



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 November 2020	Agenda Item	3.2
Report Title	Joint NHS Partnership and Commissioning Update Report		
Report Author	Karen Stapleton, Assistant Director of Strategy		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides an update on the issues for SBUHB arising out of the partnership and commissioning meetings which have taken place with other NHS organisations since the Board last met.		
Key Issues	<p>The paper provides an update on our work to plan, commission and deliver services through the following joint arrangements:</p> <ul style="list-style-type: none"> • Welsh Health Specialised Services Committee (WHSSC) • Emergency Ambulance Services Committee (EASC) • NHS Wales Collaborative Executive Group • SNUHB/HDUHB interface and ARCH Service Transformation Group • Joint Executive Group with Cwm Taf Morgannwg UHB • Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB • NHS Wales Shared Services Partnership. 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the update on the Health Board's joint NHS partnership and commissioning arrangements. 		

JOINT NHS PARTNERSHIP AND COMMISSIONING UPDATE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

All formal partnership arrangements were paused during the early stages of the Covid-19 pandemic but have gradually been reinstated, albeit in many cases with lighter agendas.

3. GOVERNANCE AND RISK ISSUES

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

3.1 WHSSC Joint Committee

This report provides an update on the Joint Committee meeting held on 8th September and the unconfirmed Minutes are attached on AdminControl (as part of the November bundle). The issues of interest to SBUHB are:

- **TAVI Management of Severe Aortic Stenosis during the Covid-19 Pandemic** – Due to the impact of the pandemic it was agreed to extend the commissioning policy arrangements in the short term for the intermediate group of TAVI patients. The Joint Committee agreed that the pass through cost associated with the additional activity, over and above last year's outturn, should be borne by the provider organisations. SBUHB have reflected this additional pressure in its forecast financial position
- **Options Appraisal for a Permanent Perinatal Mental Health In-Patient Mother and Baby Unit (MBU) in Wales** – The options appraisal for the preferred permanent location of the MBU has been at the Neath Port Talbot Hospital site. The preferred option will be subject to the usual business case process to access Welsh Government capital. This is a positive service development for the Health Board which the Community Health Council for

Wales has supported. The interim solution for the MBU to be based at Tonna Hospital continues to be supported whilst the permanent solution is progressed. Construction on the interim solution began in early October and will be complete in January 21. There will then be a period of commissioning and staff training and the Unit will open in April 2021. Staff recruitment has commenced.

- **Major Trauma Network** – Final assurances were provided on the go live date of 14th September following the assessment process that SBUHB was a key participant to as the designated provider of the Operational Delivery Network (ODN).

3.2 EASC Joint Committee

The latest EASC Joint Committee meeting was held on 8th September and the 'Unconfirmed' Minutes are attached on AdminControl

The main issues to note are:

- **Draft Commissioning intentions** were issued at the end of October and the Health Board has responded with comments, with the final version due to signed off at the Joint Committee in November.
- **Unscheduled care** – a presentation was received on Unscheduled Care which highlighted: a national approach to Phone First; links to Consultant Connect and maximising opportunities of this development; and Health Board local hubs to manage flow, in SBUHB this is via the Ambulatory Emergency Care (AEC) hub.
- **EMRTS** – final draft of the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Framework Agreement was received and will be signed off at the November meeting.

3.3 NHS Wales Collaborative Executive Group

The last NHS Wales Collaborative Executive Group was held on 29th September and the minutes are attached on AdminControl. The Collaborative Executive Group and Chief Executives' Management Team continue to be combined.

The main issues to note are:

- **Centre of Excellence for Precision Medicine** - a report on the scope for a proposed, Phase 2 development, for the Cardiff Edge Science Park – Coryton was received
- **Healthcare Science Programme** - responsibility for the programme and the programme team will transfer to Health Education and Improvement Wales (HEIW) from 1 October 2020.
- **Rapid Diagnostic Centres (RDCs)** - a proposal was received to develop a national programme for the implementation of RDCs across health boards in Wales. Board members will be aware that Swansea Bay UHB established the RDC in NPT Hospital, and is working with the Collaborative Executive Group on the roll out across Wales, particularly through the clinical leadership of Dr Heather Wilkes.
- **Critical Care** – a paper was received summarising the lessons learned in critical care in Wales following the first wave of the COVID-19 pandemic and recommend areas of focus for planning for future waves of COVID-19.

- **Major Trauma Network** – the Network was successfully launched by the Minister for Health and Social Services at the Major Trauma Centre, University Hospital of Wales, on 14 September.

3.4 SBUHB/HDUHB interface and ARCH Service Transformation Group

The ARCH Partnership Group, made up of Swansea University Vice Chancellor, Health Board Chairs and CEOs, met on the 17th September, the first meeting post Covid, draft minutes attached. The Board directed the ARCH Delivery and Leadership Group to define the strategic priorities for the partnership for the next 6 months at their next meeting.

The Delivery and Leadership Group held on 10th October discussed potential priorities and will feedback once agreed through individual Executive teams, with an expected agreement mid-November.

The ARCH Service Transformation Group also met during September where colleagues updated on the impact of Covid on projects and sought agreement to recommence some projects, in line with Welsh Government Essential Services Framework guidelines. Details of recent progress are outlined below:

- **Dermatology** – Review of priorities and timelines taking place. Clinical Lead returned part time following retirement. Regional workforce review taking place which will link with GP training programme. Sub project utilising AI and mobile phone technology continues with expected proof of concept app in Q4.
- **Eye Care** – Following a Regional Eye Care workshop the following areas have been agreed as priorities, Glaucoma, Diabetic Retinopathy, and Cataract. Glaucoma is seen as the greatest priority initially with an immediate need to stabilise services and an agreement to joint consultant appointments with a clinical lead to support the service in Hywel Dda. There is also an agreement for joint implementation of Open Eyes. A 'Vision' document to be developed to be agreed through ARCH in December.
- **Neurology** – Functional Neurological Disorder (FND) business case development continues with aim to complete in Q4 of 2022/21. Headache pathway implementation is a proven success with reduction in wait from 44 to 3 weeks; Epilepsy reduced from 6 months to 6 week wait as knock on effect on overall service and open access service in line with implementation plan.
- **Pathology** – All partners (Swansea Bay and Hywel Dda UHBs, Public Health Wales NHS Trust) presented the SOC and case to Welsh Government's Infrastructure Investment Board (IIB) at the end of October 2020. Advice will be given to the Minister on whether or not to proceed to Outline Business Case stage, and the outcome of this is awaited.
- **Swansea Bay City Deal Campuses Project** - Progress with business planning processes and submission of the Outline Business Case to the City Deal regional office for review is anticipated imminently. Phase 1 of the project will deliver Institute of Life Science (ILS) at the Morriston campus and lay the foundations for Phase 2, to develop an ambitious life-science campus and the planning process around this is commencing.

