the pandemic and has been very much appreciated by staff.</p> <p>Summarising both papers, the Committee were interested to hear of the role of the Recovery Group, chaired by AR, in returning services to some degree of normality. It was agreed that it would be helpful for a paper from the Recovery Group to be submitted to the July Committee, setting out how things have changed, the lessons learned, and what NWSSP might be able to do differently for Health Boards in the future.</p>	AR
3. Chair/Managing Director's Report		
3.1	<p>Chair's Report</p> <p>The Chair expressed gratitude to NWSSP staff in being able to continue to provide a high quality service during a national emergency.</p>	
3.2	<p>Reappointment of Chair</p>	

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	<p>MF left the call at this point, and HT took over the Chair. MF's term of office ends at the end of November 2020, and as this is the 2nd four-year term, there would usually be no option to extend. However, the current situation has meant that Welsh Government will not be making any public appointments until at least September, which does not provide sufficient time for recruitment of a new Chair. GH therefore presented the application to extend the tenure of the chair for a further year to November 30, 2021. The proposal has been informally discussed with Welsh Government who are supportive, although they need to enact the relevant amendments to existing legislation. The Committee approved the 12 month extension, subject to the legislation being passed.</p> <p>MF was then asked to rejoin the meeting and took back the Chair from HT.</p>	
3.3	<p>Managing Director's Update</p> <p>NF was pleased to convey that staff have responded very effectively to the difficult challenges faced by the organisation. The majority of the main services have not been stood down and Shared Services have continued to operate at all times.</p> <p>NF also wished to recognise the excellent cooperation from key stakeholders, such as the Velindre Board and Welsh Government during the recent outbreak. The vital support and quick responses to difficult decisions have helped to maintain sufficient PPE supplies in a very difficult and competitive market. A formal request has been received from the Welsh Local Government Association asking for an agreement regarding the procurement and distribution of PPE products to them. NWSSP will respond positively to this request, as long as all the appropriate funding is in place.</p> <p>The financial position of NWSSP at year-end was a surplus of £11k. The 2019/20 Capital Expenditure Limit of £3.068m was utilised in full.</p> <p>The Welsh Risk Pool outturn was in line with the target agreed with Welsh Government although for the first time the risk sharing agreement had been invoked.</p> <p>HR noted that some of the ambitions in the Shared Services IMTP rely on Trusts and Health Boards' cooperation. As organisations deal with their own "recovery" from COVID-19, it may be some</p>	

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	<p>time before they are in a position to support NWSSP, and therefore this will slow progress in achieving the IMTP.</p> <p>NF had attached an appendix to his report that detailed the achievements of NWSSP in recent months. MF asked all present to share this with their Boards.</p>	
4. Items for Approval/Endorsement		
4.1	<p>Temporary Medical Unit</p> <p>NF introduced this paper, and Peter Elliott from the PMO provided the detail.</p> <p>The Medical Directors of the Health Boards and Trusts, together with the Chief Pharmacists, have drawn up a list of the Top 12 Injectable Medicines for the COVID-19 outbreak. Welsh Government has requested an immediate increase in pharmaceutical capacity for syringe filling of the Top 12, in order to reduce the amount of drawing up being carried out by nurses. The Chief Pharmacists Group (CPG) have proposed that additional capacity should therefore be provided on an All Wales basis, including a Temporary Medicines Unit in South Wales (a syringe filling machine is already in use in North Wales), and strategic control of key materials on an All Wales basis.</p> <p>These activities are seen as comprising a Pharmacy Technical Service (i.e. supply activity), rather than Clinical Pharmacy and legal advice provided confirmed that such a service falls within the definitions of shared services within the regulations. Welsh Government approached NWSSP in April to provide project management expertise and to design and implement an operational Temporary Medicines Unit in South Wales. Options papers regarding the proposed service model were presented by the Project Team to the Chief Pharmacists Group (CPG) in the following weeks. Various options were considered and the preferred option is to use the space at the National Distribution Centre (IP5) with a 'Pop-up' Cleanroom.</p> <p>The build period is assessed as being four weeks from award of contract, followed by two weeks of validation. The service could therefore become operational by early July 2020 and would form an additional service offering from NWSSP to Health Boards and Trusts in line with the existing governance and risk sharing mechanisms. Both options in delivering a section 10 or fully licensed Unit will be taken forward as part of the set up process as</p>	

