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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28 November 2019	Agenda Item	3.8
Report Title	Joint NHS Partnership and Commissioning Update Report		
Report Author	Nicola Johnson, Interim Assistant Director of Strategy		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides an update on the issues for SBUHB arising out of the partnership and commissioning meetings which have taken place with other NHS organisations since the Board last met.		
Key Issues	<p>The paper provides an update on our work to plan, commission and deliver services through the following joint arrangements:</p> <ul style="list-style-type: none"> • Welsh Health Specialised Services Committee (WHSSC) • Emergency Ambulance Services Committee (EASC) • NHS Wales Collaborative Executive Group • Joint Regional Planning and Delivery Committee • ARCH Programme Board • Joint Executive Group with Cwm Taf Morgannwg UHB • Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB • NHS Wales Shared Services Partnership. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the update on the Health Board's joint NHS partnership and commissioning arrangements; and, • APPROVE the proposal to dis-establish the Joint Regional Planning and Delivery Committee with Hywel Dda UHB and replace it with a Joint Regional Executive Group (JREG). 		

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
- Joint Regional Planning and Delivery Committee
- ARCH Programme Board
- Joint Executive Group with Cwm Taf Morgannwg UHB
- Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB
- NHS Wales Shared Services Partnership.

3. GOVERNANCE AND RISK ISSUES

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

3.1 WHSSC Joint Committee

An Extraordinary Meeting of the Committee was held on 30th August to consider the first tranche of time-critical recruitment requirements for the Major Trauma Centre, Specialised Services and Operational Delivery Network. Members agreed to release the funding required to allow the recruitment of the time-critical posts. This includes plastic surgery posts within SBUHB as well as support for the Operational Delivery Network (ODN), for which SBUHB is the lead.

The scheduled meeting of the Committee also took place on 16 September. The minutes are included at Appendix 1 and the issues of interest to SBUHB are:

- **Perinatal Mental Health Unit** – good progress has been made on the business case for the permanent capital build, however, as outlined in section 3.3 the Minister is keen to progress an interim solution.
- **Major Trauma** – the second tranche of supporting posts was considered, as well as an update on the Cardiff and Vale UHB and SBUHB business cases and the output of the latest Gateway Review. The number of plastic surgeons to be appointed in SBUHB was discussed, as well as recommendations from a Peer Review of the requirements. The Tranche 2 recruitment was not approved but would be scrutinised further by the WHSSC Management Group in

September, with commissioning advice to be provided to the Joint Committee. The next steps for the Programme Business Case were also agreed. This includes informal briefing with Health Boards on 23rd October in preparation for formal consideration at public Board meetings in November.

- **Integrated Commissioning Plan (ICP)** – in order to provide time for alignment with Health Board IMTPs it was agreed to submit the ICP to the Joint Committee for approval in November. The ICP will include the requirements of the Major Trauma Centre and ODN.

3.2 EASC Joint Committee

The EASC Joint Committee was held on 10th September and draft minutes are available on iBABS. The Deputy Chief Executive of NHS Wales was in attendance. The main issues for SBUHB are:

- **Amber Review** – a detailed report will be received by the Committee in November and the Minister will also be making a statement in that month.
- **Handover delays**– the SBUHB improvement plan was considered strong but advised that it needs to be implemented with pace. A long discussion was held on ambulance handover delays across Wales as the position is much worse than last year. The Deputy Chief Executive on NHS Wales challenged all members on ownership and actions as this is a clear Ministerial priority.
- **WAST staffing** – funding requirements will be discussed as part of the IMTP round and linked to the outcome of the demand/capacity review.
- **WAST Transformation** – a level 1 Falls Response was agreed to be implemented across Wales. Three other pathways will also be chosen to standardise across Wales.
- **Regional Escalation** – the proposals to improve the escalation arrangements were approved with implementation by 1st December. All organisations were tasked with providing their escalation plans in September.
- **‘A Healthier Wales’ funding** – the Committee received the report on the recommendations of the Panel. SBUHB has secured funding for the Acute GP Unit at Singleton to take patients from the ambulance stack until the end of March 2020.

Further meetings of WHSSC and EASC Joint Committees were held on 12th November, however, minutes were not received in time to inform this report, and will be included in the next report.

3.3 NHS Wales Collaborative Executive Group

Since the last Board, meetings of the NHS Wales Collaborative Executive Group have been held on 24th September and 22nd October. The draft minutes of 24th September are on iBABS, those of 22nd October are not yet available. The main issues for SBUHB that were discussed were:

- **Major Trauma Network** – in response to the Gateway Review there has been intensive work to address the critical and urgent recommendations to reduce the financial gap and provide assurance on the risks, as discussed at WHSSC Joint Committee. Arrangements for patient repatriation and automatic acceptance through the Operational Delivery Network are being drafted. As stated in 3.1, the Programme Business Case is due to be considered by Health Boards at their November meetings

- **Consultation on Service Specification for Upper Gastro-intestinal (GI) surgery** – the service specification has been out to consultation for 6 weeks (closed 6th November). Hywel Dda UHB have written to the Collaborative to advise that the UHB wishes to retain links with the South East Wales service delivered by Cardiff and Vale UHB. SBUHB is a provider of Upper GI cancer surgery and will be participating in the two workshops which are planned before Christmas to agree the next steps.
- **Endoscopy** – a national endoscopy programme has been established and an action plan has been developed. As described in section 3.4, a streamlined plan has been agreed with Hywel Dda UHB to align the national and regional work.
- **Wales Cancer Plan Case for Change** – this was discussed in September, including the development of a national Cancer Investment Plan. As provider of the South West Wales Cancer Centre SBUHB will continue to ensure the needs of the south-west Wales population are represented in this work. We are also developing a Programme Business Case for the south west Wales service.
- **Perinatal Mental Health Network** – SBUHB has been selected as the provider of the Perinatal Mental Health Unit for South Wales. The Minister has reiterated this is a priority and work is underway with Welsh Government officials to quickly explore options for an interim solution pending a capital build.
- **General Surgery of Childhood** – the Collaborative has been asked to develop a service specification by Welsh Government in response to Royal College of Surgeons guidance.