- **ARCH Innovation Forum** - Launched in July 2020 to provide guidance, advice, support, and signposting to accelerate innovation across the health and care. Shortlisted candidates presented their ideas to the first meeting of the forum in September. These were on a broad range of areas from digital applications (apps), joint replacements and surface coatings. Further forums are planned in the coming months.
- **Covid Insights Survey bid** – In partnership with Swansea University, a bid has been won to produce a National Covid Insights Survey report which aims to capture, share and build upon the learning from the Covid period, ensuring that the clinical lessons coming out of the pandemic are learnt.
- **NHS Innovation Leads Group** – Participation in the National group continues with the aim to support and champion innovation and innovative practices, discuss areas of mutual interest, develop opportunities for collaboration and joint working and share knowledge and lessons learned.
- **AgorIP programme** – The programme has been extended to 2023 and has recently established an all-Wales Innovation Call. Submissions are in the process of scored ahead successful bids being funded. Panel members included participants from ARCH and Swansea Bay UHB.

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

The Joint Executive Group between Swansea Bay UHB and CTM UHB met on 21st September, which was the first meeting post Covid and the new Chief Executive in CTM was in attendance. The main issues to note are:

- **Contracting and Commissioning** meetings have been re-instated and are being held regularly to deal with the legacy of the Bridgend boundary transfer.
- **Service Level Agreements (SLAs) and Long Term Agreements (LTAs)** – an update on the first phase of the disaggregation of ICT services provided from SBU to CTM has commenced.
- **Essential services** - The two Health Boards restarted elective surgery at Neath Port Talbot Hospital on 7th September, in the light of the Essential Services guidance. Discussions are ongoing about the medium-term service model, as well as on the longer term surgical model, especially for orthopaedics.
- **COVID** -Health Boards agreed to review the regional opportunities to work together during Covid-19 and as well as on winter plans recognising the requirement to maximise capacity in what will be a difficult winter.

3.6 Regional and Specialised Services Provider Planning Partnership Group (RSSPPP) with Cardiff and Vale UHB

The Regional and Specialised Services Provider Planning Partnership Group met on 25th September. The main items for SBUHB under discussion were:

- **Thoracic Surgery** – the discussion centred on progress made in establishing weekly bilateral meetings with a joint waiting list tracker, and the development of the draft Strategic Outline Case.
- **Oesophageal and Gastric (OG) Cancer** – an update was provided on the work of the OG Cancer Surgery Service Model Working Group. The working group has agreed the service objectives, benefit criteria, and has shortlisted the non-site specific options for service delivery. Advice has been sought from CHC

Joint Planning and Service Committee, on engagement prior to undertaking the option appraisal exercise.

- **Spinal Surgery** – the group approved an outline project plan to develop the service model for spinal surgery in South and West Wales. It was agreed that the Project Steering Group should have an independent chair, and that appropriate representation on the project should be sought from Aneurin Bevan UHB, recognising their role as a provider of spinal surgery services. An update was provided on the project launch workshop, scheduled for the 13th October. Over 70 stakeholders confirmed their attendance at the workshop, with representation from the Royal College of Surgeons, and the main professional societies related to spinal surgery.
- **Hepato Pancreato Biliary (HPB) Services** – an update was provided on the development of the model service specification for hepato-pancreato-biliary services. A task and finish group has been established to develop the model service specification, under the auspices of the Wales Cancer Network. The first meeting of the task and finish group took place on 8th October.
- **Paediatric Neurology** – an update was provided on the recent meeting between the two Paediatric Neurology services. The meeting was jointly chaired by the Medical Directors, and a series of principles were agreed for future engagement. The group agreed to undertake further work on the development of a joint approach for providing paediatric neurology services across South and West Wales.
- **Developing a Joint Approach for Regional Sustainability** – the group considered a series of principles for collaboration which had been developed by the Medical Directors and Directors of Planning. It was agreed that the principles should be developed into a Memorandum of Understanding for consideration at the next meeting of the group, prior to submission for approval through the respective governance processes.
- **Interventional Radiology** – the group received an update on the discussion with the NHS Wales Health Collaborative on the development of a strategy for interventional radiology. The Collaborative are exploring options for progressing this either through an existing workstream, or as a new project.
- **Tertiary Services Strategy** – the group received an update on the Tertiary Services Strategy. A clinical lead has been identified to support the development of the strategy in SBUHB.

3.7 NHS Wales Shared Services Partnership (NWSSP) Committee

The last meeting was held on 17th September and minutes are included at Appendix 3. The main issues arising for the Health Board to be aware of are:

- **Risk Pool** - a proposal was agreed by the Committee to formally establish a Panel to scrutinise the learning associated with all clinical negligence and personal injury cases which are presented to the Welsh Risk Pool Committee in accordance with the reimbursement procedures and to make recommendations accordingly to the Welsh Risk Pool Committee.
- **PPE** – The PPE Winter Protection Plan aims to have 24 weeks of stock-in-hand by the end of November. 442m additional items of PPE are being procured and 14 Welsh suppliers and manufacturers are involved in helping to meet this demand.

- **BREXIT** - The internal group with Welsh Government representation has now reconvened and are reviewing the status of previous arrangements. This group is reporting into both the EU Transitional Leadership group as well as the SRO Group. The stock that was built to deal with Brexit is largely intact and whilst some product was used to support the Covid outbreak this has already been largely re-established. This links into the wider PPE plan that is being developed in conjunction with stakeholders. A review of critical care items will be included as part of this process.
- **TRAMS** – the Programme Business case has been approved for submission to Welsh Government
- **Laundry Services** – the next stage of the project involves the TUPE transfer, which is due to happen in April 2021. The Programme Business Case for the capital development is waiting for the formal review by the Welsh Government Infrastructure Board.

4 FINANCIAL IMPLICATIONS

The consequences of the pandemic on the Risk Pool arrangements is identified in section 3.7 although the financial consequences are not yet known.

5 RECOMMENDATIONS

Members are asked to:

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

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Through the joint partnership and commissioning arrangements, the Health Board plans and commissions services to improve population health and quality of service delivery.		
Financial Implications		
The consequences of the pandemic on the Risk Pool arrangements is identified in section 3.7 although the financial consequences are not yet known.		
Legal Implications (including equality and diversity assessment)		
Under the Wellbeing of Future Generations Act the Health Board has a duty to work in collaboration and integration to plan, commission and deliver services for the benefit of the population.		
Staffing Implications		
There are no direct staffing implications of this paper.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The paper gives an update on how the Health Board is working in collaboration with other NHS bodies to plan, commission and deliver integrated services in line with 'A Healthier Wales' and the WBFGA.</p> <ul style="list-style-type: none"> ○ Long Term - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs. ○ Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives. ○ Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies. ○ Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives. 		

<ul style="list-style-type: none"> ○ Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. 	
Report History	None.
Appendices	Appendix 1 – WHSSC Joint Committee – 08.09.20 Appendix 2 – EASC Joint Committee – 08.09.20 Appendix 3 – NHS Wales Collaborative Executive Group – 29.09.20 Appendix 4 – ARCH Partnership – 17.09.20 Appendix 5 – Joint Executive Group SBUHB & CTMUHB – 18.09.20 Appendix 6 – Regional and Specialised Services Provider Planning Partnership – 25.09.20 Appendix 7 – NHS Wales Shared Services Partnership – 17.09.20

Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 8 September 2020 by MS TEAMS

Members Present:

Vivienne Harpwood	(VH)	Chair
Stuart Davies	(SD)	Director of Finance, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Gill Harris	(GH)	Interim Chief Executive, BCUHB
Sian Lewis	(SL)	Managing Director, WHSSC
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB

Deputies:

Iolo Doull	(ID)	Deputy Medical Director, WHSSC
Martin Driscoll	(MD)	Deputy CEO & Director of Workforce, CVUHB
Hannah Evans	(HE)	Director of Transformation, SBUHB
Nick Lyons	(NL)	Deputy CEO & Medical Director, Cwm Taf Morgannwg UHB

Apologies:

Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Paul Griffiths	(PG)	Independent Member, CTMUHB
Jason Killens	(JK)	Chief Executive Officer, WAST
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay UHB
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Jenny Thomas	(JT)	Medical Director, WHSSC

In Attendance:

Kieron Donovan	(KD)	Affiliate Member/ Chair, Welsh Renal Clinical Network
Kate Eden		Observer, PHW
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

The meeting opened at 08:30 hrs.