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	<p>agreed by the Committee and it is expected that the associated funding will be confirmed by Welsh Government in the next couple of days. The primary focus of this investment is meeting the expected second peak in demand for COVID medicines. The investment in the site at IP5 has been scoped such that the “pop up” facility does not obstruct the identified candidate site for the main TRAMS medicines hub.</p> <p>Questions were raised on whether this was a clinical service, but NF reiterated that this was a technical service which could therefore fall into the remit of NWSSP to supply. Discussions took place in respect of the governance of the TMU operation, and these were acknowledged by NF who highlighted that work was already underway to support these arrangements to meet any regulatory requirements. He also emphasised that the drugs in question would only be used at this point within the Health Boards as they related to mainly intensive care environments and all clinical decisions would be made outside of the TMU. NF emphasised that Welsh Government were eager for the facility to be established as quickly as possible as it was directly related to preparedness for COVID and a possible second wave. It was agreed that any perceived operational governance matters would be addressed in tandem with the build and in place prior to any drugs being supplied to patients.</p> <p>The Committee were therefore content to approve the setting up of the TMU service, subject to:</p> <ul style="list-style-type: none"> • Funding being received as expected from Welsh Government; and • CPG endorsement of the governance arrangements, prior to any medicine being supplied. 	
4.2	<p>Updated SOs and SFIs</p> <p>AB presented the paper detailing a number of proposed changes to SOs and SFIs for NWSSP. These amendments also included some temporary increases in delegated limits of senior staff to incur expenditure in relation to COVID-19. The proposals also included introducing a higher delegated limit of £1million for expenditure incurred in respect of All Wales contracts.</p> <p>The Committee approved the suggested amendments to the SOs and SFIs.</p>	
4.2.1	Change to Scheme of Delegation - Existing Liabilities GMPI	

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	<p>AR presented the paper which recognises the instruction from Welsh Government for NWSSP to take on responsibility for the function of oversight of the Existing Liabilities Scheme (ELS) and certain claims handling responsibilities to be undertaken by the Medical Protection Society and Medical and Dental Defence Union of Scotland.</p> <p>The Committee approved the proposed change to the Scheme of Delegation.</p>	
4.2.2	<p>Declarations of Interest - Single Tender Actions</p> <p>The Committee approved a paper setting out revisions to the process for seeking declarations of interest in the case of direct awards of contract to suppliers. This is relevant in terms of where contracts have been placed with suppliers under direct award due to extreme urgency, in line with Regulation 32(2)(c) of Public Regulations 2015 and Cabinet Office Procurement Policy Note – Responding to Covid-19.</p>	
4.3	<p>Once for Wales Concerns Management Database - Funding Split</p> <p>The Committee approved a paper setting out proposals for the recharging of the additional costs associated with the upgraded database.</p>	
5. Project Updates		
5.1	<p>Laundry Services</p> <p>A report produced by the Programme Management Office was provided to the Committee. The purpose of the report was to update the SSPC on the All Wales Laundry Services Programme.</p> <p>NF informed the Committee that an agreement is in place to extend the consultation agreement, due to delays as a result of COVID-19. The consultation process will now run to 30 June 2020 with an intention to transfer the staff into NWSSP on 1 April 2021 to take into account COVID, possible second waves and winter pressures.</p> <p>The Committee noted the progress made to date within the business case process and endorsed the extension to the timescales as outlined in the supplied paper and approved the extension to the possible TUPE of staff to April 2021</p>	

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5.2	<p>Single Lead Employer</p> <p>The paper supplied by Workforce updates Committee members on the progress in expanding the Single Lead Employer Model.</p> <p>The Committee agreed the proposal that pending the development and finalisation of an agreed contractual and governance framework for all medical trainees employed in the NWSSP Single Lead Employer model, the existing arrangements, principles, Service Level Agreements and governance framework agreed for Speciality GP Trainees employed by NWSSP can apply.</p>	
5.3	<p>NHAIS</p> <p>An update was provided confirming that development of the new or upgraded systems for GMS (payments to GPs), GOS (payments to Opticians) and PCRM (the Primary Care Registration Module) remain on track for completion within required timescales.</p>	
6. Governance, Performance & Assurance		
6.1	<p>Finance & Performance Report</p> <p>The Committee noted that NWSSP had achieved a surplus of £11k after redistributing savings of £2m to Health Bodies and Welsh Government. The capital expenditure limit of just over £3m was also met. All other financial targets had been met. It was also highlighted that the vast majority of key performance indicator targets had been achieved during the year in spite of COVID</p>	
6.2	<p>Annual Governance Statement</p> <p>The Committee endorsed the final statement for approval at the June Audit Committee. The statement is positive, with a reasonable Head of Internal Audit rating, and includes the suggested wording from Welsh Government relating to COVID-19.</p>	
6.3	<p>Corporate Risk Register</p> <p>The Committee noted that there were two red risks on the register relating to the replacement of the NHAIS system and to the need to replace the Ophthalmic Payments system by September 2020 where work is on-going to develop an in-house system but contingency arrangements are in place to cover any delays. The Committee were also provided with the separate COVID-19 Risk Register, detailing a number of specific risks relating to the</p>	