3.4 Joint Regional Planning and Delivery Committee (JRPDC)

The Committee met on 18th October. The draft action notes are on iBABS and the main issues to note are:

- **Regional Clinical Services Plan (RCSP)** – the second iteration of the RCSP was presented to the JRPDC. It was approved by the Committee for inclusion in both Health Boards' IMTPs, subject to further work on the deliverables for years 2 and 3, as well as year 1 detail being determined and included in the updated RCSP.
- **Regional Planning Arrangements** - At the JRPDC in August the Director General and Chief Executive of NHS Wales welcomed the RCSP and noted that the South West Wales region is distinctive in terms of the approach and commitment to partnership working. He indicated that there was an option to stand down the JRPDC as a formal sub-committee of the Boards as a result of the significant progress made. The recommendations to streamline the governance arrangements for ARCH and the Joint Regional Planning Committee were presented at the October meeting and the Committee supported the proposal to dis-establish the Joint Regional Planning Committee and replace it with a Joint Regional Executive Group (JREG). These arrangements will come to the January 2020 Board meeting and the two Chairs will meet to discuss the approach and the confirmed detail will be provided in January.

It is suggested that the Chief Executive of NHS Wales is invited to at least one of these meetings a year, to ensure there is an opportunity for discussion on progress and to stimulate new thinking. Updated Terms of Reference and membership for the JREG will be presented at a future meeting.

- **Endoscopy** – a National Endoscopy Implementation Group has been established and as a consequence, the regional work is now overlapping with

the national programme. The Committee agreed that a single work plan is developed, setting out the national, local and regional requirements, for review at JRPDC meeting in December 2019. Hywel Dda UHB are continuing to scope the development of a capital brief to support endoscopy services in Prince Phillip Hospital, which will need to consider the regional implications.

- **Pathology** – An update on the development of the Strategic Outline Case (SOC) for a Mid-South West Wales Regional Centre of Excellence Cellular Pathology Laboratory, Regional Diagnostic Immunology Laboratory Medical Microbiology facility at Morriston hospital was presented. Comments from Welsh Government have been received and responded to. We are awaiting further Welsh Government comments or approval of the SOC. An independent Project Gateway Review 1 was undertaken in September and an amber rating was received. The committee asked for an update to the next JRPDC on the SRO leadership and project management arrangements for the Outline Business Case (OBC) stage and the action taken in response to the Welsh Government Gateway Review 1. It has been agreed the project management lead will transfer to SBUHB for the OBC stage.
- **Dermatology** – A Regional Workshop was held which was beneficial in aligning Health Board priorities, bringing teams together and scoping the benefits of both organisations to work together. A formal regional project is now being established under ARCH and an update will be received at a future meeting.
- **Breast Radiology** – The committee noted that a regional position will be required and there is a need to understand what this means locally and scope out issues, constraints and next steps for the JRPDC in December.

3.5 ARCH Programme Board

There has not been an ARCH Programme Board since the last update. The next meeting is on 29th November 2019. In the interim, to assure Executives of the progress of projects an Update Report has been prepared, this is attached at Appendix 2. The main issues arising are:

- **Clinical Services** - A range of detailed planning and implementation improvement actions across regional clinical services such as stroke, cardiology, interventional radiology, dermatology, neurology and major trauma;
- **Wellbeing** – a workshop is scheduled in December led by Directors of Public Health to scope out opportunities for a systematic regional approach to hypertension and smoking cessation;
- **Research, Enterprise and Innovation** - A range of research, enterprise and innovation improvements are being taken forward including the Health Technology Centre and the Swansea Bay City Deal Campuses project;
- **Workforce, Skills and Education**- Four priorities are being taken forward regionally: A Volunteers Project; The Regional Network of Service Improvers; An Apprentice Career Framework, and a Workplace Wellbeing Project.

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

The Joint Executive Group with Cwm Taf Morgannwg UHB was held on 30th September. Draft minutes are on iBABS and the main decisions and issues arising were:

Future Working Arrangements – the future working arrangements were agreed, including a smaller, more focussed JEG and the establishment of a Joint

Management Group to manage the work programme and to work through issues before recommendations are made to the JEG. A range of Task and Finish Group will be established to undertake the service planning work required. This includes work arising from the transfer, and work arising from other drivers (eg the South Wales Programme). It was agreed that there will be resource requirements to support the ongoing programme of work and these will be considered in more detail at the next meeting. The Commissioning and Contracting Group will continue to undertake joint commissioning reviews on a directorate by directorate basis and will continue to disaggregate the short term or low value SLAs.

- **Informatics** - CTMUHB have developed a draft business case for the disaggregation of the Informatics systems and service. It has been shared and both Health Boards are reviewing it as it was agreed it will need to support the clinical service issues and both Health Boards' digital strategies. It was also acknowledged that the current data flow issues are not satisfactory and are causing problems with activity reporting. It was agreed there is much more to do on this case and both Heads of Service were asked to advise on a realistic timeline completion and discussion with NWIS and Welsh Government at the next meeting.
- **Mortuary Services** – Both Health Boards agreed that the service is planned to transfer in February 2020 and this has now been considered by both organisations' Executive Teams. It was agreed a formal joint paper should come back to confirm the plan in November with an update on progress.
- **Commissioning Reviews** – an update was given on the commissioning reviews of anaesthetics SLA for Neath Port Talbot Hospital and the paediatrics SLAs.
- **Maternity services** – an issue has been raised about the number of mothers from Neath Port Talbot now giving birth in SBUHB. It was agreed to bring a detailed paper back to the next meeting.

The next meeting of the JEG is on 22nd November, and will be reported to the next Board.

3.7 Regional and Specialised Services Provider Planning Partnership Group with Cardiff and Vale UHB

The Regional and Specialised Services Provider Planning Partnership Group met on 25th September. The draft Action Notes are on iBABS and the main items for SBUHB under discussion were:

- **Major Trauma** – feedback was given as in 3.1 and 3.3.
- **Thoracic Surgery** – Medical Directors have undertaken to review the role of the clinical lead.
- **Neurophysiology** – the plan is to develop a service specification and workforce model for Wales with the support of the NHS Wales Collaborative
- **Tertiary Services Strategic Plan Review** – work commenced on the baseline assessment in July 2019, and is scheduled to complete in summer 2020.
- **Upper Gastro Intestinal Surgery** – as section 3.3.
- **Liver and Pancreas Surgery** – the outcome of the Tertiary Services Review will inform any future work on liver and pancreas surgery in South Wales (SBUHB provides pancreatic surgery for the South Wales region).
- **Spinal Surgery** – there are issues with the out of hours pathway and a meeting will be held with both teams once initial scoping is done.

- **Radiopharmacy** – there has been an operational issue with the service, which may necessitate some patients to travel to Bristol for scans. The issue was anticipated to be resolved in October.
- The next meeting of the Partnership is on 15th November and will be reported to the next Board.