JC20/034	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed Members to the meeting and reminded them that, due to the COVID-19 pandemic, the meeting was being held via MS Teams on a quorum basis with a consent agenda. It was noted that a quorum had been achieved.</p> <p>Apologies were noted as above.</p> <p>Written questions from members and answers had been published in advance of the meeting and would be embedded within the meeting papers.</p>
JC20/035	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC20/036	<p>Minutes of previous meeting</p> <p>The Joint Committee approved the minutes of the meetings held on 14 July 2020 as true and accurate record.</p>
JC20/037	<p>Action Log and Matters Arising</p> <p>Members noted there were no outstanding actions or matters arising.</p>
JC20/038	<p>TAVI Management of Severe Aortic Stenosis during the COVID-19 Pandemic</p> <p>Members received a paper outlining the current situation and the impact of the COVID-19 pandemic on the management of severe aortic stenosis and the evidence to support the short term commissioning arrangements for TAVI for the intermediate patient group during the pandemic, together with proposed funding arrangements.</p> <p>HE explained that the south Wales providers had expressed a reluctance to support the proposal on funding grounds because it was felt that any slippage on the current block contracts would be used to finance COVID-19 specific expenditure but they would now be providing the estimated device pass through costs in their month 6 forecast to Welsh Government if the proposal received Joint Committee support.</p> <p>It was generally noted that some flexibility would be necessary to deal with issues of this nature until the pandemic was over.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to:</p> <ul style="list-style-type: none"> • Support the recommendation that WHSSC formally changes the commissioning policy to include intermediate risk patients but

	<p>allows decision making on individual cases to be taken by clinical discretion through the MDT process; and</p> <ul style="list-style-type: none"> • Approve the WHSSC position regarding funding in that payments under the block contract and pass through arrangements for TAVI devices will be limited up to 2019-20 outturn levels.
JC20/039	<p>Options Appraisal for a Permanent Perinatal Mental Health In Patient Mother and Baby Unit (MBU) in Wales</p> <p>Members received a paper that informed them of the options appraisal exercise and scoring of the short listed options for a permanent perinatal mental health in patient MBU in Wales.</p> <p>CS, as chair of the Mental health Network, confirmed that this was a key, high profile, development required to meet unmet need.</p> <p>EE noted the continued importance of community based care for those patients who did not want to be admitted to the unit.</p> <p>It was reported that a letter from the Board of Community Health Councils in Wales had been received that was supportive of the options appraisal process but noted that more further formal public engagement was expected on the options once a preferred option was identified.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to:</p> <ul style="list-style-type: none"> • note that both options meet the WHSSC service specification; • support the recommendation from the non-financial options that Neath Port Talbot Hospital is the preferred location of a permanent mother and baby unit; and • note that the final preferred option will be subject to the usual business case process to access Welsh Government capital.
JC20/040	<p>Chair's Report</p> <p>The Chair's Report referred members to a Chair's Action taken on 14 July 2020 to approve temporary amendments to the WHSSC Standing Orders, which members consented to ratify.</p> <p>The Chair reported that, as planned, this would be her last meeting and that the Minister had appointed her replacement, the details of which would be announced shortly.</p>
JC20/041	<p>Managing Director's Report</p> <p>The Managing Director's report, including updates on a new commissioning assurance framework and Radio-frequency Ablation for Barrett's Oesophagus, was taken as read.</p>

JC20/042	<p>Major Trauma Network Readiness Assurance Update</p> <p>Members received a paper that provided final assurance that the South Wales Trauma Network is ready to go live on 14th September 2020.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to receive final assurance that following a robust assessment process by the Trauma Network Team and as recommended by the Trauma Network Implementation Board all components parts of the Trauma Network are ready and the Network can proceed to launch on 14 September 2020.</p>
JC20/043	<p>Welsh Renal Clinical Network 2019-20 Annual Report</p> <p>The Welsh Renal Clinical Network 2019-20 Annual Report was taken as read.</p>
JC20/044	<p>Financial Performance Report – Month 4 2020-21</p> <p>A paper that set out the financial position for WHSSC for month 4 of 2020-21, including a forecast under spend of £6m at year end, was taken as read. The under spend related mainly to months 1-4 underspend on the pass through elements of Welsh provider SLA's, COVID-19 block arrangements with NHSE for Q1 and Q2 below the plan baseline and Q1 2020-21 development slippage.</p> <p>The Director of Finance reported that, while the full month 5 report was not yet available, the position had continued to improve.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the current financial position and forecast year end position.</p>
JC20/045	<p>Reports from the Joint Sub-Committees</p> <p>The Joint Committee received the reports from the Joint Sub-Committees.</p> <p>In relation to the Integrated Governance Committee, VH referred to the highlighted paragraphs in the report:</p> <ul style="list-style-type: none"> Members requested that Joint Committee members be briefed on the heightened level of risk to patient harm experienced in specialised services during the pandemic and that Chief Executives be encouraged to brief their Boards of Directors on this. Members also noted that it was important to ensure lessons learned from the pandemic were captured to inform any future event and that shared ownership was important amongst Welsh Government, providers and commissioners.

	<p>In relation to the Quality & Patient Safety Committee report, EE referred to the presentation delivered by Shane Mills, Clinical Director for Collaborative Commissioning, NCCU, which highlighted how a CAMHS community support initiative had reduced inpatient admissions. SD confirmed that this was a strategy supported by WHSSC that had been facilitated by diversion of funding from inpatient to community care.</p> <p>VH noted, in relation to, Individual Patient Funding Requests, a robust process had been put in place during the pandemic with more regular, weekly, meetings considering requests.</p> <p>The Joint Committee consented to the Recommendation to note the content of the reports from the Joint Sub-Committees.</p>
JC20/046	<p>All Wales Traumatic Stress Quality Improvement Initiative</p> <p>SL reported that a letter from Welsh Government confirming funding for the initiative had been received and that Joint Committee now needed to approve commissioning of the initiative by WHSSC. This would be addressed by Chair's Action later in the week.</p>
JC20/047	<p>Date and Time of Next Scheduled Meeting</p> <p>The Joint Committee noted the next scheduled meeting would take place on 10 November 2020.</p>

The meeting ended at 09:25 hrs.

Chairman

Date.....



