



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>28 May 2020</b>	<b>Agenda Item</b>	<b>3.1</b>
<b>Report Title</b>	<b>Joint NHS Partnership and Commissioning Update Report</b>		
<b>Report Author</b>	Nicola Johnson, Interim Assistant Director of Strategy		
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Presented by</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper provides a brief 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. As guided by Welsh Government, many of the partnership meetings have been stood down since the Covid-19 outbreak started and others have been light touch as described.		
<b>Key Issues</b>	<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"> <li>• Welsh Health Specialised Services Committee (WHSSC)</li> <li>• Emergency Ambulance Services Committee (EASC)</li> <li>• NHS Wales Collaborative Executive Group</li> <li>• ARCH Service Transformation Programme Board</li> <li>• Joint Executive Group (JEG) with Cwm Taf Morgannwg UHB</li> <li>• Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB</li> <li>• NHS Wales Shared Services Partnership (NWSSP)</li> </ul> <p>The ARCH Programme Board, Joint Executive Group with Cwm Taf Morgannwg UHB and NWSSP have not met since the last Board.</p>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update on the Health Board's joint NHS partnership and commissioning arrangements.</li> </ul>		

# 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 Programme Board
- Joint Executive Group (JEG) with Cwm Taf Morgannwg UHB
- Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB
- NHS Wales Shared Services Partnership (NWSSP)

## 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 10<sup>th</sup> March 2020 and the minutes are attached at **Appendix 1**. The issues of interest to SBUHB are:

- **Major Trauma** - the readiness assessment has been completed with assurance that the system is ready. This will be refreshed prior to a report being brought to Joint Committee with a revised 'go live' date when judged to be appropriate.
- **Neonatal Transport Review** – SBUHB is one of the three providers of this service. The external review report has been received and shared recommending a 24/7 service. The recommendations have been largely supported and work will resume when appropriate to develop an options appraisal aligned with workforce and demand & capacity modelling.
- **Perinatal Mother and Baby Unit** – Welsh Government has advised that they understand that there will be some delay caused by the pandemic however this remains a ministerial priority. The tender will be ready to go out at the end of May for a 12 week period taking the site start date to October 2020. WHSSC are content that the health board is as far forward on progress as it can be given the current circumstances.

A scheduled meeting took place on 12<sup>th</sup> May 2020 but actions and notes are not yet available. The agenda items were:

- **Thoracic Surgery** – Confirmation of the thoracic surgery consultant cover for the Major Trauma Centre, as agreed in July 2019
- **Welsh Independent Hospital Sector** – WHSSC had been tasked by Welsh Government to develop and implement the commissioning arrangements for utilising capacity during the Covid-10 pandemic. Sancta Maria is the designated hospital for SBUHB. KPMG has been appointed as auditors to track, with WHSSC, how the hospitals are being used which will include a weekly data submission. Prospective plans for use of Sancta Maria and the potential for utilising neighbouring independent providers will form part of the SBUHB Quarter 1 Operational Plan submitted to Welsh Government on 18<sup>th</sup> May 2020.
- **Commissioning Specialised Services during Covid-19 Pandemic** – there are five services that have been RAG rated as Red during the current pandemic including Cardiac and Thoracic Surgery, Home Parental Nutrition, CAMHS and the Burns Service. There will be a focus on these over the coming weeks/months.

The outcomes meeting held on 12<sup>th</sup> May will be reported to the July Board.

### 3.2 EASC Joint Committee

This report provides an update on the EASC Joint Committee meeting held on 10<sup>th</sup> March 2020 and the Unconfirmed Minutes are attached at **Appendix 2**.

The main issues for SBUHB are:

- **Governance** – the Directors of Finance are developing Standing Financial Instructions across Wales for Health Boards and NHS Trusts. A version of the SFIs would be developed for the Welsh Health Specialised Services and, for the first time, for EASC.
- **CASC Report** – there is an assumption that EASC will receive an additional allocation of funding to cover all WAST costs associated with the response to the pandemic. These costs have been detailed in a return to the Financial Delivery Unit and the CASC supported the submission.
- **Demand and Capacity Review** – there is a difference of opinion regarding the model being developed for the Grange Hospital which is being addressed directly between WAST and Aneurin Bevan UHB and will be reported back to the EASC committee.
- **WAST Provider Report** – the report concentrated on the key issues affecting quality and performance for EMS and NEPTS during the Covid-19 pandemic. There were no specific issues highlighted for SBUHB.

A scheduled meeting took place on 12<sup>th</sup> May 2020 but actions and notes are not yet available. The outcomes of meeting held on 12<sup>th</sup> May 2020 will be reported to the July Board.

### 3.3 NHS Wales Collaborative Executive Group

Due to the Covid-19 pandemic the Collaborative Executive Group and the Chief Executives Management Team have been combined. The last meeting was held

on 28<sup>th</sup> April 2020 but the minutes or action notes are not yet available. The Board will be updated on these at the July meeting. The previous meeting took place on 24<sup>th</sup> March 2020 and the minutes can be found at **Appendix 3**. The main issues to note are:

- **Critical Care Informatics System** – a presentation had recently been made to the WG Digital Scrutiny Panel, following which advice was due to be made to the Minister, the outcome of which was awaited. The dependency for the Grange University Hospital was noted.
- **LINC Programme** – the OJEU notice for the new LIMS service had closed on 27 February with the Isut to be approved by the LINC Programme Board on 23<sup>rd</sup> March 2020. A revised, shortened approach to short-listing the suppliers was agreed due to the implications for engagement as a result of the pandemic.
- **Radiology Informatics Systems Procurement Programme** – CEOs agreed that they required time to consider the legal advice provided on the timescales for exiting the PACS agreement.
- **Extension to hosting agreement** – the extension to the hosting agreement for 2020-21 was endorsed subject to approval at the PHW Board meeting.

#### **3.4 ARCH Service Transformation Board**

The last meeting was held on 5<sup>th</sup> March 2020 and the minutes are attached are at **Appendix 4**. All meetings have since been stood down due to the Covid-19 pandemic.

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

The last meeting was held on 31<sup>st</sup> January 2020 and the notes were reported to the March Board. All meetings have since been stood down due to the Covid-19 pandemic.

#### **3.6 Regional and Specialised Services Provider Planning Partnership Group with Cardiff and Vale UHB**

The Regional and Specialised Services Provider Planning Partnership Group met on 5<sup>th</sup> May. The main items for under discussion were:

- **Agreeing a joint approach to managing WHSSC/other regional services-** The group discussed the challenges associated with resuming this work, and managing to maintain delivery if the second wave of activity is significant. It was agreed to brief WHSSC on the complexity of planning service post the emergency phase of the COVID-19 response.
- **Thoracic surgery** - The group discussed the request from WHSSC requesting urgent collaboration between the two Health Boards to develop and implement a single prioritised list. The group agreed a response which incorporated a three phased approach:
  - Regional Patient Selection
  - Mutually Agreed Clinical Pathway
  - Dynamic Capacity Plan
- **Spinal surgery** – The group were updated on the progress achieved prior to the COVID response, and it was agreed to re-establish the work groups to complete the work on the emergency spinal surgery pathway.

- **Oesophageal gastric cancer surgery** – The group were updated on the progress achieved prior to the COVID response, and it was agreed to proceed with the workshops scheduled for May and June.
- **Liver and Pancreas** – The group received an update on the recent discussions at an operational level to together to identify opportunities to work together. The group agreed that a workshop should be organised to develop this work further, and that support should be sought from the NHS Wales Health Collaborative to:
  - Advise on the commissioning arrangements for the non-commissioned elements of service provision;
  - Request that the Wales Cancer Network undertake a peer review of HPB cancer, and lead the development of a service specification for HPB services;
- **Tertiary Services Plans** - The group noted that all work on the tertiary services plans for both organisations had been temporarily paused as part of the COVID response. It was agreed to hold a bilateral meeting to agree the best approach to finalise both organisations strategies.

The next meeting of the Partnership is to be arranged and will be reported to the Board in May.

### **3.7 NHS Wales Shared Services Partnership (NWSSP)**

The last meeting was held on 16<sup>th</sup> January 2020 and the minutes are attached are at **Appendix 5**. There is a scheduled meeting on 21<sup>st</sup> May 2020 and therefore an update will be reported to the July Board.

## **4 FINANCIAL IMPLICATIONS**

There are no direct financial implications associated with this report. All financial contributions to WHSSC, EASC and the NHS Wales Collaborative were included in the Health Board's Annual Plan which was considered and agreed by the Board (as a baseline position) in March 2020.

## **5 RECOMMENDATIONS**

Members are asked to:

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

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<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"/>
<b>Quality, Safety and Patient Experience</b>		
Through the joint partnership and commissioning arrangements, the Health Board plans and commissions services to improve population health and quality of service delivery.		
<b>Financial Implications</b>		
There are no direct financial implications of this report.		
<b>Legal Implications (including equality and diversity assessment)</b>		
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.		
<b>Staffing Implications</b>		
There are no direct staffing implications of this paper.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
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"> <li>○ <b>Long Term</b> - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.</li> <li>○ <b>Prevention</b> - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.</li> <li>○ <b>Integration</b> - 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.</li> <li>○ <b>Collaboration</b> - 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.</li> </ul>		

	<ul style="list-style-type: none"> <li>○ <b>Involvement</b> - 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.</li> </ul>
<b>Report History</b>	None.
<b>Appendices</b>	Appendix 1. WHSSC Minutes (Unconfirmed) Appendix 2. EASC Minutes (Unconfirmed) Appendix 3. CEO Collaborative Minutes Appendix 4. ARCH Service Transformation Board Minutes (Draft) Appendix 5. NWSSP Minutes

**Minutes of the Meeting of the  
WHSSC Joint Committee Meeting held in public on  
Tuesday 10 March 2020  
at Charnwood Court Heol Billingsley,  
Parc Nantgarw, Cardiff CF15 7QZ**

**Members Present:**

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair (part)
Paul Griffiths	(PG)	Independent Member/Audit and Risk Committee Representative
Sharon Hopkins	(SH)	Interim Chief Executive Officer, Cwm Taf Morgannwg UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay UHB
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Jenny Thomas	(JT)	Medical Director, WHSSC

**Deputies Representing Members:**

Glyn Jones	(GJ)	Deputy Chief Executive Officer, Aneurin Bevan UHB
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**Apologies:**

Simon Dean		Interim Chief Executive Officer, Betsi Cadwaladr UHB
Steve Ham		Trust Chief Executive, Velindre NHS Trust
Steve Moore		Chief Executive Officer, Hywel Dda UHB
Judith Paget		Chief Executive Officer, Aneurin Bevan UHB