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	pandemic. All of these risks are currently being successfully managed.	
6.4	<p>Issues and Complaints Annual Report</p> <p>The Committee noted a small rise in the overall number of complaints and in the time taken to respond to them. However, the Committee were reassured that overall performance in this area is closely monitored by the SMT on a quarterly basis.</p>	
7. Items for Information		
7.1	<p>Finance Monitoring Reports</p> <p>The reports for January, February and March 2020, were provided for information.</p>	
7.2	<p>Audit Committee Highlight Report</p> <p>The report for the April 2020 Audit Committee was provided for information.</p>	
8. ANY OTHER BUSINESS		
8.1	No issues were raised.	
<p>DATE OF NEXT MEETING: Thursday, 23 July 2020 from 10:00-13:00 NWSSP Boardroom HQ, Charnwood Court, Nantgarw / By Skype (As appropriate)</p>		

ARCH Research, Enterprise and Innovation

During the COVID period work has continued in a number of key areas as follows:

- **The ARCH Innovation Forum** has been launched in July 2020. The Innovation Forum is established to provide guidance, advice, support, and signposting from a multi-disciplinary stakeholder group to innovation projects from across the region. The purpose of the forum is to accelerate innovation across the health and care sector to improve the health, wealth and wellbeing of South West Wales. An invitation for expressions of interest to present innovation projects to the panel has been distributed across the Health Boards, academia and industry with a closing date of the 24th July 2020. The inaugural forum will be scheduled for selected participants to present to an appointed expert panel soon after this date.
- Swansea University hosted a '**Celebrating Medical Innovation**' webinar to celebrate the outstanding examples of innovation across the region. Key note speakers, including Dr Richard Evans (SBUHB), Prof Keith Lloyd (SU) and Debbie Laubach (MediWales) were followed by case studies of innovation projects that were undertaken in efforts to support during the Covid-19 pandemic. These included the development of a rapid manufacture emergency ventilator in a project supported by Swansea University, University of Wales Trinity Saint David, Accelerate, Astute 2020, Industry Partners, Welsh Government and NHS Wales and the local manufacture of certified approved visors in a collaboration between Swansea University, Accelerate Healthcare Technology Centre, Astute 2020 and industry partners. The event attracted over 100 delegates and positive feedback and engagement has been received following the event.
- **The Healthcare Technology Centre**, as part of Accelerate and embedded within the Institute of Life Sciences at Swansea University, has been continuing to support activity during the pandemic. The teams have been supporting a number of collaborative innovation projects to support the public, patients, NHS and population during the COVID-19 pandemic. Accelerate has secured funding from the European Regional Development Fund until 2022. Further information on some of the work that has been going on is attached as hyperlinks below:

<https://www.swansea.ac.uk/press-office/news-events/news/2020/06/recovering-from-coronavirus-new-ventilator-can-save-lives-and-create-jobs-.php>

<https://www.swansea.ac.uk/press-office/news-events/news/2020/06/project-to-help-health-staff-using-ppe-facemasks-communicate-scoops-innovation-award.php>

<https://www.swansea.ac.uk/press-office/news-events/news/2020/06/face-shields-designed-by-university-team-get-ce-mark-for-safety-for-nhs-to-use.php>

- **Covid-19** - Both Swansea Bay Health Board and Hywel Dda Health Board Research and Development teams have been prioritising Covid-19 related studies and are supporting a number of nationally prioritised studies as well as local innovation projects.

- **An NHS Innovation Leads group** has been established with representation from Hywel Dda UHB and SBUHB included.
- The **Swansea Bay City Deal Campuses Project** is making progress with business planning processes and submission of the outline business case to the City Deal Regional Office for review is anticipated in Q3 2020.
- **AgorIP** – the planned extension to 2023 is being put in place, building upon existing project including activities across ARCH such as UHB secondments. Work through Innovation Leads to develop the aligned IP Commercialisation Framework, tools and structures is continuing.
- **Intensive Learning Academies** – a proposal to establish an Intensive Learning Academy in Value-based health and social care, and Innovation, has been submitted, and is subject to final Business Case stage, with Welsh Government. This is supported by the Health Technology Centre and wider ARCH stakeholders.