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

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

PRESENT

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

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

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

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

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

	<p>Members noted that a discussion had taken place at the EASC Management Group regarding the recruitment of the additional front line staff which had been supported, although the source of the funding was unclear. Stephen Harrhy suggested that this additional cost of £1.4m could be included as part of the process to bid for resources under the winter protection fund to ensure maximising front line staff. This suggestion was supported by Members.</p> <p>The Chair thanked Stephen Harrhy for his report and Members discussed the following matters:</p> <ul style="list-style-type: none"> • Concerns were raised regarding the capacity of the system to meet all of the ongoing plans during the potential resurgence of the pandemic. In terms of the revision of the EMS Framework, Members felt that clinical outcomes would be important but there may be a wider requirement to filter the work of the Committee to business critical areas only. • Members noted that the review of the IMTP would provide an opportunity to redefine the key areas of work and this would be discussed at the EASC Management Group and would be reported to the next EAS Committee meeting (added to the Forward Look). It was suggested that further information may be circulated outside of the formal meeting arrangements as the current system may not have sufficient capacity to deliver all of the previously agreed plans. • Members noted the opportunity to align with the work already underway on seasonal planning and the potential opportunity to be more coordinated with the option of needing to work outside of the formal Committee arrangements if required. • Members noted that good collective progress had been made on the arrangements to open the Grange University Hospital and a helpful recent meeting had taken place which had resolved some key outstanding issues. <p>The Chair summarised the discussion and Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chief Ambulance Services Commissioner's report • NOTE the need to identify a set of specific priorities • NOTE the aim to link to seasonal priorities • APPROVE the intention to seek £1.4m from the winter protection funding for the additional staff within the EMS Demand and Capacity Implementation plan. 	<p>CASC</p>
--	---	-------------

<p>EASC 20/74</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. To provide more clarity in relation to activity and performance Jason Killens asked the Chair if he could share a presentation and it would be shared with Members after the meeting. The Chair reminded Members that he would prefer to avoid having tabled information at the Committee meetings in order for opportunity to scrutinise the information in advance. However, he agreed to the use of the presentation to assist Members, particularly as performance had deteriorated.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • Serious Adverse Incidents (SAIs) – a marked reduction in numbers over the recent months although now monitored weekly by the WAST Directors, reported to a WAST sub-committee and onto the WAST Board. A report would be compiled monthly and more examples would be shared with the EASC Team (added to the Action Log). <p>The Chair asked if it would be possible to compare the levels of SAIs with other comparable areas as it was difficult to set in context the data presented. Jason Killens agree to try and benchmark with other areas and present the information in the next report (added to the Action Log).</p> <ul style="list-style-type: none"> • Long waits – the reasons were provided as was more evidence of the shift back to normal working • Health and Safety Executive (HSE) – two improvement notices had been received (sharps injury (disputed) and extended time spent in personal protective equipment). A full response had been provided to the HSE and the policy position on personal protective equipment (PPE) had been updated. The importance of the turnaround of ambulances at emergency departments was discussed and that WAST staff wearing PPE were reliant on health board staff to comply with the guidance (added to the Action Log). Members noted that it was likely that the HSE would escalate this issue if further situations arose • Performance position <ul style="list-style-type: none"> - RED position – for August was below 65%, however the number of calls responded to in 8 minutes was more than the previous August - 999 handling and 999 calls – good performance - Incidents – volumes increased from August 2019 	<p>CEO WAST</p> <p>CEO WAST</p> <p>All</p>
-----------------------	--	--

	<ul style="list-style-type: none"> - Production comparison August – more this year compared to previous years - EMS Abstractions – increase due to annual leave as staff were encouraged to take leave before winter - Overtime reductions – no incentivised overtime - Covid 19 abstractions now at 3% - More activity August 2020 compared with 2018 and 2019 - Emergency Ambulance Utilisation (3% tolerance) - Staffing – focus is on additionality and recruitment <p>Forecast</p> <ul style="list-style-type: none"> - Production stronger in September – on or over 100% for emergency ambulances, more work required on rapid response vehicles - Amber performance and patients experiencing long waiting times - Anticipating further Covid19 surge - Modelling forecast for September - 66%. <p>Members were concerned about the deterioration in performance; it was noted that Powys had not met the target over the last 5 or 6 months although ongoing discussions were taking place. The performance was worse during 2020 and it was suggested that this could be attributed to the switch away from the deployment of rapid response vehicles (RRVs); it was hoped that the recommencement of RRVs would improve the performance in Powys and other health board areas.</p> <p>Members asked regarding the impact of 'consultant connect' in terms of managing conveyance and whether any learning could be shared across the system. Members noted that the numbers to date were small and that there was a large variation in the uptake.</p> <p>The CASC responded to the content of the presentation and highlighted:</p> <ul style="list-style-type: none"> - Helpful to note that more front line staff available in August than previous year despite reduction in overtime and an increase in annual leave allocated; therefore, additional investment in demand and capacity plan is starting to become effective - Support the rebalancing of emergency vehicles and RRV as this will have a positive impact on red performance; however, WAST need to keep in mind any potential negative impact on amber performance 	<p>CASC</p>
--	---	-------------

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

<p>Members noted:</p> <ul style="list-style-type: none"> • NEPTS Headline statistics • The Collaborative approach undertaken at the NEPTS Delivery Assurance Group – this work included the team at WAST but also health board teams with a focus on continuous improvement • Commissioning and Quality Assurance undertaken – the Framework was in place and robust processes were in operation. Step 1 and 2 were considered key in ensuring the transport solution is as good as possible • NEPTS Service Development • Enhanced Service Provision – renal, oncology and end of life service; renal patients account for 30% of all NEPTS journeys which was steadily increasing and more work ongoing to develop oncology services. It was noted that the End of Life Care Service had won a Health Service Journal Award and the team were warmly congratulated on this achievement • Performance/ Service Delivery Improvements • Governance and Planning – this included a more joined up approach and particularly the tiered staff structure in health boards to support the local commissioning • NEPTS Demand and Capacity Review now underway • The Impact and Learning from Covid19 • The NEPTS Delivery Assurance Group at the end of September would be discussing winter planning and discharge capacity matters and the impact of Covid19 on NEPTS activity. <p>Mark Harris provided detailed operational information regarding the different ways of working within the NEPT service during the pandemic which included support providers, people driving themselves to appointments, student paramedics and also the voluntary sector. The team were working to manage through the agreed script and were finding alternative ways of transporting patients.</p> <p>Members noted that the NEPT Service were also working with Optima using the modelling tool to analyse how the service could be used in the winter. Other complementary work included how volunteer drivers could be protected including consideration for early vaccination (when available).</p> <p>The importance of the whole system approach to developing winter plans was discussed and particularly for this service. The longer term issues would also need to be considered including the resetting of plans for outpatients and other work.</p>
--

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

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

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

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

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

Members **RESOLVED** to:

- **NOTE** the report.

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

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

EASC 20/83	FORWARD PLAN OF BUSINESS The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that the next 'Focus On' topic was Commissioning Intentions. Following discussion, Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	Chair
Part 4. OTHER MATTERS		ACTION
EASC 20/84	ANY OTHER BUSINESS No other business matters were raised at the meeting.	