**In Attendance:**

Kieron Donovan	(KD)	Affiliate Member/ Interim Chair, Welsh Renal Clinical Network
Andrew Doughton	(AD)	Wales Audit Office (Observer)
Rob Mahoney	(RM)	Assistant Director of Finance, Cardiff and Vale UHB
Urvisha Perez	(UP)	Wales Audit Office (Observer)
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

**Minutes:**

Michaella Henderson (MH) Corporate Governance Officer, WHSSC

The meeting opened at 13:30hrs

UNCONFIRMED

JC19/083	<p><b>Welcome, Introductions and Apologies</b> The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC19/084	<p><b>Declarations of Interest</b> The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC19/085	<p><b>Minutes of the meetings held 28 January 2020</b> The Joint Committee <b>approved</b> the minutes of the meetings held on 28 January 2020 as a true and accurate record.</p>
JC19/086	<p><b>Action Log and Matters Arising</b> The Joint Committee noted there were no outstanding actions and no matters arising not dealt with elsewhere on the agenda.</p>
JC19/087	<p><b>Report from the Chair</b> The Joint Committee received a report from the Chair.</p> <p>The Chair reported Kieron Donovan had been appointed as Chair of the Welsh Renal Clinical Network for three years commencing 1 April 2020. Members offered their congratulations to KD.</p> <p>The Chair reported that she would be asking Emrys Elias to become Vice Chair of the WHSSC Joint Committee with immediate effect.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report.</li> </ul>
JC19/088	<p><b>Report from the Managing Director</b> The Joint Committee received a report from the Managing Director.</p> <p>Members noted the key recommendations set out in guidance issued by the Society of Cardiothoracic Surgeons on the management of thoracic trauma that would be reflected in both the Thoracic Surgery and Major Trauma Service Specifications that were due to go out to consultation.</p> <p>SL reminded Members that the Joint Committee had previously decided that the position, with regard to the additional two consultant posts for the running of the Thoracic Surgery Unit, would be reviewed prior to the appointment of those two surgeons and noted that the guidance would be one piece of evidence that would feed into that review and any subsequent decisions. KP noted that, through the Thoracic Surgery Implementation Board and with input from a number of consultants and the CVUHB Medical Director, a set of matrices to be used to assess the locum consultant position through the first year of operation of the Major</p>

	<p>Trauma Centre, as previously agreed by Joint Committee, had been agreed. SL noted both the Thoracic Surgery Implementation Board and the Major Trauma Network already had sight of the guidance.</p> <p>Members noted the original Joint Committee decisions regarding thoracic surgery cover for the Major Trauma Network had been made on the basis that there would be Thoracic Surgery on-site at CVUHB Monday to Friday during daytime hours and that there would be a Thoracic Surgeon call out facility available. SL and KP both emphasised that the implementation of the guidance would not change that decision.</p> <p><b>ACTION:</b> It was agreed the detail of the original decisions made by Joint Committee around Thoracic Surgery cover to the Major Trauma Centre would be brought back to the May meeting for clarification.</p> <p>Members noted the Service Specification consultation process would allow for feedback from all stakeholders.</p> <p>JT confirmed the guidance had no impact on the operation of the relevant Standards or the ability of the Major Trauma Desk to send a Thoracic Surgeon to the Major Trauma Centre to treat a patient in person should it be required.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report.</li> </ul>
JC19/089	<p><b>Major Trauma Commissioning Assurance and Governance Arrangements</b></p> <p>The Joint Committee received a report providing a description of the proposed commissioning governance structure and interfaces with operational delivery for the South Wales Trauma Network.</p> <p>KP reported the Major Trauma Implementation Board had already had sight of the proposed assurance and governance arrangements and had discussed them at their last meeting. KP further reported that Stephen HARRY, Chief Ambulance Service Commissioner, was supportive of the proposed arrangements.</p> <p>Members were supportive of the arrangements and noted they would be kept under review. Members discussed the role of the Management Group in the proposed arrangements and noted that initially the scrutiny role, including operational performance and clinical governance, would sit with the Delivery Assurance Group but that resource requirements would remain within Management Group's remit.</p>

	<p>Members agreed further consideration would be given to the role of Management Group in the ongoing commissioning assurance and governance structure.</p> <p>Members noted the WHSSC Q&amp;PS Committee was the only scrutiny committee in the commissioning governance structure with Independent Members as committee members and it was agreed consideration would be given to an Independent Member being appointed as Chair of the Delivery Assurance Group. Members agreed that whilst they supported the proposed arrangements they should eventually normalise and mirror those of other specialised services without a specific Network Board and fall under the scrutiny of Management Group.</p> <p><b>ACTION:</b> It was agreed the proposed assurance and governance arrangements would be implemented but with a view to transitioning into normalised arrangements as soon as possible and a review undertaken at 12 months.</p> <p>It was noted the Operational Delivery Network ('ODN') Memorandum of Understanding would be considered by the Board of each individual affected Health Board.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the information presented within the report; and</li> <li>• <b>Approve</b> the proposed commissioning governance structure for the South Wales Trauma Network subject to a review at 12 months.</li> </ul>
JC19/090	<p><b>Value Based Commissioning Plan</b> (the 'Plan')</p> <p>The Joint Committee received a report advising them of the efficiency savings achieved in 2019-20, describing the approach and process WHSSC followed to develop the value based commissioning plan 2020-23 and outlining the priority initiatives within the value based commissioning plan identified for 2020-21 and how these initiatives would provide value to patients, families and the health service.</p> <p>EE joined the meeting.</p> <p>SD noted the report provided was a progress report to date and not the end result of the work being undertaken. SD further noted that the values presented for 2020-23 were at the low end of a potential range and that the WHSS Team had been extremely prudent in terms of stating minimum savings achievable.</p> <p>SD reported the Plan had been tested at a recent Management Group workshop and had been well received.</p>

	<p>Members discussed the possibility of expanding the Plan to look at entire pathways and agreed that seeking patient input would be important and would influence the direction of travel of the work. To that end SL reported that CB's team were supporting the process and developing Patient Reported Outcome Measures and Patient Reported Experience Measures.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the efficiency savings achieved in 2019-20;</li> <li>• <b>Note</b> the efficiency savings already incorporated within the ICP 2020-23;</li> <li>• <b>Note</b> the approach and process WHSSC has followed to develop the value based commissioning plan 2020-23;</li> <li>• <b>Note</b> that at this point only provisional highly prudent values have been assigned to these schemes pending further detailed examination by the WHSSC team;</li> <li>• <b>Support</b> the priority value based commissioning initiatives identified for implementation in 2020-21;</li> <li>• <b>Support</b> that the WHSSC team progress enabling actions including necessary contracting changes via the Finance Sub Group.</li> </ul>
JC19/091	<p><b>Neonatal Transport Review Recommendations</b></p> <p>The Joint Committee received a report setting out the key recommendations from the Review of the South Wales Neonatal Transport Service and seeking support for the implementation process to commission a permanent 24 hour neonatal transport service.</p> <p>Members noted the final report had been discussed with both Management Group and the Neonatal Transport Sub-Group at the end of February. KP reported that Management Group had supported the Lead Provider proposal and had stressed the need for a sensible neonatal transport budget that would not destabilise the three neonatal intensive care units but had expressed concern over the single site model which they believed would potentially disenfranchise the workforce.</p> <p>KP reported that, given it would take nine months to implement a permanent solution, the Neonatal Transport Sub-Group had been asked to provide a proposal for an interim model solution, as required by Welsh Government, by the end of March 2020.</p> <p>KP informed Members that a combined paediatric intensive care / neonatal intensive care solution had not been recommended in the Report nor was it supported by the wider neonatal community.</p> <p>Members noted that Management Group had delegated authority to approve an interim model solution but it was agreed that if there was no</p>

	<p>clear consensus by Management Group the matter would be referred back to Joint Committee for consideration.</p> <p>Members noted that work on workforce implications, both current and future, was ongoing. JT reported that all neonatal intensive care units had the ability to stabilise patients on-site without having to rely on the mobilisation of consultants around the system and would have access to immediate advice while they waited for specialised transport to arrive.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the Independent Review of the South Wales Neonatal Services; and</li> <li>• <b>Support</b> the recommendations made by Management Group at the extraordinary meeting on 27 February 2020 (Appendix 2).</li> </ul> <p>Specifically Joint Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Support</b> the requirement for a 24/7 neonatal transport service for south and west Wales, noting that residents from the BCU Health population already have a 24/7 service;</li> <li>• <b>Support</b> Management Group recommendations that the future model will be commissioned from a lead provider;</li> <li>• <b>Support</b> the establishment of a Task and Finish Group to develop a service specification for the service and implementation process for a 24/7 model;</li> <li>• <b>Support</b> further work to be undertaken by the Finance Sub Group to define and clearly set out the funding of the clinical components of a 24 hours service on the principle will be that the commissioning of a 24 hour service will not de-stabilise the current neonatal intensive care units;</li> <li>• <b>Support</b> the request that in parallel, the Maternity and Neonatal Network undertake demand and capacity modelling of both the number of maternity beds and cots required across the region; and</li> <li>• <b>Approve</b> delegated authority to Management Group to agree an interim solution on the basis that this will be within the resource identified within the 2020/21 Integrated Commissioning Plan (ICP).</li> </ul>
JC19/092	<p><b>Annual Cycle of Business</b></p> <p>The Joint Committee received a report providing Members with the Draft Joint Committee Annual Business Cycle 2020-21.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> and <b>support</b> the content of the report, including the schedule of meetings for 2020-21.</li> </ul>

JC19/093	<p><b>Integrated Performance Report – December 2019</b></p> <p>The Joint Committee received a report which provided members with a summary of the performance of services commissioned by WHSSC for December 2019 and detailed the action being undertaken to address areas of non-compliance.</p> <p>KP reported CVUHB Cardiac Surgery outsourcing to Stoke was progressing well and that CVUHB surgeons had identified a potential cohort of patients suitable for outsourced procedures although some had already declined the offer made.</p> <p>KP reported that Plastic Surgery performance at SBUHB was still a cause for concern but that SBUHB had made three permanent and one locum appointments to support Major Trauma work. KP further reported there were very few outsourcing options for the service.</p> <p>Members noted the Lymphoma Standards had now been published and work was ongoing with CVUHB to assist them in achieving these.</p> <p>KP noted two services had been de-escalated since the report had been written – North Wales Adolescent Service and Thoracic Surgery at SBUHB.</p> <p>PG commented that the new style of summary at the beginning of the report was helpful.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> December 2019 performance and the actions undertaken to address areas of non-compliance.</li> </ul>
JC19/094	<p><b>Finance Report Month 10 2019-20</b></p> <p>The Joint Committee received a report setting out the financial position for WHSSC for the tenth month of 2019-20.</p> <p>Members noted the financial position reported at Month 10 for WHSSC was a year to date underspend of £7,391k with a forecast year end underspend of £4,384k.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the current financial position and year end forecast.</li> </ul>
JC19/095	<p><b>Reports from the Joint Sub-Committees</b></p> <p><b>Management Group</b></p> <p>The Joint Committee received the 23 January and 27 February 2020 briefings.</p>

	<p><b>All Wales Individual Patient Funding Request Panel</b> The Joint Committee received the report of the 22 January and 25 February 2020 meetings.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the content of the reports from the Joint Sub-Committees.</li> </ul>
JC19/096	<p><b>Any Other Business</b> There being no other business, the meeting closed.</p>
JC19/097	<p><b>Date and Time of Next Scheduled Meeting</b> The Joint Committee noted the next scheduled meeting would take place at 09:30hrs on 12 May 2020 in the Conference Room, WHSSC, Unit G1 The Willowford, Treforest Industrial Estate, CF37 5YL.</p>

The meeting ended at 14:35hrs.