3.8 NHS Wales Shared Services Partnership.

The last meeting was held on 18th September, minutes are not yet available but the Assurance Report from the meeting is attached at Appendix 3. The main issues arising for the Health Board are:

- **Laundry Business Case** – the Committee approved the costs of appointing external support to further develop the programme business case. Meetings are taking place directly with affected staff and a programme of engagement and consultation is in place. SBUHB is a provider of laundry services.
- **Brexit** – preparations for a No-Deal Brexit continue regarding procurement and stock-holding.
- **Primary Care** – NWSSP have asked for greater engagement from health Boards in planning the arrangements for a Lead Employer Scheme for dentists and pharmacist. A more detailed paper will be brought back to the next meeting.

4 FINANCIAL IMPLICATIONS

There are no direct financial consequences of this report.

5 RECOMMENDATIONS

Members are asked to:

- **NOTE** the update on the Health Board's joint NHS partnership and commissioning arrangements and to
- **APPROVE** the proposal to dis-establish the Joint Regional Planning Committee with Hywel Dda UHB and replace it with a Joint Regional Executive Group (JREG).

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

<ul style="list-style-type: none"> ○ Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. 	
Report History	None.
Appendices	Appendix 1 Minutes WHSSC Joint Committee 16 September Appendix 2 ARCH Portfolio Update Report Appendix 3 NHSWSSP Assurance Report



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

**Minutes of the Meeting of the
WHSSC Joint Committee Meeting held in public on
Monday 16 September 2019
at NCCU, Unit 1, Charnwood Court, Heol Billingsley,
Parc Nantgarw, Nantgarw, CF15 7QZ**

Members Present:

Vivienne Harpwood	(VH)	Chair
Stuart Davies	(SD)	Director of Finance, WHSSC
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB (by VC)
Paul Griffiths	(PG)	Independent Member/Audit Committee Representative
Sharon Hopkins	(SH)	Interim Chief Executive, Cwm Taf Morgannwg UHB
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Tracy Myhill	(TM)	Chief Executive, Swansea Bay UHB
Slan Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (by VC)
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Jennifer Thomas	(JT)	Medical Director, WHSSC

Deputies Representing Members:

Nicola Prygodzicz (for JP)	(NP)	Director of Planning, Aneurin Bevan UHB
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Apologies:

Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
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In Attendance:

Karen Preece	(KP)	Director of Planning, WHSSC
Claire Nelson	(CN)	Acting Assistant Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Rosemary Fletcher	(RF)	Director, NHS Wales Health Collaborative
Rob Mahoney	(RM)	Observer, Cardiff & Vale UHB

Minutes:

Helen Tyler	(HT)	Corporate Governance Manager, WHSSC
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The meeting opened at 13:30hrs



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

JC19/030	<p>Welcome, Introductions and Apologies The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC19/031	<p>Declarations of Interest The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC19/032	<p>Minutes of the meeting held 23 July 2019 The Joint Committee approved the minutes of the meetings held on 23 July 2019 as true and accurate records save that GD attended in person rather than by VC.</p>
JC19/033	<p>Action Log and Matters Arising The Joint Committee noted:</p> <p>JC19003: Adult Thoracic Surgery for South Wales – Consultant Workforce – The reference in the 19 September update to MTN was a typographical error and would be deleted.</p> <p>JC19004: Cystic Fibrosis Business Case – It was reported that a meeting had now been scheduled for the following day to progress matters.</p> <p>There were no matters arising not dealt with elsewhere on the agenda.</p>
JC19/034	<p>Chair's Report The Joint Committee received an oral report from the Chair. The Chair explained that Charles (Jan) Janczewski has stepped down as an Independent Member of the Joint Committee and as chair of the WHSSC Quality & Patient Safety Committee following his appointment as Interim Chair of CVUHB and that a replacement was being sought. The Chair recorded her thanks to CJ for his contribution.</p>
JC19/035	<p>Report from the Managing Director The Joint Committee received the report from the Managing Director. SL drew attention to the following items within the report:</p> <p>Soft Tissue Sarcoma Service in South Wales Monthly performance meetings had taken place to monitor the action plan and progress has been made in all areas; this was being monitored by WHSSC Q&PS Committee.</p> <p>Perinatal Mental Health – Mother & Baby Unit (MBU) The proposal for a new build MBU to be developed on the Neath Port Talbot site had made significant progress. The requested additional</p>



Information around the clinical and staffing model was received and this was expected to be signed off at the next Management Group meeting. Some questions had been raised around cost and SD explained that the revenue figures had now been updated demonstrating increased cost effectiveness.

Action: KS to check whether the business case needed to come back to Joint Committee for final approval.

CAR-T

The CAR-T business case had been approved and funding released, enabling CVUHB to proceed with the service.

Veteran's Trauma Network

Joint Committee was asked to endorse the approval by Management Group of the commissioning arrangements for the Veterans' Trauma Network (VTN) as described in the Report.

WHSSC Office Relocation

It was noted that the WHSS Team had relocated from its Caerphilly office to Unit G1, Treforest Industrial Estate between 28 - 30 August. IT connectivity was delayed and minimal disruption to WHSSC activities was achieved through deployment of its business continuity arrangements.

Members resolved to:

- **Note** the contents of the report; and
- **Endorse** approval of the VTN for Wales.

JC19/036

Major Trauma Network for South Wales – Tranche 2 Recruitment

Members received a presentation from KP titled Major Trauma update and Tranche two funding request.

In addition, members received a paper that had been circulated prior to receipt of key items, including CVUHB Business Case and output from the latest Gateway Review.

KP provided a recap on funding agreed to August 2019. Tranche 1 Recruitment had been agreed by the Joint Committee on 30 August.

The result of the latest Gateway Review was now known to be Amber/Red with good progress on many issues but four significant outstanding issues:

- Establish whether feedback from peer review has been reflected in the latest MTC and Swansea cases;
- Seek to close affordability gap;



- Model the timing of recruitment to assess what service can be offered from April 2020; and
- Determine operating, accountability and governance structure of ODN.

KP explained that although the overall assessment remained Amber/Red, the programme was close to achieving Amber status.

A Professional Peer Review had been undertaken during August. An Executive Steering Group (ESG) Report included recommendations from the ESG derived as a result of the Peer Review. CVUHB did not agree with all of the recommendations in the Report. The Report had been approved by the ESG earlier in the day, subject to comments received back within 48 hours. Peer Reviewers had also seen and confirmed support for the ESG Report and recommendations.

The paper and presentation identified Tranche 2 Recruitment Items (1) that were in accord with recommendations derived as a result of the Peer Review (2) that did not accord with recommendations from Peer Review.