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

Signed
Christopher Turner (Chair)

Date



NHS Wales Collaborative Executive Group

Minutes of Meeting held on Tuesday 29 September 2020

(via Teams)

Author: Mark Dickinson		Version: 0
Members present	Carol Shillabeer, (Chair), Chief Executive, Powys THB Gill Harris, Interim Chief Executive, Betsi Cadwaladr UHB (GH) Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF) Steve Ham, Chief Executive, Velindre NHS Trust (SHa) Alex Howells, Chief Executive, HEIW (AH) Glyn Jones, Deputy Chief Executive, Aneurin Bevan UHB (GJ) Steve Webster, Finance Director, Cwm Taf Morgannwg UHB (SW) Steve Moore, Chief Executive, Hywel Dda UHB Tracy Myhill, Chief Executive, Swansea Bay UHB (TM) Len Richards, Chief Executive, Cardiff & Vale UHB	
In attendance	Mark Dickinson, Director Clinical Networks, NHS Wales Health Collaborative Neil Frow, Managing Director, NWSSP Jane Green, Welsh NHS Confederation Helen Thomas, Interim Director, NWIS	
Apologies	Jason Killen, Chief Executive, WAST (JK) Judith Paget, Chief Executive, Aneurin Bevan UHB (JP) Tracey Cooper, Chief Executive, Public Health Wales (TC)	

1. Welcome and introduction	Action
The Collaborative Executive Group and Chief Executives' Management Team meetings continue to be combined. The first part of the meeting focused on NHS Wales Health Collaborative business.	

2. Minutes of meeting on 25 August 2020 (EG-2009-01) and matters arising	Action
<p>Members confirmed the notes of the previous meeting were an accurate record.</p> <p>Matters arising:</p> <p>Item 5 - EG-2008-04 - Macmillan Primary Care Cancer Framework – agreed that a communication would be issued by MD to AMDs to confirm the decision of the Collaborative Executive Group in August and the action required locally.</p> <p>Item 6 – EG-2008-05 – Endoscopy/National Approach to Recovery – RF reported that the National Endoscopy Board had met on 25 September and that a decision was expected from Welsh Government as to whether the national recovery model would be funded. SM commented that he had written to Welsh Government requesting regional management through HDUHB; LR added that he remained concerned and that delivery should be located on hospital sites.</p> <p>Item 7 – EG-2008-06 - Imaging COVID Recovery Planning – RF reported that plans had been developed by the Imaging Essential Services Group for supplementary CT and MRI capacity. SM commented that this was an excellent piece of work and confirmed that he would be submitting the report to Welsh Government that day for consideration of funding. A copy would be circulated to CEOs.</p>	<p>MD</p> <p>RF</p>
3. Implementation Groups Funding (EG-2009-02)	Action
<p>The paper provided a baseline summary of 2020/21 spending plans and commitments against the Welsh Government allocations to major conditions implementation groups, in support of national delivery plans. The allocations are now managed by the Collaborative, on behalf of NHS Wales, following the agreement of the Collaborative Executive Group in July 2020.</p> <p>In response to a question raised by LR, MD confirmed that some schemes had been agreed jointly between the respective implementation groups for stroke services and neurological services and this was reflected in the planned spend.</p> <p>TM confirmed that the detail was being reviewed within SBUHB.</p> <p>GJ noted that for some schemes there were commitments beyond 2022 and, noting that funding had only been confirmed by Welsh Government to March 2022, would manage any impact on local appointments accordingly.</p>	

CS summarised that the report was welcomed and provided greater visibility of the allocation of the implementation groups funding. CS highlighted the need for a more strategic discussion on the alignment between networks and implementation groups in due course and the need to confirm sponsor CEOs where there were gaps in the structure. RF agreed to work with Jane Green to update the schedule of lead and sponsor CEOs.	RF/MD
4. Rapid Diagnostic Centres (EG-2009-03)	Action
<p>The paper described plans to develop a national programme for the implementation of Rapid Diagnostic Centres across health boards in Wales.</p> <p>The Collaborative Executive Group noted the content of the paper and approved the development of a Wales Cancer Network-led national programme approach to the implementation of Rapid Diagnostic Centres across Wales. In doing so, it was noted that there is a need to define and aim for the best and most sustainable model for Wales, which embeds best practice from a workforce perspective, and to be clear about the overall impact on the cancer pathway. It was agreed that, to mitigate risk, the project management posts should be employed centrally in the WCN, but be deployed regionally.</p>	RF/MD
5. Radiology Informatics System Programme (RISP) (EG-2009-04)	Action
<p>The paper provided an update on the RISP programme and, in particular, in respect of the Outline Business Case, resources and projects. RF clarified that a revised report had been issued and referred to version 0.3.</p> <p>RF confirmed that whilst the strategic case and commercial case had been drafted, they would be reported to the RISP Programme Board in the first instance, following which they would be reported to Collaborative Executive Group.</p> <p>The report was noted.</p>	
6. Critical Care – Lessons learned from first wave of COVID-19 (EG-2009-05)	Action
<p>The paper was received and the lessons were noted. SM commented how well the critical care community had worked together and that it was important that they continued to be supported through the winter period.</p>	

7. Precision Medicine Centre of Excellence – Phase 2 (EG-2009-06)	Action
<p>The paper provided a briefing for Chief Executives on developments to identify the scope for a proposed Centre of Excellence for Precision Medicine, Phase 2 development, for the Cardiff Edge Science Park, Coryton.</p> <p>LR highlighted that, with the involvement of the Cardiff City Region, there was the opportunity to broaden the scope.</p> <p>GJ supported the development and confirmed that ABUHB was represented on the project. GJ added that ABUHB was looking at Medipark on the Grange University Hospital site and highlighted the need to be mindful of the impact on the pathology workforce.</p> <p>LR confirmed that the scope for phase 1 (genomics) was all Wales and the scope for phase 2 was the South East region.</p> <p>It was agreed to support the continuation of the work to scope the Phase 2 development.</p>	
8. Finance Report (EG-2009-07)	Action
<p>The paper was received and Chief Executives approved the recommendation from Directors of Finance in respect of the individual financial contributions, from each of the ten NHS Wales organisations, for the Collaborative, in 2020/21</p>	
9. Collaborative Update Report (EG-2009-08)	Action
<p><i>Healthcare Sciences Programme</i></p> <p>It was noted that, following a period of consultation with the programme staff, the transfer of the programme and associated staff to HEIW would take effect from 1 October 2020</p> <p><i>LINC Programme Update</i></p> <p>The update in respect of Welsh Government funding for 2020/21, the LIMS service procurement project and the quality management project were noted.</p> <p><i>Medium Term Plan</i></p> <p>It was noted that the Collaborative team are preparing a medium term plan as its response to having to balance its resources between a longer term view of activities whilst ensuring it can service very acute current need for support in response to dealing with and recovering from COVID-19 Chief Executives commented that the approach was welcomed and would help to ensure clarity</p>	

	Paper Ref: EG-2011-01
NHS Wales Health Collaborative Executive Group	Minutes 29/09/20

on the priorities for the Collaborative and to prepare the ground for the NHS Executive.

Trauma Network Launch

The successful launch of the South Wales Trauma Network on 14 September was noted. CS commented that it was very good to see the development had come to fruition, which provided equity of access for patients in Powys and across Wales.

Leadership Forum 13 October

RF advised that the Leadership Forum scheduled for 13 October would be cancelled and a new meeting date arranged for later in the year.