**Chairman** .....

**Date**.....



**EMERGENCY AMBULANCE SERVICES  
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON  
10 MARCH 2020 AT THE NATIONAL COLLABORATIVE  
COMMISSIONING UNIT (NCCU) UNIT 1, CHARNWOOD COURT  
HEOL BILLINGSLEY, NANTGARW, CF15 7QZ**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Glyn Jones	Deputy Chief Executive, Aneurin Bevan ABUHB
Sharon Hopkins	Chief Executive, Cwm Taf Morgannwg CTMUHB
Tracy Myhill	Chief Executive, Swansea Bay SBUHB
<b>In Attendance:</b>	
Shane Mills	Deputy Chief Ambulance Services Commissioner
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
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) (Secretariat)

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 20/20	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee. Members noted that the Chair had written to Gary Doherty to thank him for his support for the Committee's work and to wish him well for the future and a positive response had been received.</p>	
EASC 20/21	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Stephen Harray, Simon Dean, Carol Shillabeer, Steve Moore, Len Richards, Steve Ham and Tracey Cooper. Despite best efforts, Karen Miles was unable to join the meeting due to difficulties in connecting to the video conferencing site.</p>	

EASC 20/22	<p><b>DECLARATIONS OF INTERESTS</b> There were no additional interests to those already declared.</p>	Chair
EASC 20/23	<p><b>MINUTES OF THE MEETING HELD ON 28 JANUARY 2019</b> The minutes were <b>confirmed</b> as an accurate record of the meeting held on 28 January 2019.</p>	Chair
EASC 20/24	<p><b>ACTION LOG</b> Members <b>RECEIVED</b> the action log and <b>NOTED</b> progress as follows:</p> <p><b>Emergency Medical Retrieval Service (EMRTS) Gateway Review</b> The Chair requested that work to complete this item take place before the next meeting.</p> <p><b>EASC 18/06 &amp; EASC 18/65 &amp; EASC 19/21 Integrated Performance Dashboard</b> Members noted that the dashboard would now be developed by the EASC Management Group and this would be removed from the action log.</p> <p><b>EASC 19/08 &amp; EASC 19/21 &amp; EASC 19/23 Emergency Medical Retrieval Service (EMRTS) Refresh of the commissioning framework</b> Members noted that the work to develop the framework was almost complete and would be provided at the next meeting.</p> <p><b>EASC 19/12 Risk Register</b> An overview of the risks would be provided in the governance report and would be developed in line with the host body arrangements for the next meeting.</p> <p><b>EASC 19/55 &amp; 19/92 Mental Health</b> An overview would be provided in the Chief Ambulance Services Commissioner Report.</p> <p><b>EASC 19/78 Reference document on the WAST Relief Gap Emergency Ambulance Service</b> Jason Killens explained that returning to the 2013/4 percentage in terms of levels of spending on front line staff was linked to providing the baseline position which he felt would need to be discussed with Stephen Harray further. Members noted that a small part had been agreed through the process of approving the Integrated Medium Term Plan (IMTP), although it would need to be agreed how this could be measured. Members agreed to keep this action open.</p>	<p>CASC</p> <p>Ross Whitehead</p> <p>James Rodaway</p> <p>Gwenan Roberts</p> <p>CASC</p> <p>Jason Killens</p>

	<p><b>EASC 19/79</b>  <b>WAST Service Transformation</b>                  Jason Killens explained that this was part of the work related to pathway access and development and suggested this would be an important element for the Taskforce to consider shortly.</p> <p><b>EASC 19/97</b>  <b>Serious Adverse Incidents (SAIs)</b>                  Members noted that SAIs would be discussed at the forthcoming Quality and Delivery meeting. More detail would need to be provided and Shane Mills confirmed that the reasons for incidents would be analysed over the next year.</p> <p><b>EASC 19/100</b>  <b>Emergency Department Quality and Delivery Framework</b>                  An update would be provided at the next meeting.</p> <p><b>EASC 19/103</b>  <b>Governance</b>                  Members noted that the Directors of Finance were developing Standing Financial Instructions across Wales for Health Boards and NHS Trusts. A version of the SFIs would be developed for the Welsh Health Specialised Services and, for the first time, for EASC. A further update would be provided when the draft SFIs had been received.</p> <p><b>EASC 20/12</b>  <b>Ministerial Ambulance Availability Taskforce</b>                  Members noted that the membership of the Taskforce had been confirmed and invitations sent for the first meeting. Members noted that a draft Terms of Reference had been developed and would be shared for information.</p> <p><b>Emergency Medical Retrieval and Transfer Service</b>                  A meeting was planned to take place before the end of March with the Air Ambulance Charity.</p> <p><b>Research related to triage tools</b>                  Jason Killens gave an update on the 'breathing card' and also the work of the Academy in a further audit involving a larger group of patient calls. Once received the final information would be shared with the EASC Management Group.</p> <p><b>EASC 20/15</b>  <b>Finance Report</b>                  Stuart Davies reported that 'A Healthier Wales' allocation had not quite been finalised. A further report would be provided in the next finance report.</p>	<p>Jason Killens</p> <p>Ross Whitehead</p> <p>Jo Mower/ Julian Baker</p> <p>Stuart Davies</p> <p>CASC</p> <p>Chair and CASC</p> <p>Jason Killens</p> <p>Stuart Davies</p>
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	<p><b>EASC 20/16</b>  <b>EASC Governance Update</b>                  Gwenan Roberts explained that the current risks had been identified and had been included in the Governance update report.</p> <p><b>Annual Reports for the Committee and Sub Group</b>                  Members noted that plans were in place for the sub Group to develop annual reports to assist the Committee in assessing and evaluating its impact. In line with the Standing Orders the reports would be received during the summer.</p>	<p align="center">Gwenan Roberts</p>
<p>EASC 20/25</p>	<p><b>MATTERS ARISING</b></p> <p>There were none.</p>	
<p>EASC 20/26</p>	<p><b>CHAIR'S REPORT</b></p> <p>The Chairs report was <b>received</b> by Members. In presenting the report, Chris Turner highlighted his key meetings which had taken place since the last meeting of the Committee. Members noted the change in the way information was presented to health boards which was being perceived as being helpful and informative.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair's Report.</li> </ul>	
<p>EASC 20/27</p>	<p><b>FORWARD PLAN OF BUSINESS</b></p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and suggested that arrangements for the approval of the IMTP would need to be brought forward to meet the timescales set by Welsh Government.</p> <p>Following discussion, Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan for future meeting in line with the discussions held.</li> </ul>	<p align="center">Gwenan Roberts</p> <p align="center">Chair and CASC</p>
<p>EASC 20/28</p>	<p><b>CONFIRMED ACTION NOTES FROM EASC SUB GROUPS</b></p> <p>Members received the following items:</p> <ul style="list-style-type: none"> <li>• EASC Management Group meeting 9 January 2020</li> <li>• Non-Emergency Patient Transport Delivery Assurance Group meeting date</li> <li>• Emergency Medical Retrieval and Transfer Service Delivery Assurance Group</li> </ul>	

	<p>Further discussion took place in relation to the:</p> <ul style="list-style-type: none"> <li>• Highlight Report EASC Management Group 21 February 2020</li> </ul> <p>Members noted that this was the first highlight report received from an EASC Sub Group with the aim of providing a brief summary of the key issues in the most recent management group. Members felt it was a useful summary and this approach would be adopted across all of the EASC Sub Groups. The highlight report would be additional to and not in place of the full minutes/notes (Action log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the action notes</li> <li>• <b>APPROVE</b> the highlight report for use by all Sub Groups.</li> </ul>	
<p>EASC 20/29</p>	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER’S REPORT</b></p> <p>The Chief Ambulance Services Commissioner’s (CASC) report was received. In presenting the report Shane Mills, Deputy CASC highlighted the following:</p> <ul style="list-style-type: none"> <li>• National Transfer Services including critical care – Members noted that work was ongoing with the Emergency Medical Retrieval and Transfer Service to take forward the work with a clinical lead and working closely with WAST to ensure that sufficient clinical teams were available which was considered key.</li> <li>• Ministerial Ambulance Availability Taskforce – Members noted that the membership had been confirmed and arrangements were underway to finalise the meeting dates; the draft terms of reference would be shared with Members</li> <li>• Escalation – the revised arrangements for the coordination and chairing of the daily regional escalation calls had progressed and WAST had established an Operational Delivery Unit which was fully operational on 2 March 2020. The detail of the arrangements would be discussed at the next meeting of the EASC Management Group.</li> <li>• Emergency Medical Retrieval and Transfer Service - the EMRTS Service Expansion Review was a key focus for the service and would commence from 1 April 2020, with the introduction of a 24-hour operation based at Cardiff Heliport. Further discussions would need to take place regarding infrastructure and the capital requirements (action log).</li> <li>• Urgent Mental Health Access and Conveyance Review – Members were pleased to note that 10,000 responses had been received. Shane Mills explained that the information was fascinating and work had commenced on writing the report which was due to be published in May 2020. The aim was to try and provide health board and regional level information. The Report would be discussed at the Mental Health Crisis Concordat meeting and would be shared with members of the committee in due course (action log).</li> </ul>	<p>CASC</p> <p>Jason Killens</p> <p>CASC</p> <p>Shane Mills</p>