The SBUHB ODN Business Case had been reviewed on 11 September. The CVUHB Business Case had received preliminary review and it was noted that there were three main areas of discord (1) 24/7 consultant rota, (2) proposal for 14 (rather than 10) beds in Poly Trauma Unit, and (3) additional (fourth) plastic surgery consultant.

(1) 24/7 consultant rota

The recommendation was for 16 hours per day initially with a build up to 24 hour cover. In principle everybody supported a need for 24 hour consultant cover. LR explained that covering with less experienced staff will result in consultants needing to come in to cover and this has a detrimental effect on staffing for the next working day. LR supported the proposal of a 24 hour consultant rota and in his view this was the most affordable basis and provided a safer service.

CS questioned LR on whether there were any standards for Emergency Department staffing for a unit the size of the ED at UHW. LR explained that in an ED setting it was acceptable for a consultant to be called in if required as there was no standard requirement for an ED department to provide 24 hour consultant cover. In contrast the standard for a Major Trauma unit is for a patient to be reviewed within 5 minutes of attendance by a senior doctor.

LR also clarified that not all of the consultant cover for the Major Trauma Unit would need to be employed by CVUHB.



(2) proposal for 14 (rather than 10) beds in Poly Trauma Unit

KP noted that a dedicated Poly Trauma Unit is a key day 1 requirement for the MTC. Further scrutiny was required regarding length of stay assumptions (which was higher than average in the MTC business case) and therefore modelled bed numbers. The level of details and the difference between these figures needed to be worked on and the planning team would need to work with CVUHB to look at the detail further.

(3) additional (fourth) plastic surgery consultant

KP explained that Plastics was a day 1 requirement, initially a 12 hour, five days a week service. The Peer Review supported recruitment of three Consultants. The SBUHB case requested four consultants and cited unlikelihood of The Royal College to sign off a three consultant job plan. KP explained that further work was required to understand the detail and explore rota options.

It had been agreed at the ESG meeting earlier in the day that WHSSC would review these key issues with CVUHB and take them to the Management Group meeting on 26 September for scrutiny.

SD reported that Welsh Government was optimistic about funding start-up costs incurred during 2019-20 with some recognition that further top-up funding might be required for future years. The overall financial picture was noted as being an annual revenue cost of around £15m p.a.

The Finance Working Group was waiting for (1) finance and manpower baselines, (2) activity and income flows for non-elective cases, and (3) the business case for the CVUHB Trauma Unit (distinct from the MTC).

The key requirements for an April 2020 go live were noted as (1) physical and staff infrastructure, (2) governance structure for ODN, and (3) Welsh Government capital approval. EMERTS was scheduled for an April 2020 'go live' but they were asked to confirm that protocols can be varied and/or patient risks managed for a later go live of the MTC and ODN if necessary.

Members resolved to:

- **Note** the information presented within the report; and
- **Note** that the WHSS Team would develop commissioning advice to the Joint Committee.

Members felt unable to approve Tranche 2 Recruitment but approved the following process. The draft Project Business Case (PBC) would be



	<p>available in October 2019 and a PBC briefing for boards was being arranged for 23 October. It was agreed that affected health boards would hold short meetings at end of October 2019 to ascertain likely level of support from boards prior to formal consideration of the PBC at their public board meetings in November, this would inform the 'go live' date and potentially provide cover for incurring Tranche 2 Recruitment costs. The 12 November JC meeting would receive feedback on the draft PBC from the October meetings. It was agreed that the Tranche 2 recruitment process could begin ahead of late October support from boards (subject to Management Group scrutiny on 26 September) with interviews scheduled for late October but without confirming appointments until November. This reflected the need to manage the risks associated with moving too quickly or not quickly enough.</p>
	<p>Major Trauma – Commissioner's Risk Register The Joint Committee received the first draft of the Commissioner's Risk Register for the Major Trauma Centre and Operational Delivery Network. It was noted that the Register would now, and continuously, be updated for the latest developments.</p>
JC19/038	<p>Integrated Commissioning Plan (ICP) – Revised Timeline In June 2019, a paper setting out the initial timelines for developing the 2020-23 WHSSC ICP was presented and supported by Management Group before approval at Joint Committee in July 2019. This set out the commissioning intentions that the ICP would be informed by, along with the dates of key meetings that would support the prioritisation of new interventions and services requiring investment. These meetings had been arranged by working back from the date of 12 November 2019 when the ICP was required to be presented to Joint Committee for approval.</p> <p>Members received a paper explaining that Welsh Government has relaxed the submission date for IMTPs to 31 January 2020. The WHSS Team recommended adopting a more relaxed timeline to reflect the revised submission date.</p> <p>It was noted that the WHSSC ICP needed to include the Major Trauma Centre and Operational Delivery Network on approval of the Project Business Case.</p> <p>After due consideration it was agreed that the WHSS Team would continue to work toward submitting the ICP to Joint Committee for approval on 12 November 2019.</p>



JC19/039	<p>Radio Frequency Ablation for Barrett's Oesophagus</p> <p>The Joint Committee received a report that provided an update on the work led by WHSSC to develop the commissioning framework for a south Wales based Radiofrequency Ablation (RFA) service for patients with Barrett's Oesophagus.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the work carried out to date to develop the commissioning framework for a south Wales based RFA service for patients with Barrett's Oesophagus;• Confirm that WHSSC will become the commissioner of RFA for Barrett's Oesophagus;• Note the development by CVUHB of a business case to deliver RFA for the population of mid and south Wales, and that the business case was cost saving;• Support implementation of the RFA service as an in-year development (approval of the business case being delegated to Management Group).
JC19/040	<p>Finance Report Month 5 2019-20</p> <p>The Joint Committee received the report the purpose of which was to set out the financial position for WHSSC for the fifth month of 2019-20.</p> <p>Members noted the financial position reported at Month 5 for WHSSC was a YTD under spend of £455k and forecast year end under spend of £1,069k. A melanoma immunotherapy treatments overspend at Velindre is fully reflected at £2.1m variance against plan, a movement of £1.5m.</p> <p>SD reported that the forecast over spend within Welsh & English providers, IPFR and DRC was being offset by underspend movements in mental health, developments and the release of prior year reserves.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the current financial position and year end forecast.
JC19/041	<p>Integrated Performance Report – June 2019</p> <p>The Joint Committee received a report which provided members with a summary of the performance of services commissioned by WHSSC for June 2019 and details the action being undertaken to address areas of non-compliance.</p> <p>KP explained that, going forward, the latest report available would be shared with Joint Committee but that this meant it would be subject to scrutiny by Management Group after members had seen it. The purpose</p>