**ARCH Partnership
DRAFT MINUTES
Thursday 17th September 2020 – Virtual (Teams)**

PRESENT:

Emma Woolett	Chair of SBUHB (EW)
Maria Battle	Chair of HDUHB (MB)
Prof Keith Lloyd	Head of Medical School Swansea University (KL)
Prof Paul Boyle	Vice Chancellor Swansea University (PB)
Phil Kloer	Medical Director HDUHB (PK)
Siân Harrop-Griffiths	Director of Strategy, Swansea Bay University Health Board
Karen Stapleton	Head of Strategy and Service Planning, ARCH (KS)
Sharon Hughes	Senior Project/Business Manager, ARCH (SH)

APOLOGIES:

Steve Moore	Chief Executive, Hywel Dda University Health Board
Tracey Myhill	Chief Executive, Swansea Bay University Health Board

		Action
1	Welcome, Introductions and Apologies A warm welcome was given by PK (Chair). PK congratulated KL on his new appointment at the University and KL confirmed his new title of Executive Dean & Provost Vice Chancellor of Swansea University.	
2	Draft minutes of the last meeting 29/11/19 The minutes were agreed as an accurate record of the last meeting.	
3	Action Log PK advised that there were two outstanding actions that are included as items on the agenda (Strategic Priorities and Mapping ARCH projects against essential services). It was noted that Morriston Road discussions are ongoing with WG.	

		Action
4	<p>Partner updates and approach for next 6 months</p> <p>KL provided an overview of the priorities for Swansea University (SU) which have been driven by the new Strategy created following appointment of Paul Boyle Vice Chancellor (VC) and the 'Second 100 years' Both have set the tone for the revised strategy which has a strong sports and wellbeing focus.</p> <p>KL outlined the current status of the University which is implementing a merger of its seven colleges into a set of three Faculties and includes the merger of Medicine and Human Health Sciences. KL advised that SU are currently 24th in The Guardian league tables, 6th in the 'Student Satisfaction' and the number one University in Wales.</p> <p>Collaborative Projects –</p> <ol style="list-style-type: none"> 1. KL referenced the large proportion of education provided to the HBs and that SU would be commencing the new 'Pharmacy' learning/education department from Sept 2021, as well as Occupational Therapy which could be spread across Swansea, Pentre-Awel and St David's Campuses. John Gammon is leading on the work with HEIW to increase the level of education/training for healthcare professions of the future. <p>City Deal – Morriston Campus Phase 1 – Digital HTC Centre has been agreed and contribution to the Morriston Road at the 50+ acre site the development of a Science Park, Pathology Unit and ILS is also factored into Phase. Singleton Campus – Looking to build on the success of ILS with a greater focus on Sports Science at the Sketty Lane site. There will be focus on 'Sports Science & Wellbeing' at Pentre-Awel, including Physiotherapy, Occupational Therapy, and student placements growing the Health and Wellbeing Academy offer.</p> <p>Research/Innovation -</p> <p>KL advised they have a number of COVID related projects and have led SBUHB COVID projects via Accelerate which has enabled ventures to 'get to market' quicker. A joint project with ATIC led by Ian Walsh has also been delivered.</p> <p>The University are also keen to grow their wellbeing facilities/provisions at the new Sketty Lane, Singleton site along with the new space in Sports Technology.</p> <p>SU held their first ever Innovation forum this week (16/9) where shortlisted applicants presented their ideas. A broad range of presentations from Digital Apps, Joint Replacements to Surface Coatings were received</p> <p>The University are looking to expand the success of the ILS into the Hywel Dda region (Pentre-Awel) with an expectation to expand into Glangwili Hospital during Phase 2.</p>	-

		Action
	<p>PB joined the meeting.</p> <p>MB asked KL if he could provide clarification on the 'Sports and Wellbeing' activities and what the breadth of their interpretation is of 'wellbeing'. KL stated that it covers population wellbeing and aspects of social care that enhances people's lives e.g. Pentre-Awel being able to provide access to Sports/training activities as well as treatments such as Physiotherapy.</p> <p>PK Commenced his presentation giving a sense on what the focus has been for HDUHBand safeguarding current and future developments some of which would be useful information to share with SBUHB. Covid has enabled a reprioritisation of work thus providing a greater direction and authority for people to act and make decisions. Achievements to date have been excellent and work that has taken place in a short space of time might have previously taken years to implement.</p> <p>PK advised the priority going forward is the Winter Protection Plan, (Inc. Flu Immunisations, Covid Vaccine) and being able to scale up to 400 beds in a week if required. PK also stated that importance of recognising the impact of Covid particularly in relation to the harm to patients and what it might have done to overall 'patient experience'.</p> <p>HDUHB have set up a learning group and produced a discovery report, engaging with Local Authority colleagues, that outlines best practice and things that the HB would want to keep from the Covid service changes as well as things the HB would not keep. This is being used to help direct the Board out of Covid. A Transformation Steering Group has been set up as a Cause Corrector for the Board and strategic & planning objectives are being reviewed with the Exec Team.</p> <p>Regional – PK provide some regional highlights and advised that the relationships between the two HBs had strengthened with a number of clinical projects underway e.g. Cardiology, Ophthalmology, Acute Medicine and Dermatology being reinstated</p> <p>Building the future - PK advised they are working on the Pathology business case, have revamped the R&D sub-committee in HDUHB, increased student numbers and had attended the first Innovation Forum also. HDUHB are looking to re-develop Bronglais Education Centre as it has not changed in the last 30 years and PK advised this is a welcomed development. PK also reinforced that both the Morriston and Singleton developments are as critical to HDUHB as they are for SBUHB and the HB needs to be involved in the development of the Campus business case as well as supporting the communications with WG.</p> <p>PK advised that there is a need to develop regional elective care plans</p>	

		Action
	<p>as well as plans for Endoscopy and the Cancer Centre.</p> <p>BAME – PK stated an advisory group has been set up and is already having an impact. There is some emerging work and recognised that the SU have a head start and that they are already linked up.</p> <p>Lightfoot – PK advised that HDUHB had met with Lightfoot and things had progressed and understood that SBUHB had also met with them and so recognised the value of working together on this.</p> <p>SHG commenced her presentation update and referenced there were synergies with PK's presentation with a similar focus on clinical services. SBUHB have had to refocus the organisation from Feb/Mar 2020 and there was a briefing with the independent members last Friday (11/9) on the next six months on what will be the 'new normal'.</p> <p>SHG advised that SBUHB priorities are surviving the winter and unscheduled care, as well as continuing to look after our people – stating the response to date from staff has been excellent, including the flexibility demonstrated along with the use of technology and the HB is keen to build upon this going forward. Other areas of focus include building upon learning from the Covid Insights report, a strong rapid discharge approach and to come out of the current situation in the best financial position possible whilst maintaining the excellent relationships with HDUHB and SU.</p> <p>SHG highlighted that the SBUHB Organisational Strategy has been in place for two years, and it was timely to review this, with a greater focus on supporting better health and wellbeing and SBUHB's Board is keen to start looking at as a region, how work can be approached together.</p> <p>COVID – SHG explained that the response to COVID by SBUHB had been a catalyst for transforming clinical models of care and it has helped to accelerate developments in the HB's Clinical Services Plan and there is an opportunity to think again how the ARCH programme can support HBs in a number of areas e.g.</p> <p>Older People – 'Keep Me Well at Home' programme and how the workforce is enabled to adapt to meet demands</p> <p>Ambulatory Emergency Care Model – this will be a considerable change for the service and the culture within the Health Board as it is Clinician led – it's a huge opportunity.</p> <p>Outpatient Change – this has an increased focus on using digital solutions and providing different types of care in different ways.</p> <p>Surgery – focus for surgery is the 'right surgery in the right place' and moving towards regional elective centres.</p> <p>SHG shared that during the Exec Meeting yesterday the Innovation Forum was discussed and the Workforce Director has already linked and</p>	