	<ul style="list-style-type: none"> <li>• Co-Chairing a Task and Finish Group to explore opportunities for fire and rescue and NHS services to collaborate – Members noted that Stephen HARRY had been asked to co-chair the group to optimise the clinical outcomes and experience for the people of Wales. Ministers would like to explore the potential role of fire and rescue services in providing emergency medical service support.</li> </ul> <p>It was expected that the task and finish group would include representation from Directors of Primary, Community and Mental Health; Public Health; and Therapies peer groups in addition to relevant representatives of the Welsh Ambulance Services NHS Trust. Members discussed that health boards had been asked to respond to the Minister on this matter. A further update would be provided at the next meeting (Action Log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chief Ambulance Services Commissioner’s report.</li> </ul>	<p>CASC</p>
<p>EASC 20/30</p>	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</b></p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:</p> <ul style="list-style-type: none"> <li>• Performance – Members noted an improving position in January and the organisational data suggested that this had been maintained in February.</li> <li>• Ambulance quality indicators would soon be provided on a monthly basis (Action Log)</li> <li>• Demand and Capacity Review – progress continuing with the work to recruit the additional 136WTE and an additional number of staff for the new Grange hospital expected to be approximately 100. Members noted that there was currently a difference of opinion regarding the model being developed and Jason Killens would write to Judith Paget to outline his concerns. Members noted that when the turnover rates of staff were added this would equate to the requirement to recruit over 300 staff this year. The Chair asked how feasible this would be in view of previous information. Jason Killens reassured members that the type of staff required, such as urgent care staff, would be relatively quicker, easier and cheaper to recruit and train (Action log).</li> <li>• Aneurin Bevan University Health Board (ABUHB) – Members noted that the ABUHB wanted to commission a service from the WAST and it was described as a huge requirement.</li> </ul>	<p>Ross Whitehead</p>

	<ul style="list-style-type: none"> <li>• Members felt that if the service required a significant number of additional paramedics this would be an issue for the committee. It was agreed that the model choice may be beyond the local health board if this impacted on the wider system and any additional service would need to be presented to the Committee for consideration. Members wanted to understand the collective benefit and impact; in addition to work force requirements the fleet impact would also need to be clear.</li> <li>• Recruitment – Members noted that WAST were now seeking to recruit 350 staff this year. The EASC Management Group would be asked to monitor the numbers of staff recruited.</li> <li>• Coronavirus – ongoing work to reconfigure the organisation to prepare for Covid 19. This would likely delay other matters in the previously agreed plans.</li> <li>• Major Trauma Network go live – Members noted that concerns had been raised at health board level and following discussion at the EASC Management Group this was now a standard item on its agenda.</li> <li>• Readiness for WAST major trauma - Jason Killens explained that there were two aspects of the work, developing the desk and ensuring the awareness of the wider staff. Members noted that the staff had been recruited for the desk and training was taking place. Jason Killens agreed to inform the CASC of the numbers of staff recruited to date; the plan was to go live at the end of March 2020 although there was a slight risk relating to the training of staff, although a senior decision maker would always be available on the desk</li> <li>• Safe cohorting of patients – Jason Killens was asked how the impact of this work would be measured – Members could understand the hard measure of lost hours but more difficult to quantify whether the patient experience was better. Members agreed it was important to learn lessons to share across NHS Wales; staff morale had significantly improved. EASC Management Group would be asked to coordinate the impact of safe cohorting of patients and share any learning. Internal communications were also considered to be important and positive for staff (Action Log).</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the provider report and the actions agreed.</li> </ul>	
<p>EASC 20/31</p>	<p><b>STRATEGIC COMMISSIONING INTENTIONS</b> The Report on Strategic Commissioning Intentions was received; presented by James Rodaway the report highlighted the commissioning plan for the Integrated Medium Term Plan and the aim to develop the Emergency Ambulance Services Committee influence across NHS Wales in line with the quadruple aim of the Institute of Healthcare Improvement.</p>	

	<p>Members noted that meetings were taking place between the planning teams to develop the action plan and would be discussed in detail at the EASC Management Group. The key underpinning actions would be to develop a detailed delivery plans which were aligned with national programme plans and the Welsh Ambulance Services NHS Trust. Workstreams would be developed which would also identify key resourcing requirements.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the approach and work programme to deliver EASC Strategic Commissioning Intentions.</li> </ul>	
<p>EASC 20/32</p>	<p><b>FINANCE REPORT</b></p> <p>Members <b>received</b> the Finance Report which was presented by Stuart Davies and provided the monitoring report for Month 10 and 11 showing the breakeven position.</p> <p>Members were informed that a possible underspend on 'A Healthier Wales' 1% allocation had been identified and would be quantified by the end of March (Action Log).</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	<p>Stuart Davies</p>
<p>EASC 20/33</p>	<p><b>EASC GOVERNANCE UPDATE</b></p> <p>The governance update report was received and presented by Gwenan Roberts.</p> <p>Members discussed the risks identified and suggested that further work was required to distinguish between issues and risks and ensure that risks are clearly identified and articulated. The updated risk register would be presented to the next EASC Management Group for further discussion and development (Action Log).</p> <p>Members noted that the work had commenced with the sub groups to ensure a consistent style and approach. The confirmed action notes had been received by the Committee and the highlight report welcomed to share information more easily. Members noted that each sub group would present an annual report for the Committee's approval during the summer months.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Governance Update</li> </ul>	<p>Committee Secretary</p> <p>Sub Group leads Committee Secretary</p>

<p>EASC 20/34</p>	<p><b>INTEGRATED PERFORMANCE DASHBOARD</b></p> <p>The Integrated Performance Dashboard report was received; in presenting the report Ross Whitehead apologised to members that the interactive demonstration was not available. However, Members noted the progress made in developing the dashboard which followed improved access to source data across the 5 step ambulance pathway and which would also provide health board specific information. The aim would be to provide a broader understanding of flow through the system. Members noted the work and asked that the EASC Management Group oversee the ongoing development and refinement of the dashboard (Action Log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Integrated Performance Dashboard and the plan that the EASC Management Group oversee the further development.</li> </ul>	<p>Ross Whitehead</p>
<p>EASC 20/35</p>	<p><b>AMBULANCE QUALITY INDICATORS</b></p> <p>The latest Ambulance Quality Indicators (AQI) published on Wednesday 29 January 2020 were received. The AQIs were for the period: 1 October 2019 to 31 December 2019 and described performance across the 5 Step Ambulance Care Pathway.</p> <p>In presenting the report, Ross Whitehead highlighted the following:</p> <ul style="list-style-type: none"> <li>• The agreement to publish the AQIs monthly which would allow better access to information in a more timely way to start in April 2020 (Action Log)</li> <li>• Members were asked to reconsider the AQIs and whether any needed to be added, amended or removed</li> <li>• The key aim is to make the AQIs more visual for members and generally more public facing</li> <li>• More work to be undertaken to focus on quality and less on performance and activity which would be included in the integrated performance dashboard.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Ambulance Quality Indicators and the plans for monthly report and public facing information.</li> </ul>	

<b>ANY OTHER BUSINESS</b>	
<p>EASC 20/36</p>	<p><b>CORONAVIRUS</b></p> <p>Members noted that the CASC had written to WAST and the Emergency Medical Retrieval and Transfer Service to seek assurance regarding the pandemic plans for dealing with the coronavirus. In relation to WAST, Jason Killens explained that work was moving at pace to ensure readiness to respond to the requirements as far as possible.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• Triggered plan two weeks ago</li> <li>• Pandemic flu plan and mechanisms this week</li> <li>• Using the evidence that Covid 19 coming and triggered across organisation</li> <li>• Workforce sustainability - risk of increase in level</li> <li>• Personal protective equipment strand – logistic cell</li> <li>• Security – points of contact re 999/ 111 and controlling access</li> <li>• Considering size of control centres – maybe reduce to smaller sections to protect service</li> <li>• Home work for non essential staff</li> <li>• Redeploying and re training staff for 111 service</li> <li>• Decoupling 111 service and the clinical control centre service to start week after next</li> <li>• Emergency medical service (EMS) perspective developed and how decisions will be made about the resources deployed</li> <li>• Shared with Andrew Goodall’s team in Welsh Government</li> <li>• Will discuss the deployment of resources at the Board meeting at the end of the month</li> <li>• Range of cells / groups working together – looking at weekly and daily matters</li> <li>• Emergency planner coordinating key issues</li> <li>• Also part of the UK response</li> <li>• Will need a position when demand far outstrips capacity and how decisions will be made</li> <li>• Will need a pre approved mechanism</li> <li>• Plans include need for communication including social media messages</li> </ul> <p>Members discussed at length in relation to plans which included:</p> <ul style="list-style-type: none"> <li>• If WAST declaring major incident need to discuss the impact on health boards and how we co-ordinate actions</li> <li>• Need therefore to develop a coordination mechanism with health boards</li> </ul>

## AGENDA ITEM 1.4

	<ul style="list-style-type: none"> <li>• Need to use the Welsh Government arrangements for severe pressures; CEO calls</li> <li>• Meeting re impact on patient experience to be discussed by the Director of Nursing and CASC</li> <li>• Need a way of ensuring health boards are triggered to respond and the mechanism which can be used</li> <li>• Major incident information - discussion and pre agreed actions</li> <li>• Importance of gold command arrangements</li> </ul> <p><b>Actions agreed:</b></p> <ul style="list-style-type: none"> <li>• We will raise issues of service pressure in WAST with the national team at the Welsh Government</li> <li>• Health Board and WAST plans will need to link using an agreed mechanism</li> <li>• EASC Team role to identify the key issues which will have an impact more widely on health boards</li> <li>• More important than ever to be joined up and ensure collective decision making</li> </ul> <p>Members <b>RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> and thank the WAST Team for their work to date.</li> </ul>	
<b>DATE AND TIME OF NEXT MEETING</b>		
EASC 20/19	A meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 12 May 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed .....

**Christopher Turner (Chair)**

Date .....