	<p>of this was to ensure that members received information on the most up to date position.</p> <p>KP reported that although plans had been developed to meet the cochlear RTT targets in the south Wales service, the unplanned loss of an audiologist at Bridgend would adversely impact the service. This was being pursued with CTMUHB.</p>
JC19/042	<p>Reports from the Joint Sub-Committees</p> <p>Management Group The Joint Committee received the July and August 2019 briefings.</p> <p>Quality and Patient Safety Committee The Joint Committee received the August 2019 report, together with a schedule of services in escalation. The Calea HPN position and improvements in the CAMHS quality and safety issues were noted.</p>
JC19/043	<p>Date and Time of Next Meeting The Joint Committee noted the next scheduled meeting would take place at 13:00 on 12 November 2019 in the Conference Room, WHSSC, Unit G1 The Willowford, Treforest, CF37 5YL</p>

The meeting closed at 16.00hrs.

Chair's Signature:

Date:



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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28th November 2019	Agenda Item	
Report Title	ARCH Portfolio Summary Update		
Report Author	Rhian Edwards, Business Manager, ARCH		
Report Sponsor	Karen Stapleton, Head of Strategy and Service Planning, ARCH		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides an update on activity within the ARCH Portfolio since September 2019.		
Key Issues	<p>The ARCH Delivery and Leadership Group meets monthly, an update was received at each meeting on ARCH Projects.</p> <p>Key points to note in this report are:</p> <ul style="list-style-type: none"> • The Regional Clinical Service Plan was approved by the Joint Regional Planning Committee for inclusion in both Health Boards IMTPs. • An ARCH DLG Workshop was held on 19th September 2019 to identify joint priorities for the next phase of delivery through the ARCH collaboration • A regional Dermatology workshop was held 3rd October and a formal project group has now been established under ARCH. • Plans are progressing to develop the Swansea Bay City Deal Life Science & Wellbeing Campuses Business Case 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the update on the ARCH Portfolio 		

ARCH PORTFOLIO UPDATE

1. INTRODUCTION

The purpose of this report is to provide the Swansea Bay University Health Board with an update on activity within the ARCH Portfolio since July 2019.

2. BACKGROUND

In July 2019 Professor Keith Lloyd, Dean of School of Medicine, Swansea University commenced the role of Delivery Leadership Group (DLG) Chair. In addition to the leadership changes at DLG level, there have been changes at Programme Board level in recent months with the appointment of new chairs to both Health Boards. The next meeting of the ARCH Programme Board is 29th November 2019, and will be chaired by Steve Moore Chief Executive, Hywel Dda.

ARCH DLG Workshop was held on 19th September 2019 with the aim to share the strategic plans of each ARCH partner and to identify joint priorities for the next phase of delivery through the ARCH collaboration. The meeting was attended by core DLG members and Health Board Directors of Workforce and OD.

In August 2019, a draft regional clinical service plan (RCSP) was presented to the Joint Regional Planning Committee. It set out clear ambitions and clear intentions for regional working and collaboration, firmly linked to both Health Boards clinical plans and Integrated Medium Term Plans (IMTPs). A second version of the plan will be presented to the Joint Regional Planning Committee in October 2019. It has been recommended that a regional workforce strategy is developed to underpin the regional service clinical service plan.

ASSESSMENT

3.1 Service Transformation Programme

Service Transformation Programme

The Service Transformation Board last met in September 2019. An update on project activity is detailed below.

Hyper Acute Stroke Unit (HASU)

The Regional Stroke Group last met on 22nd August 2019. The NHS Delivery Unit have completed further modelling relating to flows within Hywel Dda. The regional stroke group are in the process of agreeing high level assumptions and a HASU pathway in order to inform the detailed simulation modelling work, these will be discussed at the next HASU meeting on November 21st 2019.

In Hywel Dda a redesign workshop to discuss the preferred HASU flow model is planned for November 2019. Challenges remain around the mimic pathways and possible solutions include a “drip and ship” model from Hywel Dda, however further work is required with clinicians to agree the preferred pathway.

The Community Health Council (CHC) in Hywel Dda has been engaged in the local HASU work and it was recognised that there will need to be ongoing engagement and or consultation on the HASU model as part of the Health Board's wider Transformation Programme.

Next steps include:

- Agreement in principle of preferred HASU service model – Nov 2019
- Simulation modelling work to commence on preferred service model led by NHS Delivery Unit – Dec-Feb 2020
- WAST impact demand work on preferred service model – Dec- Feb 2020
- Completion of report for Health Boards on Implications of establishing a SW HASU - March 2020.

Cardiology

The Regional Cardiology group met in March and agreed two areas of focus for the Cardiology Work Programme; CT and MRI Imaging and Bradycardia Pacing. The Regional Group is due to meet again on the 20th December 2019 however work has been progressing via two sub groups and an update on progress for each is as follows.

- **CT and MRI Imaging Project**

The project group held its inaugural meeting on 30th July, whereby project group members (a multi-disciplinary group of clinicians and managers from each regional site in across the two health boards) agreed the project aims, and that the first step would be to undertake a Regional Analysis of Capacity and Demand for Cardiac CT and MRI imaging, building in future trends and demand scenarios. The group agreed that they would review a draft analysis by the end of October with an aim to finalise in November. This timeline has been revised recently due to the availability of data and the Regional Analysis will now be presented back to the sub group in November 2019.

The Service Managers from both Health Boards and ARCH Service Planning Manager have met twice since the initial meeting in July to progress this work. The outcome of the capacity and demand analysis will inform the next steps.

- **Bradycardia Pacing Project**

The project group meeting planned for 30th July was cancelled due to urgent clinical demands which meant that there would be no Swansea Bay clinical representation to enable a robust regional discussion. In the meantime, Hywel Dda UHB have progressed the internal Business' Case for capacity to enable the repatriation of routine pacing services from Swansea Bay UHB. An interim meeting was held between both Service Managers from the Health Boards and the ARCH Service Planning Manager to ascertain next steps for the communication on these developments and it was agreed that the Service Managers and relevant finance representatives would meet in October to agree the impact on timelines and LTAs for both Health Boards. This meeting has not yet taken place due to diary commitments. The next meeting of the Bradycardia Pacing group will be arranged once this meeting has taken place.