		Action
	<p>is working with John Gammon. There is also some progress and overlap with regard to the BAME network.</p> <p>PK commented that there is a considerable amount of regional activity underway and as leaders we are ensuring the partnership is fruitful and making progress.</p> <p>PK asked for comments following the presentations.</p> <p>EW thanked everyone and agreed that there was significant overlap between the three partners and that the main challenge is understanding from Executive colleagues what are the 2/3 projects that they would want the Chairs and VC to champion and hold them accountable for. EW advised that there was definite value in listening to the presentations.</p> <p>MB agreed with EW and offered a huge well done and that it was great to see synergies between partners. MB suggested that the partners should focus on approximately three collective priorities to get things 'over the line'.</p> <p>PB agreed with both Chairs comments and shared that he has previous experience of this type of collaboration albeit it was two not three partners. PB advised it was critical that all parties should agree on the areas that were going to make a change and that SU had the following priorities in the current climate:</p> <p>Test & Trace – this is a big issue for the University especially when they are welcoming thousands of students back into the environment and accommodations, there is a need to keep the community safe.</p> <p>Longer Term – City Deal projects, all partners must be joined up and it requires further thinking as well how it is benefitting all partners.</p> <p>New Faculties – the formation of the new faculties - KL will lead and provide clarity on what the future brings.</p> <p>PB went on the reference that the University were also reviewing their approach to honorary positions which is important to both the University and Clinicians, particularly for attracting new professionals to the HBs.</p> <p>PB also referred to his biggest win from his similar partnership experience in Leicester was attracting monies from NIHR a joined up bid covering Cardiovascular, Respiratory and Diabetes that was successful as it was presented and representative of all partners and therefore was aligned and succinct. PB suggested that partners should think about opportunities to bid for and secure a large collaborative bid, in the area of Value Based Healthcare for example.</p>	

		Action
	<p>PK commented that the partners should synthesise what is routine business and what are collaborative opportunities.</p> <p>MB raised that Test, Trace Protect is challenging with the national system and that HDUHB had taken a paper to their Board to request supplementing/expanding local testing capacity so they are not so reliant on the national system. They have already gone beyond the national guidance and focussed on the right thing to do and what can be done to minimise a second wave as well as drawing on ideas/lessons learned.</p> <p>PK responded by stating the HDUHB have a first meeting with their respective local authorities to discuss a wider community response but felt that it would be a good idea to expand this to the other ARCH Partnership partners in order to get ahead of the curve on a regional basis.</p> <p>SHG stated that it would be worth sharing what each partner is doing on TTP so everyone is clear. Jo Abbot Davies is SBUHB TTP Lead and it is worth linking up to see what else we can do together. PB advised that KL and Andrew Rhodes are the University Leads.</p> <p>PB also advised that he has had a very recent and brief discussion with WG about setting up 6 mobile testing centres at the University sites – SHG advised that she will follow this up with WG.</p> <p>PK encouraged all partners to provide confidence through sharing what areas each respective partner is focussing on and suggested that the regional governance arrangements should continue for the interim and be reassessed in six months which all partners agreed to.</p> <p>EW commented that that the tripartite focus must be on covering all three partners' interests and that some projects for example maybe of less interest to the University.</p> <p>PK thanked everyone for attending.</p>	
	<p>Any Other Business</p> <p>There was no other business raised.</p>	
	<p>Date of Next Meeting: 18th March 2021</p>	

SWANSEA BAY AND CARDIFF AND VALE

REGIONAL AND SPECIALISED SERVICES PROVIDER PLANNING PARTNERSHIP

25th September 2020

DRAFT ACTION POINTS

ATTENDANCE

Tracy Myhill	Chief Executive, SBU (Chair)
Richard Evans	Medical Director, SBU
Abigail Harris	Director of Strategic Planning, CVU
Siân Harrop-Griffiths	Director of Strategy, SBU
Len Richards	Chief Executive, CVU
Stuart Walker	Medical Director, CVU
Chris White	Chief Operating Officer, SBU
Hannah Evans	Director of Transformation, SBU
Ian Langfield	Associate Programme Director, CVU & SBU

APOLOGIES

Steve Curry	Chief Operating Officer, CVU
-------------	------------------------------

Welcome and introductions

LR opened the meeting, and explained that he was experiencing IT difficulties. TM agreed to chair on his behalf. Apologies were received from Steve Curry.

1. Major Trauma

LR and TM reported that there has been positive feedback on the performance of the MTC and MTN, following the launch on the 14th September. SW confirmed that whilst there had been some teething issues with theatres and critical care, all were being managed and were under control. SH-G commented that the feedback from the ODN was that repatriations were working well.

2. Thoracic Surgery

SH-G updated members on the outcome of her meeting with the WHSSC Director of Planning. Weekly bilateral meetings have been established, with the WHSSC Associate Medical Director for Cancer in attendance, and the waiting list tracker has been further developed to include patients from both centres. SH-G confirmed that one patient had been referred from SBUHB to CVUHB for subspecialist treatment, but that capacity at SBUHB was now sufficient to manage demand. The situation has further improved, following the return to work of the 2nd surgeon, and the increase to 2 operating lists per week from next week onwards. SH-G provided an update on the draft Strategic Outline Case (SOC), she explained that it would need to be considered by the Health Board as there was a requirement for capital approval. The Board Secretary is advising on the sequencing of submission, however it has been suggested that the SOC is submitted in draft format to Welsh Government, before the final version is submitted to WHSSC.

3. Oesophageal and Gastric Cancer Surgery

IL presented a paper on Oesophageal and Gastric Cancer Surgery, setting out the progress achieved at the last meeting of the Service Model Working Group. IL explained that the group had agreed the service objectives, benefit criteria, and had shortlisted the non-site specific options for service delivery. The group had also considered and agreed that prior to undertaking the option appraisal process, it would be necessary to seek advice from the CHCs on public and service user engagement. The group agreed that engagement should cover the following elements:

- Process
- Evidence - is there any other information that should be considered to determine the service model for OG cancer surgery?
- Benefit criteria - Is there any other information that should be included in the option appraisal criteria?
- Are there any other options to be considered?
- Engagement with service users on experience of using services

IL confirmed that he had met with the Health Board Engagement Leads following the meeting, and they had provided advice on the development of a briefing paper for consideration at the next meeting of the CHC Joint Planning and Service Committee. IL explained that the meeting was scheduled for the 14th October, and that pending the outcome, further discussion may be necessary with the RSSPPP to identify the resources required to support the engagement process.

RE and SW commented that the meeting had been positive, and that the Chief Officer of the CHC had been in attendance and had been complimentary about engagement approach taken throughout this project. RE advised members that a number of surgeons had held a separate meeting, and had identified and agreed two preferred models for delivering OG cancer surgery in South and West Wales. Whilst this hadn't been formally commissioned, and wasn't part of the process, it had been agreed to share the outcome of this work with the Service Model Working Group. LR reflected that the consensus reached by the surgeons was a positive development, and demonstrated the progress that had been made over the last few months.