## ARCH Service Transformation Meeting

### Action Notes

**Date:** 5<sup>th</sup> March 2020

**Time:** 9:00-11:00

**Venue:** Meeting Room 3, Floor 1,  
Clinical Admin Building, Morriston  
Hospital

<b>Chaired:</b>	Phil Kloer (PK)	<b>Apologies:</b>	Shaun Ayres Aiden Byrne
<b>Actions Recorded:</b>	Sophie Marr (SM)		
<b>Attendees:</b>	Siân Harrop-Griffiths (SHG) John Gammon (JG) Mark Henwood (MH) Nicola Johnson (NJo) Meinir Jones (MJ) Naomi Joyce (NJ) Julia Pridmore (JP) Charlie Mackenzie (CM) Sharon Vickery (SV) Craig Wilson (CW) Alexandra Simmonds (AS) Tom Howson (THo) Karen Stapleton (KS) Heather Edwards (HE) Julie Morse (JM) Susan Wilson (SW) Stephen Evans (SE) Joan Wilding (JW)		Gareth Davies Rhian Davies Amanda Evans Sarah Gates Steve Herrieven Tersa Humphreys Gareth Jenkins Keith Jones Leighton Phillips Libby Ryan-Davies Hannah Rix Daniel Warm

<b>Agenda item:</b>	<b>1.1 Welcome, introductions, and apologies for absence</b>	<b>Action Lead:</b>
<b>Discussion:</b>	All were welcomed to the meeting and apologies were noted.	
<b>Actions:</b>	▪ N/A	
<b>Agenda item:</b>	<b>1.2 Minutes of the last meeting and Matters arising</b>	<b>Action Lead:</b>
<b>Discussion:</b>	The action notes from the last Service Transformation Programme Board on 14th January 2020 were agreed and the actions were complete or on the agenda for discussion. Action items 3.22 and 3.53 will be addressed to ensure completion.	
<b>Actions:</b>	<b>1. Ensure any outstanding actions on the Action Log are either addressed or completed</b>	<b>SM</b>
<b>Agenda item:</b>	<b>2. ARCH Regional Governance Arrangements</b>	<b>Action Lead:</b>

<b>Discussion:</b>	<p>KS presented the ARCH Regional Governance Arrangements which included a summary of the delivery objectives of the Regional Clinical Services Plan (RCSP), the transaction of services across both health boards and the key milestones and deliverables. KS also presented the revised structure for the ARCH Regional Governance Arrangements.</p> <p>SHG explained that a positive meeting with Welsh Government (WG) had taken place to discuss the National Clinical Services Plan and there was support for the regional working. Discussions from this meeting helped to streamline the governance arrangements and it was agreed there are clear priorities and defined delivery plans.</p> <p>The ARCH Partnership Board will be meeting on 17<sup>th</sup> March and the group were asked to bring forward any priorities which should be raised. JG suggested that non-clinical projects should be highlighted at the ARCH Partnership Board meeting in order to demonstrate the achievements of collaborative work between ARCH and Swansea University.</p>	
<b>Actions:</b>	<p><b>2. Circulate ARCH Regional Governance arrangements presentation</b></p> <p><b>3. Highlight Non-Clinical Projects at next ARCH Partnership Meeting on 17th March</b></p>	<p><b>SM</b></p> <p><b>KS</b></p>
<b>Agenda item:</b>	<p><b>3. Clinical Service Projects</b></p> <p><b>3.1 Hyper Acute Stroke Unit Update</b></p>	<p><b>Action Lead:</b></p>
<b>Discussion:</b>	<p>SW explained the progress of the Hyper Acute Stroke Unit (HASU) work to date. There have been challenges in agreeing a regional HASU model due to a number of factors. Firstly there has been a lack of consensus over the redesign of the stroke pathway in Hywel Dda University Health Board (HDdUHB). HDdUHB are undertaking an engagement process which is likely to take several months before reaching agreement on HDdUHB stroke pathway redesign.</p> <p>Swansea Bay University Health Board (SBUHB) have yet to establish a stroke redesign group to explore scoping for redesigning the stroke pathway. SBUHB need clarification from Cwm Taf Morgannwg University Health Board (CWMUHB) around Princess of Wales Hospital plans for hyper-acute stroke care. Both Health Boards need to align their stroke programmes and timelines in order to successfully develop a regional HASU model.</p> <p>SHG wrote to CTMUHB regarding POW plans for hyper-acute stroke care but has had no response back to date. SHG will raise this again at a meeting with CTMUHB and feedback to SW.</p> <p>PK highlighted the importance of HASU access for the HDdUHB population when deciding on locating sites. SHG thanked SW for her commitment to the project and keeping momentum. All agreed it was a strategically important project. KS explained that CW and AS met to discuss extending funding for the project in order to continue. CW and AS are looking at opportunities within the team.</p>	
<b>Actions:</b>	<p><b>4. SW to liaise with SHG for feedback on meeting with CTMUHB to discuss POW plans for hyper-acute stroke care</b></p> <p><b>5. Continue to provide regular updates on HASU progress to ARCH Service Transformation meeting</b></p>	<p><b>SW</b></p> <p><b>SW</b></p>
<b>Agenda item:</b>	<p><b>3.2 Interventional Radiology Services Update</b></p>	<p><b>Action Lead:</b></p>
<b>Discussion:</b>	<p>PK gave a brief background to the establishment of the Interventional Radiology (IR) Services project.</p>	

AS explained that one of the original ambitions of the project was to have a 24/7 regional IR service. The vision document presented at the last meeting was used to develop the work plan with assigned leads and timelines. It was felt the original ambition of a 24/7 regional IR service was unrealistic due to lack of Radiologist specialists trained in IR. This is a National issue not just local. There is an exploratory meeting planned at the end of the month to discuss the potential of commissioning the recently established OOH IR service with Cardiff & Vale University Health Board (C&VUHB). It was agreed that HDdUHB IR service provision should also be represented along with SBUHB's priorities at this meeting. A risk-based view has been adopted to address which services can be provided locally and current gaps in the service which need to be commissioned. Next steps include developing a workforce matrix to identify which skill sets have been lost due to staff departure.

PK suggested exploring opportunities for the vascular service in SBUHB to support IR workforce provisions. Other opportunities to explore are through working with the Imaging Academy to develop training programmes, Allied Health Professional posts, and upskilling staff in Prince Phillip Hospital. It was agreed that an academic post could aid recruitment along with discussions with Swansea University and Cardiff University to develop clinically led training programmes. SE offered support to facilitate a meeting between the IR service, JG and NJ given the impending merger between the School of Medicine and the College of Human and Health Sciences, to discuss creating a joint IR post incorporating research and innovation.

The group highlighted that new or amended IR pathways need to be communicated to clinicians in SBUHB and HDdUHB. AS agreed that a robust communication strategy will be paramount in the improvement of the service. The Communications strategy should give clarity around pathways for referring clinicians including clear pathway flow diagrams.

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|-----------------|---|-----------|
| <b>Actions:</b> | <b>6. Facilitate meeting between AS, AE, NJ and JG to explore developing clinically led IR specialist training programmes within Swansea University</b>     | <b>SE</b> |
|                 | <b>7. Arrange meeting between AS, MH, LK and AE to discuss Comms strategy for IR pathways and HDdUHB representation at C&amp;VUHB meeting on 18th March</b> | <b>AS</b> |

<b>Agenda item:</b>	<b>3.3 Dermatology Regional Service Update</b>	<b>Action Lead:</b>
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**Discussion:** SE shared the Dermatology Regional Service Implementation Plan which was agreed at the most recent Dermatology Regional Service project group meeting in February 2020. SE explained that it was a positive meeting where discussions were around how the Plastics service can support the Dermatology service with recruitment by creating a post in HDdUHB. The Dermatology team had agreed to support 0.5 to 1 WTE Consultant Plastic Surgeon with Dermatology interest across the region in the short term. SBUHB will jointly advertise two posts along with NPTH to maximise the number of applicants. Further work is still required to undertake mapping demand and capacity across the region. That meeting was also been attended by Sion James (deputy Medical Director of HDdUHB) who input from the primary care perspective from within HDdUHB. Other areas looking to explore workforce opportunities such as to utilise General Practitioners with Extended Roles (GPwERs), Clinical Nurse Specialists (CNSs), and See and Treat clinics were all progressing.

CWi explained that Dr Sharon Blackford (SB) Clinical Lead for Dermatology is due to retire and return on a part-time basis in June 2020 and this may have a significant impact on the Dermatology service. It is anticipated that SB will be stepping away from sessions within HDdUHB, triaging of HDdUHB referrals, and leading the GP Development Programme. There is a need to identify a new Clinical Lead to mitigate these risks. CWi also highlighted that NPTH Dermatology services are currently supported by CTMUHB. It is anticipated that

CTMUHB Consultant Dermatologists may withdraw from the NPTH service. It was agreed to explore opportunities to utilise collaborative working between the Plastics service and Dermatology service to address challenges in recruiting into Dermatology posts.

PK agreed with the need to mitigate any risks associated with losing a Clinical Lead along with SB's expertise.

JG explained that advanced practice programmes exist within Swansea University to support Dermatology posts locally. CWi agreed there is interest for CNSs to undertake advanced practice programmes, however, they require clinical supervision. It is necessary to scope the number of CNSs required to undertake training, costs associated, and a clear training plan and timelines. SV offered to support workforce issues.

SE outlined the progress of the Point, Click, Notify Application. The project group last met in January where a work plan was developed, leads were assigned, and timelines were discussed. SBUHB Dermatology outpatient clinics have started capturing images weekly which will assist system development and machine learning. Information Governance are on board and offered support and advice. NJ suggested it may be beneficial to link with AgorIP and Accelerate for support with Point, Click, Notify development.

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| <b>Actions:</b> | <b>8. Liaise with Swansea University to identify advanced practice programmes to support Dermatology posts locally</b> | <b>SE</b> |
|                 | <b>9. Link with SV to discuss support for workforce issues</b>   | <b>SE</b> |
|                 | <b>10. Link with NJ to discuss how Accelerate could support Point, Click, Notify project</b>                           | <b>SE</b> |

<b>Agenda item:</b>	<b>3.4 Eye Care Regional Project Update</b>	<b>Action Lead:</b>
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**Discussion:** SE explained that ARCH led an Eye Care Regional Project in 2018 to improve and develop pathways across the service. ARCH has recently been asked to offer support to the Eye Care Service across HDdUHB and SBUHB. A regional workshop will be held on 1<sup>st</sup> May to discuss strategies to address immediate operational issues and a long term plan for the service which CWi will be chairing. A planning meeting is scheduled for 13<sup>th</sup> March. PK suggested inviting David O'Sullivan and Rebecca Bartlett to the workshop to represent Optometric Advisors' input. PK highlighted the need to work collaborative working between the Eye Care workforce across both health boards.

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| <b>Actions:</b> | <b>11. Include Optometrist Advisors in the Eye Care Workshop in May and share invite list with MH and PK</b> | <b>SM</b> |
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<b>Agenda item:</b>	<b>3.5 South West Wales Cancer Centre Update</b>	<b>Action Lead:</b>
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**Discussion:** NJo outlined the South West Wales Cancer Centre programme business case (Phase 1) which will evaluate the options for cancer services and the potential for a Cancer Centre on a Morrison Health Campus, this programme of work has been underway since 2017. This cancer programme also builds on the Non Surgical Cancer Strategy produced through ARCH in 2018. The Regional Clinical Services Plan aims to implement the strategy and development of the business case. The South West Wales Cancer Centre will provides a hub and spoke model and services will continue to be provided in Singleton Hospital for the foreseeable future and maybe beyond. There is work still to do to identify sites for additional services.