Interventional Radiology (IR)

There is agreement across Health Boards that developing regional IR roles are an essential part of stabilising this very fragile service. There remains the ambition to

undertake some planned procedures (e.g. Lines, drains, stents and biopsies) in Hywel Dda UHB (Prince Philip Hospital (PPH):- historically patients are attending Morriston for these procedures. Unfortunately progress has been slower than anticipated due to the absence of key staff in SB to put the necessary documentation in place. This has now been escalated and is expected to be resolved in November 2019. Increasing the number of procedures that can be undertaken in Hywel Dda will result in reduced travelling for patients, reduce the pressures in Morriston Hospital, whilst serving as an opportunity for shared learning.

Work to participate in the BASIL trial has resumed and is progressing. Participation in National clinical trials and being open to research is deemed necessary in attracting potential candidates to roles along with regional working and range of procedures.

Dermatology

Following two regional meetings in April and May to address the fragility of dermatology services in Hywel Dda in particular, a Regional Dermatology services workshop was held on 3rd October 2019. This was an opportunity to bring together the clinical teams to look at some short term and longer term actions to address the issues currently being faced by the service. Some key themes from the workshop are;

Workforce - ensuring more GPs with Special Interests (GPwSI) are available across the region; greater utilisation of the skills of Clinical Nurse Specialist (CNSs) across the pathway and increasing the number of GPwSI and CNS led clinics.

Referral rates - focussing on improving training and support for Primary Care to deliver a wider range of treatment in the community such as the See & Treat approach; Establishing a more robust referral process to ensure that only those who need specialist input are referred to the centre and increasing the focus on patient education/awareness and self-management.

Technology - increasing the use of technology to support services; introducing technology in a collaborative way to support clinicians and patients alike.

Accommodation - establishing dedicated clinical space within Glangwili General Hospital (GGH) outpatient department.

The next steps for the project will be to work closer with the ARCH project management office (PMO) to:

- Develop a more co-ordinated project management approach to regional planning
- Establish regular regional meetings and with an assigned project resource.
- Provide detailed feedback to participants of the workshop.
- Develop a regional work plan for Dermatology services with assigned deadlines and leads to take programme forward.
- Commence training of GPwSI.

Neurological Conditions Regional Service

The Project Group last met 17th September 2019. Implementation is now underway of the headache pathway in Swansea Bay UHB following agreement by the LMC in June 2019. A generic email account will be created to support this approach together with protected time for learning (PT4L) training sessions. Hywel Dda are already implementing this pathway.

Work is ongoing to prepare the Functional Neurological Disorder (FND) Business Case (BC) with support from the Morriston Hospital Finance Team and a Health Economist at Swansea University in terms of articulating the economic benefits of the case. The latest version of the FND BC has also been shared with the project group for input. In November a further round of engagement with clinical and management teams in both Health Boards will take place on the latest version of the Business Case, before being presented to the Service Transformation Board in November.

At the last Project Group meeting, a dedicated discussion took place on User Engagement and it was acknowledged that, to date there had been limited engagement on the new Neurological service model and it was timely to make this a key feature of the Project Group activity. It has been agreed that user centred workshops will be held in each Health Board locality to be facilitated by ARCH PMO in early 2020. Contact has been made with Engagement Leads in both Health Boards for their involvement and advice on format, along with the input of the Welsh Neurological Alliance.

Major Trauma Network (MTN)

Both Health Boards have presented their revised resource costings profiles to the MTN Board on Monday 21st October which outline the funding required to establish the pathways in relation to:

- Repatriation of patients from the Major Trauma Centre (MTC) once medically stable – Landing Pads at each Trauma Unit.
- Rehabilitation for patients once they leave the MTC, move onto a Trauma Unit or require the next phase in their recovery in the community.

The two Health Boards have noted that these services will need to be “pump primed” this year, to be able to support the Network arrangements at Go Live in April 2020. The costing profiles will focus on a phased approach building up to a robust series for the years following 2020, aiming at a comprehensive and sustainable resource and environment programme (capital may be required to redesign existing hospital wards) to support the delivery of the Network.

Key work programmes that are being progressed by the project will:

- Focus on scoping out the rehabilitation pathways using a collaborative approach; a workshop in July 2019 initiated this work programme.
- Working through the specialist services response to the MTN within Swansea Bay; in particular orthoplastics and spinal surgery. A paper has been submitted to MTN October meeting with regards to Specialist Services requirements.
- Establishing the training programme to enable compliance with MTN capability standards.

The overall programme business case underwent Gateway Review in July 2019, which resulted in an amber/red rating which indicates a high probability of failure, based on timeline and affordability concerns. In order to address these matters, Health Boards were advised to agree on a “soft go live”, focusing resources on critical coordinator and Rehabilitation roles to launch the MTN in April 2019.

A Peer Scrutiny process with English MTN colleagues took place on 12th August 2019, to:

- Test out these revisions.
- Share experience and to advise on MTC setup, plastics and spinal surgery requirements.
- Advise on the structure of the Operational Delivery Network [ODN], the team to manage the MTN once operational.

The next steps will be to present the revised Programme Business Case through the formal channels for approval in October 2019.

Wellbeing Programme

A meeting of the Wellbeing Group took place on 19th July 2019. It was agreed at the meeting that the focus of the programme would be on the following two areas:

1. Population Health. This will be focused on public understanding and education, examining behavioural change and public attitude to health behaviours.
2. Condition Specific Health. This will be focused on prevention, public health and wellbeing promotion at each stage of a specific condition.

A workshop is scheduled for 4th December 2019 to explore these two focus areas in more detail and to inform a Project Initiation Document.

The Swansea Bay UHB Public Health Director has now left the Health Board. Prior to her departure the ARCH Service Planning Manager and Head of Strategy and Service Planning met with her to establish any additional thoughts or priorities for this programme of work. The notes from this meeting have been recorded and will be shared with Wellbeing Group members at the workshop in December 2019.

Research, Enterprise and Innovation Programme

The group last met on 2nd October

Accelerate – Healthcare Technology Centre

Accelerate has completed a year-long mobilisation period and is now in the delivery phase. Locally, the Healthcare Technology Centre (HTC) laboratory is fully refurbished and operational.

HTC is comprised of a team of 10 individuals, including 6 multi-skilled post-doctoral Innovation Technologists with another 2 anticipated to join the team imminently to undertake collaborative Research, Development & Innovation projects with industry and partners. HTC is already supporting a diverse range of projects including investigations of botanical products as potential anti-cancer and anti-inflammatory agents, the development of a light-based wound dressing and the design and the development of a microneedle applicator. HTC is working with partners to apply for an extension and further financial support from the funding body. HTC will be holding a series of engagement events and it is planned that these will support the wider ambition to hold quarterly forums between the University Health Boards and Swansea

University. A brochure is being prepared for the purposes of engagement, and development of case studies are underway.