Talks are ongoing to see if highly technical services can be provided in HDdUHB. There is potential radiotherapy capacity within HDdUHB. The business case has been complicated

by the volume of capital development (new and old) across both health boards. Demand and capacity work is in progress for chemotherapy pathway, single cancer pathway, and a Centre for Excellence for research. A mobile PET/CT scanner will be provided on site in Singleton Hospital which will improve survival outcomes and will be the first to be provided in South Wales.

The business case has been presented as a direction of travel for both health boards and the case should be flagged in both annual plans. The programme business case has been shared through each health board's own governance arrangements. Finances have been discussed through LTA meetings and an option appraisal will be discussed with a view to how services will look in 10 years.

PK agreed with the need for patients to access a comparable service within the South West Wales region. The case should be flagged in annual plans, particularly with regards to revenue for both health boards. Given the geography of HDdUHB and the needs of the population, hospital sites should be carefully chosen; Morriston will provide better access to HDdUHB population than Singleton. There is also a need to connect with the Community Health Council (CHC) during the engagement process.

NJo explained that the paper went through the formal Senior Leadership Team in SBUHB and effort is being made for the same within HDdUHB. There will be a joint meeting with WG to discuss accessing monies with WG. The Corporate Risk Register money could be accessed for the Chemotherapy Centre. WG are holding central performance monies which could be used as leverage.

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| <b>Actions:</b> | <b>12. Follow up with PK to flag up with KM the WG meeting to ensure SW Wales representation at meeting</b>  | <b>NJo</b> |
|                 | <b>13. Follow up with PK to flag up SW Wales Cancer Centre Programme Business Case with the People, Performance and Planning Assurance Group Committee</b> | <b>NJo</b> |

<b>Agenda item:</b>	<b>3.6 Clinical Projects Flash Report Regional Pathology Centre</b>	<b>Action Lead:</b>
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**Discussion:** HE explained that further scrutiny comments with regards to the SOC have been received by WG. The comments include how the business case ties in with the Swansea Bay City Deal, Radiology Services, and the Morriston Hospital road plan. The project team are currently developing a response in order to gain WG approval for the SOC. HE explained the positive news that her and JW's secondment has been extended by six months to support the project. Work is underway with SV to arrange a workforce workshop to develop a robust workforce plan to address the fragility of the workforce.

HE will liaise with NJ to discuss aligning the business case with the Swansea Bay City Deal Plan. HE explained that the 2024 timetable is currently on track. PK raised the importance of being mindful of delays and modernisation activity needs to be completed before any new building starts. PK also suggested working collaboratively with HDdUHB to develop work streams. HE explained that HDdUHB Cancer clinicians are involved in meetings.

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| <b>Actions:</b> | <b>14. Share Regional Pathology Centre plans with NJ to ensure alignment with Swansea City Deal plans</b> | <b>HE</b> |
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<b>Agenda item:</b>	<b>3.6 Digitisation of Services Programme</b>	<b>Action Lead:</b>
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<b>Discussion:</b>	SE explained that the project has come to a halt due to operational pressures impacting capacity. PK asked that an update be returned to the agenda in a subsequent Service Transformation meeting. PK asked SE to draft letter/email to discuss project leadership with the Digital Executive Leads for both health boards.	
<b>Actions:</b>	<b>15. Draft email for PK to send as Chair of Service Transformation Group to Digital Executive Leads in both health boards</b>	<b>SE</b>
<b>Agenda item:</b>	<b>4.1 Non-Clinical Projects Regional Wellbeing and Prevention</b>	<b>Action Lead:</b>
<b>Discussion:</b>	<p>JM outlined that a regional wellbeing and prevention workshop was held in February 2020. Keith Reid and JP co-led the workshop. Public Health Wales (PHW) wanted to focus on identifying a regional work programme to prevent stroke and improve smoking cessation. The outputs of the workshop included developing a “healthy lungs” programme incorporating vaping and drug smoking. It was suggested to use the regional workforce as a test population.</p> <p>The current coronavirus outbreak has hampered discussions with PHW to form next steps. JP added that another output from the workshop involved strategies to change culture and behaviours to prevent unhealthy habits and focusing on a whole wellbeing pathway. Swansea University are currently working on the impact of behaviour changes for workforce.</p> <p>The group agreed that due to PHW capacity and the need to prioritise the coronavirus outbreak, it would be sensible to postpone next steps discussions until later on in the year, but continue work in the background.</p>	
<b>Actions:</b>	<b>16. Pause Regional Wellbeing and Prevention project for the foreseeable but continue background work</b>	<b>JM</b>
	<b>17. Meet with JP and RJ to discuss next steps once capacity to re-establish project identified</b>	<b>JM</b>
<b>Agenda item:</b>	<b>4.2 GEPHI ARCH Asset Map</b>	<b>Action Lead:</b>
<b>Discussion:</b>	<p>SE explained that he has taken the lead for the GEPHI ARCH Asset Map from RT while on maternity leave. RT began work with THo to develop a visualisation of innovation and assets amongst organisations across the region. The map also demonstrates organisations linked to ARCH. The map will be developed further to expand the network across organisations linked to ARCH. Other RPBs are also working with THo to develop their own asset maps. West Glamorgan RPB will be meeting with ARCH soon and this will be discussed further along with its development and the opportunities around the map.</p> <p>THo added that the map will improve links to research, innovation and improvement across the region. Live projects are incorporated in the map which demonstrates transparency of stakeholders involved and will reduce duplication of work. It will also demonstrate potential new links to explore to improve research, innovation, and improvement opportunities. Regional Partnership Boards (RPBs) have also asked to undertake an asset map and gap analysis. A collection of asset maps can be used to build a database and how integration can be improved to support health and social care applications. A meeting was held in August 2019 to map Research, Innovation and Improvement Hubs (RII Hubs) across the region. Since then the landscape has grown and changed and further development is required to obtain an updated picture.</p>	

PK agreed the benefit of having a visual demonstration of innovation and improvement across the regional network. KS explained that RII Hubs have secured funding to develop the map. Martyn Palfreman (MP) has connected HDdUHB's funding to the innovation hub within HDdUHB. However there is a risk that MP may not be plugged into the level of detail emerging from the regional map. NJ explained that Gwent, CTMUHB and West are linked in with Leighton to develop this. PK suggested that Research and Innovation Leads should be linked into the project.

NJ expressed that ongoing interaction and engagement with stakeholders across the region would help support the project.

- Actions:**
- 18. Meet with SHG, RE, AB, DE, THo to discuss opportunities around the GEPHI Asset Map** SE
  - 19. Connect NJ/THo with MJ, CD and SG (R&D Director) to discuss opportunities around the GEPHI Asset Map** SE

**Agenda item:** **4.3 ARCH Workforce Projects Update** **Action Lead:**

**Discussion:**

**Regional Apprenticeships**  
Both health boards are undertaking good work around apprenticeships so no need to undertake regionally.

**Community Participation**  
The group are developing a pilot study within HDdUHB around the Welsh Baccaulaureate and engaging young people into the Health sector.

**Staff Wellbeing/Experience**  
This project's objectives link to the outputs of the Wellbeing and Prevention Workshop. A staff wellbeing workshop is arranged for 24<sup>th</sup> April. It was suggested that JP should be involved in planning the workshop.

**Strategic Assessment and Planning Project**  
The Projects and Workforce Directors have requested for a project to be established to develop workforce re-design as service managers have little capacity and need advice and support on workforce modernisation. SV has offered support and the project mandate will be shared.

There is a huge deficit in both health boards in skilled workforce planning and alignment with the CSP. Two Directors of Workforce have read the project mandate and discussions show support for funding a joint Workforce and Planning post.

- Actions:**
- 20. Include JP in planning Staff Wellbeing/Experience Workshop on 24th April** KS
  - 21. Share Strategic Assessment and Planning Project mandate with SV** KS

**Agenda item:** **5. Any Other Business** **Action Lead:**

**Discussion:** There was no further business.

**Actions:** N/A

**NEXT MEETING: 14<sup>th</sup> May 2020**

**Action Log from Meeting** **Action Lead**

- 1. Ensure any outstanding actions on the Action Log are either addressed or completed** SM

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|---|-----|
| 2. Circulate ARCH Regional Governance arrangements presentation   | SM  |
| 3. Highlight Non-Clinical Projects at next ARCH Partnership Meeting on 17th March   | KS  |
| 4. SW to liaise with SHG for feedback on meeting with CTMUHB to discuss POW plans for hyper-acute stroke care                                       | SW  |
| 5. Continue to provide regular updates on HASU progress to ARCH Service Transformation meeting  | SW  |
| 6. Facilitate meeting between AS, AE, NJ and JG to explore developing clinically led IR specialist training programmes within Swansea University    | SE  |
| 7. Arrange meeting between AS, MH, LK and AE to discuss Comms strategy for IR pathways and HDdUHB representation at C&VUHB meeting on 18th March    | AS  |
| 8. Liaise with Swansea University to identify advanced practice programmes to support Dermatology posts locally                                     | SE  |
| 9. Link with SV to discuss support for workforce issues   | SE  |
| 10. Link with NJ to discuss how Accelerate could support Point, Click, Notify project   | SE  |
| 11. Include Optometrist Advisors in the Eye Care Workshop in May and share invite list with MH and PK   | SM  |
| 12. Follow up with PK to flag up with KM the WG meeting to ensure SW Wales representation at meeting  | NJo |
| 13. Follow up with PK to flag up SW Wales Cancer Centre Programme Business Case with the People, Performance and Planning Assurance Group Committee | NJo |
| 14. Share Regional Pathology Centre plans with NJ to ensure alignment with Swansea City Deal plans  | HE  |
| 15. Draft email for PK to send as Chair of Service Transformation Group to Digital Executive Leads in both health boards                            | SE  |
| 16. Pause Regional Wellbeing and Prevention project for the foreseeable but continue background work  | JM  |
| 17. Meet with JP and RJ to discuss next steps once capacity to re-establish project identified  | JM  |
| 18. Meet with SHG, RE, AB, DE, THo to discuss opportunities around the GEPHI Asset Map  | SE  |
| 19. Connect NJ/THo with MJ, CD and SG (R&D Director) to discuss opportunities around the GEPHI Asset Map  | SE  |
| 20. Include JP in planning Staff Wellbeing/Experience Workshop on 24th April  | KS  |
| 21. Share Strategic Assessment and Planning Project mandate with SV   | KS  |