Campuses project

After a period of review, the Campuses project board has reconvened and is meeting regularly. The revised ambition has been discussed at executive level between all partners. The business case feedback received from the regional office has been addressed and governance pathways within the partner institutions have been identified. There is a requirement to revisit and update the economic case in line with the revised ambition

Progress continues to be made to develop the Swansea Bay City Deal Life Science & Wellbeing Campuses Business Case which is one of the 11 Swansea Bay City Deal projects. The Campuses project will further develop the region's thriving life science sector to help prevent ill-health, develop better treatments and improve patient care. Advanced research and development facilities will be created, building on the success of the Institute of Life Science at Swansea University. Collaboration between Swansea University and its industry and NHS partners will place the Campuses project at the forefront of new technologies to improve NHS care, while creating new life science companies and highly skilled jobs.

Projects will include a facility at Swansea University's Singleton Campus, as well as a Morriston Campus where research will be undertaken alongside world-leading clinical delivery. Submission of the Campuses project business case is anticipated for submission to the Regional Office in March 2020 following review by partner governance as required. Further economic modelling has been undertaken to include the wider health benefits and additional economic benefits as a result of adjacent developments proposed for the Morriston hospital site. Parallel work is continuing to further define the plans for the wider development on the 55 acre site.

A further update will be provided to the Board in January 2020.

Further project management support is currently being sourced by ARCH PMO, Life Science Hub Wales and Swansea University in order to progress at pace.

Innovation Analytic Tool

The Innovation Analytic Tool (IAT) continues to be utilised across a number of projects and programmes including HTC, Bucanier and Bevan Exemplars programme. The tool has been developed as part of intensive research activity and although the recent Health Foundation bid was unsuccessful, there is still potential for this tool to be utilised more widely as part of the Research Enterprise and Innovation (REI) across the region. Representatives from REI attended a Regional Network of Improvers meeting to widen the discussion surrounding improvement and innovation across ARCH partners. The IAT presents a methodology that could be utilised to inform and evaluate quality improvement and innovation activity across Health Boards alongside appraising and informing individual innovation and improvement projects. Discussions regarding this continue. There is also potential that this could form a tool utilised by the Research, Innovation and Improvement Coordination Hubs and would provide

consistency in approach and appraisal across a number of Welsh Government supported proposals.

Other REI Activity

The Board continues to meet regularly to collaborate and develop opportunities for further collaboration on REI activity. New funding opportunities are continually presented and also discussed. Programmes that are within or have been developed are continuing to progress, with updates provided on additional activity when appropriate.

The Workforce, Skills and Education Programme

The Workforce, Skills and Education Group agreed four areas for focus in April 2019; A Volunteers Project, The Regional Network of Service Improvers; An Apprentice Career Framework, and a Workplace Wellbeing Project. Both the Apprentice and the Workplace Wellbeing projects have been unable to progress due to the capacity to chair a project group from within both Health Boards. A meeting is scheduled in November to discuss the future of these two projects.

Volunteers Project Group

The Volunteers Project Group met in August 2019 to agree a way forward for this project, at this meeting a number of areas were identified for further exploration during September and October. A further two meetings took place in September 2019, which included the ARCH Service Planning Manager, both Health Board volunteer managers and Workforce leads from Hywel Dda to further establish the aims and objectives of the proposed pilot within Hywel Dda UHB. A full update will be presented to the next Project group meeting on the 14th November 2019.

Regional Network of Service Improvers

An inaugural meeting of the Regional Network of Service Improvers took place in August 2019. The meeting was chaired by Professor John Gammon and included representatives from the University Health Board Transformation teams and Quality Improvement teams in addition to evaluation and improvement specialists from Swansea University. The purpose of the meeting was to establish the appetite and desire within the three organisations to collaborate regionally on ongoing improvement/transformation work.

It was agreed at the meeting that there is an opportunity and an added value in looking at Improvement regionally. The meeting highlighted that the two University Health Boards are at different stages with regard to the evolution of their improvement/transformation teams and can learn from each other in different areas. A report will be presented to the next ARCH Programme Board meeting which will include details of the discussion and to confirm the projects initiation.

Activity agreed to date includes:

1. A visual map of regional skills and assets will be produced to accompany the report to the ARCH Programme Board in November 2019.
2. An Improvement specialist from Swansea University has agreed to support Improvement and Transformation leads within the Health Boards to devise a learning set suitable for use with staff.

3. The ARCH Service Planning Manager will work with a representative from the Swansea Cantered of Health Economics within Swansea University on a Logic Model for the project to inform future discussions.

A workshop has been scheduled for 6th February 2020.

3. GOVERNANCE AND RISK ISSUES

Following the ARCH DLG Workshop on 19th September 2019, opportunities to Streamline the governance arrangements for ARCH and to align with the Joint Regional Planning arrangements, will be further discussed at the next DLG meeting in November. This also included moving to a project based model of activity for all future work

4. FINANCE

The ARCH Programme Management Office operates on tripartite funding from ARCH partners and is hosted by Swansea Bay University Health Board.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the progress across all ARCH programmes of work.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		

Implementation of the projects within the ARCH portfolio will support the Health Board in achieving clinical standards for a range of services. Patient experience will be improved as more services are developed in communities as part of the development of Health and Well Being centres.	
Financial Implications	
SBUHB has a current recurrent commitment to fund the ARCH PMO. This is matched by Hywel Dda University Health Board. A contribution is also received by Swansea University.	
Legal Implications (including equality and diversity assessment)	
No implications	
Staffing Implications	
A key component of the ARCH portfolio is to help stabilise and grow the workforce across the region, working with partners on sustainable solutions.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
ARCH is a long term strategic programme to transform the health, wealth and wellbeing of south west wales and its unique approach was designed to be able to support health boards and its partners to deliver on the commitments outlined in the WFGA.	
Report History	The last report received by SBUHB Board was in July 2019.
Appendices	None

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 September 2019

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

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

1. GP Indemnity Scheme Deep Dive

Heather Grimbaldston, Solicitor, Legal & Risk Services provided an update on the progress with the GP Indemnity scheme that came into effect on 1 April 2019 for all future liabilities arising after that date. The scheme is run by Legal & Risk Services on behalf of Welsh Government and covers claims for compensation arising from care, diagnosis and treatment of a patient by GPs and their employed staff. Discussions are currently taking place on whether past liabilities (i.e. incurred before 1 April 2019) will also transfer across to the scheme. The Committee acknowledged the significant contribution made by the Legal & Risk team in implementing the new system within very tight timescales.