**GIG**  
CYMRU  
**NHS**  
WALES

Cydweithrediad  
Iechyd GIG Cymru  
NHS Wales Health  
Collaborative

# NHS Wales Collaborative Executive Group

## *Minutes of Meeting held on Tuesday, 24 March 2020*

*(via Skype)*

<b>Author:</b> Rosemary Fletcher		<b>Version:</b> 0b
<b>Members present</b>	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) Alex Howells, Chief Executive, HEIW (AH) Steve Moore, Chief Executive, Hywel Dda UHB (SM) Tracy Myhill, Chief Executive, Swansea Bay UHB (TM) Len Richards, Chief Executive, Cardiff & Vale UHB (LR) Carol Shillabeer, Chief Executive, Powys THB (CS)	
<b>In attendance</b>	Mark Dickinson, NHS Wales Health Collaborative (MD) Neil Frow, Managing Director, NWSSP Jane Green, Welsh NHS Confederation (JG) Helen Thomas, Director, NWIS	
<b>Apologies</b>	Tracey Cooper, Chief Executive, Public Health Wales (TC) Sharon Hopkins, Interim Chief Executive, Cwm Taf Morgannwg UHB (SHo) Jason Killen, Chief Executive, WAST (JK)	

<b>1. Welcome and introduction</b>	<b>Action</b>
<p>JP welcomed colleagues to the meeting and noted the apologies for absence.</p> <p>Due to the response to Covid-19, 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.</p>	

<b>2. Critical Care Clinical Informatics System</b>	<b>Action</b>
<p>Members noted that a presentation had recently been made to the WG Digital Scrutiny Panel, following which advice was due to be made to the Minister, the outcome of which was awaited. The dependency for the Grange University Hospital was noted.</p> <p>CEOs considered the report's recommendations and agreed to:</p> <ul style="list-style-type: none"> <li>• note that a decision was pending from WG on financial support for the CCCIS</li> <li>• note that, once received, there will be a need to move quickly to formalise the agreement with the selected supplier, ASCOM</li> <li>• formal individual chief executive sign off for respective financial contributions would be sought 'out of committee' to facilitate the signing of the contract</li> <li>• note the potential requirement for a 'letter to proceed', and there would be further communication should the need for this arise.</li> </ul>	
<b>3. LINC</b>	<b>Action</b>
<p>Members noted that the OJEU notice for the new LIMS service had closed on 27 February and it was planned for a long list of suppliers to be approved by the LINC Programme Board on 23 March. A revised approach to short-listing was proposed, due to the implications for engagement likely to be presented by the Covid-19 response.</p> <p>CEOs considered the report's recommendations and agreed to:</p> <ul style="list-style-type: none"> <li>• Support the revised approach to shortlisting, which would minimise engagement with the service</li> <li>• Note risks that even a more limited approach may be impacted by lack of availability from programme and NWIS staff, and long-listed suppliers</li> </ul>	
<b>4. Radiology Informatics Systems Procurement Programme</b>	<b>Action</b>
<p>The Radiology Informatics Systems Procurement Programme had commissioned NWIS Commercial Services to seek legal advice around the exit options for the PACS agreement with Fuji and provide recommendations. The legal advisers had recommended taking termination assistance. The contractual framework allows for health boards to issue individual notices or one central notice and the lawyers had recommended one central notice which will need to be done 12 months in advance of the first deployment order, which is BCU UHB on 31 May 2021, to take advantage of the full 42 months assistance.</p>	

<p>It was noted that meant that the latest date by which a single notice could be served in respect of all Deployment Orders would be 30 May 2020. The relevant legal documents were being prepared by the solicitors, should the recommendation for termination assistance be agreed, so that they would be ready for authorisation.</p> <p>The report noted the timescales for the RISP Programme; RF highlighted some amendments to the key dates.</p> <p>It was agreed that, as CEOs needed time to consider the legal advice, RF would amend the report to update the programme timescale and follow up by email with a request for CEOs to:</p> <ul style="list-style-type: none"> <li>• Consider the detail of the legal advice</li> <li>• Consider the recommended approach of a central single notice for all health boards, which would require authorisation to be in place to meet the deadline of 30<sup>th</sup> May 2020</li> <li>• Either agree the recommendation or direct further action</li> </ul>	<p><b>RF</b></p> <p><b>CEOs</b> <b>CEOs</b></p> <p><b>CEOs</b></p>
<p><b>5. Extension to hosting agreement</b></p>	<p><b>Action</b></p>
<p>Members noted that an extension to the hosting agreement, for 2020-2021, was scheduled to be considered for approval at the Public Health Wales Board meeting on 26 March 2020.</p> <p>CEOs agreed to:</p> <ul style="list-style-type: none"> <li>• Endorse, subject to approval at the PHW Board meeting, the extension of the hosting agreement and that the rights and obligations of all parties are as set out in the original signed agreement</li> <li>• Arrange for the hosting agreement to be signed, noting this was likely to need to be undertaken electronically</li> </ul>	<p><b>RF</b></p>
<p><b>6. Collaborative support to the NHS response to Covid-19</b></p>	<p><b>Action</b></p>
<p>RF presented a paper setting out the NHS Wales Health Collaborative's role, to date, in supporting the NHS Wales response to Covid-19. It was highlighted that its role was developing and responding flexibly to meet evolving requirements, and could be broadly categorised in the following areas:</p> <ul style="list-style-type: none"> <li>• providing specific national support and coordination in the areas covered by our various programmes and networks (to directly support the Covid-19 response or to maintain other, essential health services)</li> <li>• supporting the Public Health Wales response (as our host organisation)</li> <li>• direct support by individual members of staff to health board/trust services to enable service continuity</li> </ul>	

<ul style="list-style-type: none"> <li>maintaining urgent, core Collaborative business, e.g. clinical informatics procurement programmes</li> </ul> <p>CEOs considered the scope of the Collaborative’s support and:</p> <ul style="list-style-type: none"> <li>Noted the Collaborative is providing a range of support to NHS Wales in response to the Covid-19 outbreak, and adapting this support as required by the evolving situation</li> <li>Supported the Collaborative in offering support to, and responding to requests from, health boards and trusts to cover specific gaps in capacity.</li> </ul>	
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<b>7. Any other business</b>	<b>Action</b>
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<p><b>South Wales Trauma Network</b></p> <p>RF advised that the Trauma Network Implementation Board had been due to meet on 30 March 2020 to receive the assurance report for readiness to go live. It was noted that this meeting would not go ahead given attention on the Covid-19 response. It was agreed, however, and given the significant work undertaken by all parties with planning for implementation, that the assurance report should be distributed to Implementation Board members for review and to seek their agreement to the report and its recommendations.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> <li>RF, on behalf of TM, to circulate report to Trauma Network Implementation Board for review and confirmation of support to its recommendations, noting that this would be received by WHSSC Joint Committee at a future date, to be determined.</li> </ul>	<p><b>RF</b></p>
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## MINUTES OF THE SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

Thursday 16<sup>th</sup> January 2020

10:00 – 13:00

NWSSP HQ, BOARDROOM

### Present:

Attendance	Designation	Health Board / Trust
Margaret Foster (MF)	Chair	NWSSP
Neil Frow (NF)	Managing Director	NWSSP
Gareth Hardacre (GH)	Director of Workforce & OD	NWSSP
Bob Chadwick (BC)	Executive Director of Finance	Cardiff & Vale UHB
Huw Thomas (HT)	Executive Director of Finance	HDUHB
Mark Osland (MO)	Executive Director of Finance	Velindre
Hazel Robinson (HR)	Executive Director of Workforce & OD	Swansea Bay UHB
Alison Ramsey (AR)	Interim Director of Finance & Corporate Services	NWSSP
Other Attendees		
Steve Elliott (SE)	Deputy Director of Finance	Welsh Government
Martyn Pennell (MP)	Head of Financial Accounting	HEIW
Mark McIntyre (MM)	Deputy Director of Workforce & OD	Powys tHB
Rob Nolan (RN)	Finance Director, Commissioning and Strategy	BCUHB
Peter Stephenson (PS)	Head of Finance & Business Development	NWSSP
Maria Newbold (MN)/Gareth Price (GP)	Board Secretariat	NWSSP
Andrew Evans (AE) (item 2.1 only)	National Programme Manager, Medical Examiner Service	NWSSP

### 1. PRELIMINARY MATTERS

#### WELCOME AND INTRODUCTIONS

No.	Minute	Action
1.1	The Chair welcomed attendees to the January 2020 Shared Services Partnership Committee (SSPC) meeting.	
APOLOGIES FOR ABSENCE		
1.2	Apologies for absence were <b>received</b> from the following:	

	<ul style="list-style-type: none"> <li>• Phil Bushby, Director of People, PHW</li> <li>• Anne Phillimore, Director of Workforce, Cwm Taf Morgannwg</li> <li>• Eifion Williams, Director of Finance, HEIW</li> <li>• Geraint Evans, Director of Workforce &amp; OD, ABUHB</li> <li>• Chris Turley, Director of Finance, WAST</li> <li>• Pete Hopgood, Director of Finance, Powys tHB</li> <li>• Steve Ham, Chief Executive, Velindre University NHS Trust</li> <li>• Darren Dupre, Unison</li> <li>• Andy Butler, Director of Corporate and Finance, NWSSP</li> </ul>	
<b>DECLARATIONS OF INTEREST</b>		
<b>1.3</b>	<b>Declarations of Interest</b> There were no declarations of interest.	
<b>1.4</b>	<b>Previous Minutes</b> Draft Minutes of meeting held on 2 <sup>nd</sup> December 2019 were reviewed and accepted with no issues raised.	
<b>1.5</b>	<b>Action Log</b> All actions to be discussed are complete or on the agenda.	
<b>1.6</b>	<b>Other Matters Arising</b> No other matters arising.	
<b>2. SERVICE DEEP DIVE</b>		
<b>2.1</b>	<p><b>Medical Examiner service</b></p> <p>Andrew Evans gave a comprehensive update on the Medical Examiner Service. The service is a UK-wide approach to addressing the issues raised in scandals such as the Shipman case, Morecambe Bay, and Mid-Staffs. The vision for NHS Wales is a single Medical Examiner service, working on behalf of HBs and Trusts that strengthens safeguards for the public, improves the quality of death certification, and avoids unnecessary distress for the bereaved. The service will be run by the Office of the Lead Medical Examiner for Wales, and will be delivered by Medical Examiners (ME) (approx. 8 WTE) supported by Medical Examiner Officers (MEO) (approx. 27 WTE). Initially MEs will work on a regional basis with the ultimate intention of being employed on an all-Wales basis. MEOs will be locally based, largely on DGH sites. The implementation will be split over two phases, with Phase One focusing on four hub sites with one in each of the following regions (North: Mid and West: South Wales Central: South Wales East). Phase Two, due for completion by March 2021, will cover 15 spoke sites, with full implementation of the service from April 2021.</p>	
<b>3. CHAIR AND MANAGING DIRECTOR'S REPORTS</b>		
<b>3.1</b>	<p><b>Chairman's Report</b></p> <p>MF reported that there have been no recent meetings with Health Boards and NWSSP are waiting for ABUHB to reschedule their meeting.</p> <p>MF had attended the Chairs meeting where there was significant discussion on the Welsh Risk Pool financial position. NWSSP is trying to ensure that the outturn for 2019/20 is managed as closely as is possible to ensure that it is consistent with forecasts. Regular updates are being provided to DoFs and to the WRPC.</p>	

	<p>The Committee: <b>NOTED</b> the update.</p>	
<b>3.2</b>	<p><b>Managing Director's Report</b></p> <p>NF presented his report and commented on the following:</p> <p><b>Medical Examiner Service</b> - there are outstanding issues regarding the finances and software, which are being dealt with by Welsh Government.</p> <p><b>Brexit</b> – much of the preparatory work completed to date is being stood down, although this may need to be reinstated dependent on the outcome of UK Government discussion with the EU. NWSSP continues to liaise closely with Welsh Government on both Brexit preparations and the future intentions for IP5, for which the Strategic Outline Case came to the SSPC in early December. It was confirmed that any specific programmes suggested for hosting within IP5 would be subject to their own business case type process which would require appropriate approval.</p> <p><b>NHAIS</b> – notification has been received from Welsh Government that the capital funding has been approved to allow NWSSP to procure the system from Northern Ireland. Questions were asked as to whether the reinstatement of the devolved government in Stormont would impact the joint working, but this is regarded as a positive development rather than a threat. Work is also progressing well on the separate Ophthalmic system that is being developed in-house.</p> <p><b>Lead Employer</b> – The programme of work is on track, and discussions are on-going with HEIW. HR enquired about numbers, GH stated that Pharmacy and Dental has been completed and the rest is now being progressed. Further clarity on the arrangements and implications for this initiative should be available shortly.</p> <p>The Committee: <b>NOTED</b> the Report</p>	
<b>4. ITEMS FOR APPROVAL/ENDORSEMENT</b>		
<b>4.1</b>	<p><b>IMTP</b></p> <p>AR presented the latest version of the Plan, together with an accompanying presentation.</p> <p>The IMTP is a balanced plan and there will also be a presentation to Audit Committee next week ahead of the final submission IMTP before the 31<sup>st</sup> January. The plan has been subject to substantial stakeholder engagement and should therefore accurately reflect the needs of NWSSP, its staff and its partners.</p> <p>Discussions with Welsh Government to date have demonstrated that they are supportive of the plan but are keen for NWSSP to demonstrate leadership in driving through all-Wales initiatives, and in seeking and acting on customer feedback. Themes of continuous improvement and the well-being of our staff, partners and the wider population are embedded throughout the document.</p> <p>Monitoring of achievement of the plan is primarily through the Quarterly Review process held with each Directorate, and regular</p>	

	<p>reporting of progress will continue to the SSPC as well as ongoing discussions at a local level with peer groups and operational teams.</p> <p>It was noted that a number of the initiatives were predicated on receiving a large capital investment over the plan cycle. There are a number of agile working pilots, linked to future investment in ICT, and there is a Programme Board for the O365 implementation. Income will significantly increase with HCS agreeing more work and the impact of the Single Lead Employer Scheme.</p> <p>The Vision and Mission statements have been reviewed and a revised statement approved; 'Adding Value through Partnership, Innovation and Excellence.'</p> <p>Key challenges are to ensure a return on investments and to have clarity over, and monitoring of, benefits realisation. The savings target is £1.8m, which relates mostly to pay savings linked to vacancy management, automation, use of robotics and process reviews linked to skill mix changes.</p> <p>HT stated that it is a well written plan as usual. He noted our request to help get NWSSP's voice heard at Regional Partnership Boards and is happy to help us to achieve that. However he also mentioned that the reputational risk for the Health Boards is increased if they promote NWSSP in these meetings and we fail to deliver.</p> <p>HT also commented on the Once-for-Wales approach. He acknowledged the difficulties that NWSSP may face in getting all HBs and Trusts to sign up to a consistent approach at the same time. He stated that if certain HBs or Trusts were keen to outsource specific services to NWSSP, this could be done with that particular HB or Trust, and then the remaining organisations could monitor the effectiveness of the new arrangements and choose whether or not to participate in them.</p> <p>The Committee:</p> <p><b>APPROVED</b> the Plan for submission to Welsh Government</p>	
4.2	<p><b>Motor Fleet Insurance Renewal</b></p> <p>PS presented a paper produced by Procurement.</p> <p>The paper requested approval for NWSSP to go out to tender for a 3 year insurance policy, with the option to extend for a further year. The tender will use a current framework to negotiate on an all-Wales basis but lotted by organisation so that there is no risk-sharing between organisations and each will have its own Policy.</p> <p>The Committee:</p> <p><b>APPROVED</b> the paper</p>	
4.3	<p><b>Legal &amp; Risk Online Resource Library Subscription</b></p> <p>PS presented the paper produced by Legal &amp; Risk Services.</p> <p>The paper seeks approval to use the Ministry of Justice Framework for the provision of Legal Publications. The Framework is used by Welsh Government and Legal &amp; Risk estimate savings of £56k + VAT on total expenditure of £185k + VAT over a four year period.</p>	

	<p>The Committee: <b>APPROVED</b> the paper</p>	
<b>5. PROJECT UPDATES</b>		
<b>5.1</b>	<p><b>NHAIS Update</b></p> <p>The paper was not discussed in detail as it had been largely covered in the Managing Director's update earlier on the agenda.</p> <p>The Committee: <b>NOTED</b> the Update</p>	
<b>5.2</b>	<p><b>Laundry Services</b></p> <p>NF presented an update report.</p> <p>Initial workshops have been held regarding the locations of the new Laundries, and further events are planned for early February to help finalise the locations. There will be one in the north and two in the south. The Committee agreed that once the locations had been agreed at the workshops, formal consultations would start with staff and the outcomes would feed into the final OBC which would be brought to the May Committee for final approval and then submission to Welsh Government. It was envisaged that the consultation process would begin in mid February 2020.</p> <p>The Committee: <b>NOTED</b> the Report and <b>AGREED</b> to begin formal staff consultation once the three sites had been agreed through the workshop process.</p>	
<b>5.3</b>	<p><b>TRAMS Update</b></p> <p>NF gave a verbal update. The final Programme Business Case (PBC) was originally scheduled for this committee but has been delayed slightly as there had been a number of last minute questions raised by the Chief Pharmacists. Given that there were a number of valid points raised it was felt that these needed to be working through and addressed within the PBC.</p> <p>NF has been asked by the Director General / Chief executive of NHS Wales to provide an update to Welsh Government Efficiency Group. He stated that he hoped that the PBC would be available to be included in the May Committee agenda for approval. The project team would make sure that the document would be available as soon as possible in advance of the Committee meeting to give organisations a chance to review internally.</p> <p>MF noted that the Chief Pharmaceutical Officer for Wales in Welsh Government had already written to CEOS, Workforce and Planning Directors to make sure they were aware of the project and she asked for attendees to discuss the strategic issues around this project within their own health boards before the next meeting</p> <p>The Committee: <b>NOTED</b> the Report</p>	
<b>5.4</b>	<b>PMO Highlight Report</b>	

	<p>AR advised that there are no concerns to highlight with the report, other than those already highlighted in the IMTP presentation.</p> <p>The Committee: <b>NOTED</b> the Report</p>	
<b>6. GOVERNANCE, PERFORMANCE &amp; ASSURANCE</b>		
<b>6.1</b>	<p><b>Finance, Performance Report</b></p> <p>AR advised that NWSSP continues to forecast a break-even position which includes the £2m re-distribution to Health Boards.</p> <p>Aged debts and timely payment of NHS invoices remain a concern although positive progress had been made over the last few months, more work was still needed.</p> <p>Some of the KPI information in the report was not available at point of issuing due to staff sickness, but these have now been updated and will be resent to all present after the meeting.</p> <p>The WRP risk-sharing position now stands at £9.7m and has been notified through the DoFs Group. MF reiterated the difficulties in landing on an accurate forecast for the WRP.</p> <p>Sickness figures are higher than previous periods due to increases in short-term sickness, but NWSSP has a lower level of sickness than the rest of NHS Wales. Retention rates are stabilising following significant efforts to ensure that NWSSP is seen as an employer of choice. Many of the staff that have left NWSSP have done so on the basis of a promotion within NHS Wales. There have been a number of deaths in service as well this year, which is unusual for NWSSP. PADR compliances is at 83% which is improving but more work is being done by the divisions.</p> <p>The Committee: <b>NOTED</b> the Report</p>	
<b>6.2</b>	<p><b>Corporate Risk Register</b></p> <p>PS stated that the two red risks on the Corporate Risk Register have already been discussed earlier in the meeting. One new risk has been added relating to the potential development of the Mamhilad site by the Landlord. Two risks have been removed as follows:</p> <ul style="list-style-type: none"> <li>• Security – this has been reviewed and improved at all sites, so the risk has now moved to monitoring.</li> <li>• Demonstrating Value – significant work on the Performance Framework and on KPIs has been undertaken allowing this risk to be removed.</li> </ul> <p>The Committee: <b>NOTED</b> the Report</p>	
<b>6.3</b>	<p><b>Audit Committee Highlight Report</b></p> <p>PS stated that the next Audit Committee is next week. During the last meeting a presentation was given on cyber security. There continue to be no limited or no assurance reports and at the time of the last meeting there was one outstanding audit action which has since been completed.</p>	

	The Committee: <b>NOTED</b> the Report	
<b>7. ITEMS FOR INFORMATION</b>		
<b>7.1</b>	<p><b>Finance Monitoring Reports</b></p> <p>The Finance Monitoring reports for months 6, 7 and 8 were provided to the Committee Members for information in accordance with Welsh Government requirements.</p> <p>The Committee: <b>NOTED</b> the Reports</p>	
<b>8. Any Other Business</b>		
<b>8.1</b>	<p><b>Part B Minutes</b></p> <p>Draft Minutes of Part B meeting held on 2<sup>nd</sup> December 2019 were reviewed and accepted with no further issues raised.</p>	