2. Managing Director's Report

The Managing Director updated the Committee on:

IMTP - A horizon scanning day for the 2020-23 IMTP was held at IP5 on 12 September. The day was attended by a wide range of senior staff, customers and partners and included excellent presentations from Samia Saeed-Edmonds and Alan Brace from Welsh Government. Time was taken to review, refresh and re-focus the strategy map and ensure that the performance framework was appropriately aligned with the NWSSP vision, mission, values and strategic objectives. This is an integral element of the IMTP process, providing a rich source of information to be incorporated into the planning process. The SSPC will be provided with an opportunity to review the output in more detail at the November meeting.

Lead Employer – NWSSP has been working with HEIW in respect of scoping possible Lead Employer Scheme arrangements for Dentists and Pharmacists. There has also been recent discussion with HEIW and the wider stakeholder group

on the potential for NWSSP to expand on the positive arrangements for the GPSTRs to take on the Lead Employer role for Junior Doctors. A workshop was held by HEIW in early September but concerns were raised that there needed to be more clarity on the process and greater engagement from Health Boards in planning the arrangements for this and it was agreed that this could be done through the NWSSP Committee governance arrangements. It was **AGREED** that a more detailed paper would be brought back to the November SSPC for consideration and endorsement.

Brexit - Supply chain resilience has been strengthened for a no-deal Brexit during the last financial year with the acquisition of the warehouse facility (IP5) in Newport. Work has been undertaken to ensure that it is fully operational and the transfer of the Cwmbran stores into IP5 has recently been completed. The facility gives NHS Wales a number of strategic benefits that will require ongoing financial support through 2020-21 as plans are developed and implemented. NWSSP is working with clinical colleagues to provide a specific focus on the supply of non-stock items over and above those held by manufacturers. Systems testing also continues to ensure that NWSSP is in the best possible position in the event of a no-deal Brexit on 31 October.

111 Project - A challenge to the contract award to for the new 111 system has been received. Our legal advice is very positive and as a result defence papers have been submitted to the High Court. Further updates will be provided as necessary.

Medical Examiner - The Lead Medical Examiner Officer has been appointed and has significant relevant experience having previously led the pilot scheme in England. The service model has been developed and demand and capacity analysis undertaken to establish the resource requirements for each anticipated site and the service as a whole. Recruitment for identified Medical Examiner and Medical Examiner Officer posts will begin over the next few months with the intention to begin the service roll out for deaths occurring in acute hospitals from December. Office accommodation requirements have been identified, reflecting the current 19 major hospital sites, and discussions are underway with individual health boards to agree how these can be accommodated. Service roll out will begin in the areas where the required staff and accommodation are available. Draft operational processes and flows have been designed and are currently being sense checked. When finalised, Standard Operating Procedures will be developed to ensure a consistency of service delivery across Wales. These will be linked to those in other services, such as Bereavement, Registration and Coroner Services, to ensure a seamless delivery across the system.

Staffing - The new Director of Procurement, Jonathan Irvine, starts in post on 23 September.

3. NHAIS Business Case - the draft business case for the replacement of the NHAIS system, used to generate payments to GPs, was brought to the Committee for endorsement. The change to the system is a forced one as the current system which Wales is linked into is being changed by NHS England as part of a reform programme. Further work is needed to refine further elements of the business case. The final business case will be presented to Welsh Government for the additional funding needed to procure an alternative system. The Committee were

happy to note and endorse the work and approach taken to date.

4. Items for Approval

Laundry Services Programme Business Case – The Committee approved a paper setting out the costs of appointing Capita to help further develop the programme business case for Laundry Services. Meetings with staff directly affected by the proposals have been arranged with each Health Board and a programme of engagement / consultation will begin.

Welsh Risk Pool Committee Terms of Reference – The Committee approved changes to the terms of reference for this Committee arising from the implementation of the GP Indemnity Scheme.

5. Items for Noting

- **PMO Highlight Report** - The Committee noted the updates on projects and that there were no major concerns with any at the current time.
- **IP5 Options Paper** - The acquisition of the facility at IP5 offers the potential to provide significant ongoing benefits for NHS Wales. The development of strategic options for the facility's ongoing use is therefore underway in which various NHS and non-NHS organisations have been consulted as part of the process of identifying potential projects that could be located in IP5. The options can be broadly categorised into the following: Warehouse/Logistics, Support Services and Equipment. A Programme Board has been established to manage the process including NWSSP directors and senior staff, staff side representation and WG officials. The Programme Board has engaged consultants to facilitate and help develop strategic options for IP5.
- **Clinical Waste** – The Committee received a presentation on an urgent UK wide issue developing with Clinical Waste. Services across the UK were previously contracted to three suppliers, but following the enforced withdrawal of one contractor, capacity issues for the two main suppliers are now a major concern. The contractor for NHS Wales is Stericycle, and significant backlogs with services are now building up. The Stericycle facilities are almost at permitted maximum limits and there is a warning that the situation will become critical by the end of September. The issue is being managed at both a UK and Welsh government level, and NWSSP is investigating options for additional storage facilities, but this is an issue that needs to be considered by Health Boards at a very senior level.
- **Finance & Workforce Report** - The Committee noted that NWSSP is currently reporting an underspend but that a number of financial challenges remain. KPIs were generally noted as also being on track. Welsh Risk Pool expenditure is higher than for the same period last year and the forecast outturn is in a range from £99m to £117m, against a likely reduced allowance from Welsh Government. It is therefore possible that the risk-sharing agreement may need to be invoked this year, but discussions are to be held with Welsh Government on this issue.
- **Staff Awards** – The Awards ceremony will take place on 3 December with the closing date for nominations 25 October. Nominations of NWSSP staff

can be made by anyone across NHS Wales.

- **Corporate Risk Register** – There are three red risks on the register. One relates to the replacement of the NHAIS system which was discussed earlier on the agenda. The second, relating to Brexit preparations, was also covered in the Managing Director's update. The third relates to the need to replace the Ophthalmic Payments system by May 2020 – work is on-going to source an alternative system but contingency arrangements are in place to cover any delays.

6. Items for Information

The following papers were provided for information:

- PTR Redress Scheme;
- Counter Fraud Annual Report 2018/19;
- Monthly Monitoring Returns;
- Health & Safety Annual Report 2018/19; and
- Welsh Language Annual Report 2018/19.

Matters requiring Board/Committee level consideration and/or approval

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

Matters referred to other Committees

N/A

Date of next meeting

27 November 2019