AB asked whether there was a risk that the CHCs may not be fully aligned, and whether there may be some opposition to the direction of travel. SH-G replied that significant engagement had been undertaken previously with the CHCs in the west, on an earlier proposal to centralise services, and this had been received positively. It was agreed that it would be helpful to remind the CHCs of this previous work.

ACTION – IL to provide update on outcome of CHC meeting at next meeting.

4. Spinal Surgery

IL presented paper on Spinal Surgery, which set out the outline project plan to develop the service model for spinal surgery in South and West Wales. He explained that the project was scheduled to launch with a workshop on the 13th October. There has been a high level of interest in the workshop, with over 70 attendees confirmed, and representation from the Royal College of Surgeons, and the main professional societies related to spinal surgery. LR provided feedback from the recent NHS Wales Health Collaborative Executive Group, following discussion of the project briefing paper. The Chief Executive of Aneurin Bevan UHB had requested that their senior clinical team should be involved in the project, as the Health Board has a spinal surgery service. IL agreed to contact the Chief Executive to seek appropriate representation, and to discuss how the organisation would like to be engaged in the project.

Members discussed and agreed the outline project plan. It was agreed that there should be an independent chair of the Project Steering Group, and that one option would be to ask whether the Hywel Dda UHB Medical Director would be able to undertake that role.

ACTION – IL to contact Aneurin Bevan UHB Chief Executive on behalf of TM and LR to discuss representation on the project.

ACTION – IL to liaise with the Hywel Dda Medical Director regarding the role of independent chair of the Project Steering Group.

5. Hepato Pancreato Biliary Services

IL presented paper which provided an update on the development of a model service specification for Hepatobiliary and Pancreatic Surgery. IL explained that work has commenced on the development of a model service specification for hepato-pancreato-biliary services, and a task and finish group has been established under the auspices of the Wales Cancer Network. The aim is to develop a draft model service specification for consideration by the NHS Wales Health Collaborative Executive Group. The first meeting of the task and finish group is scheduled for the 8th October.

CW raised the issue of access to out of hours interventional radiology for the pancreatic surgery service, and suggested that work should be undertaken to explore whether a memorandum of understanding could be developed between the two Health Boards in order to ensure that the service can function.

ACTION – IL to liaise with Karen Stapleton and Marie Davies to see whether it is possible to replicate the Cwm Taf Morgannwg MoU for interventional radiology.

6. Paediatric Neurology

IL presented paper on Paediatric Neurology, and outlined the key issues raised in the joint meeting with paediatric neurologists, and the principles for working together identified by the two Medical Directors. IL explained that whilst it was clear there was a core group would be willing to work collaboratively, there were challenges in convincing other clinicians of the merits of this approach. SW agreed and explained that clinicians in Cardiff had concluded that they needed to develop a relationship with an NHS England provider, as they felt it would be easier and would yield greater benefits. RE concurred that the behaviours in the meeting had been challenging, but that it would be unfortunate if this service became an exemplar for non-engagement. LR reiterated the need to make progress in this area. SW explained that there were two issues that needed to be addressed:

- a. Sustainability of the hub services in Cardiff which support paediatric neurosurgery, PICU and other specialised services – this will require partnership with a larger provider.
- b. Delivery of paediatric neurology services through a network across South and West Wales i.e. the relationship between Cardiff and Swansea

SH-G suggested that support may be required from workforce and organisation development, to address the issues identified in the meeting. Following further discussion members agreed that a common purpose needed to be created between the two services.

ACTION – IL to bring back proposals for consideration at the next meeting.

7. Developing a Joint Approach for Regional Sustainability

IL presented a brief review of the history of the RSSPPP, and outlined seven draft principles for collaboration which had been developed by the Medical Directors and Directors of Planning:

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

TM reflected that both organisations had benefited from the partnership. LR agreed that the arrangements provide the two organisations, with the ability to be more vocal at a leadership level, on the joint endeavour to make services more sustainable. LR suggested there should be an additional principle, that all tertiary services should be underpinned by a commissioning framework. Members agreed that this should be included. RE suggested that consideration should also be given to sub tertiary services. These services can develop into tertiary services, which without commissioner input, can present significant challenges. Members agreed that the principles should be developed into a Memorandum of Understanding and should be taken through each Boards governance process once agreed by the group. It was agreed that the reference to service centralisation should be strengthened to remove any ambiguity from the principle.

LR asked whether it would be possible to compile a list of services which are not commissioned through WHSSC. IL confirmed that this had been completed as part of the tertiary services project baseline. LR suggested that the group review the list, and prioritise services without commissioning arrangements, for future discussion with WHSSC.

ACTION – IL to develop principles into MoU for consideration at next meeting

ACTION – IL to circulate list of tertiary services with commissioning arrangements in advance of the next meeting

8. Interventional Radiology

IL provided an update on the outcome of discussions with the Director of the NHS Wales Health Collaborative Executive Group regarding the development of a strategy for interventional radiology. The Collaborative were exploring options for progressing this either through an existing workstream, or as a new project.

ACTION – IL to provide update at next meeting.

9. Minutes and Action Log

The group agreed the minutes as an accurate record of the previous meeting. The group reviewed and updated the action log.

10. Next Meeting

IL confirmed that the next meeting was scheduled for the 27th November via Microsoft Teams.

DRAFT

HEALTH BOARD

HIGHLIGHT REPORT – JOINT EXECUTIVE GROUP (BRIDGEND BOUNDARY CHANGE)

DATE OF MEETING

26/11/2020

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Not Applicable - Public Report

PREPARED BY

Kathrine Davies, Corporate Governance Manager

PRESENTED BY

Joint Chairs: Paul Mears/Tracy Myhill

EXECUTIVE SPONSOR APPROVED

Georgina Galletly, Director of Corporate Governance

REPORT PURPOSE

FOR NOTING

ACRONYMS

JEG

Joint Executive Group

1. PURPOSE

- 1.1 This paper had been prepared to provide the Board with details of the key issues considered by the Joint Executive Group at the meeting which took place on the 21 September 2020.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Board is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	<ul style="list-style-type: none"> No items were determined for escalation to the Board.
ADVISE	<ul style="list-style-type: none"> Members of the JEG noted the update on the ongoing work in relation to Commissioning and Contracting and agreed to receive a further update at the December meeting.
ASSURE	<ul style="list-style-type: none"> Members of the JEG noted the disaggregation of Clinical systems as part of the phased approach previously approved by the JEG and endorsed the first phase of the disaggregation of ICT services provided from Swansea Bay UHB to Cwm Taf Morgannwg UHB. Members noted the risks that would be managed jointly and agreed that a detailed implementation plan along with the risks would be brought back to the December meeting. Any issues arising prior to the December meeting would be picked up by the Joint Management Group. Members of the JEG noted the update on the ongoing work in relation to the Commissioning and Contracting and agreed to receive a further update at the December meeting. Members of the JEG received an update on the plan to recommence elective surgery at Neath Port Talbot Hospital following the COVID-19 pandemic and noted the range of options for consideration. Members of the JEG noted that the recommended option 3 that had been approved by the Joint Management Group and agreed that further discussions would be ongoing with



	<p>further consideration to factor in winter plans. A further update would be received at the December meeting.</p> <ul style="list-style-type: none">Members of the JEG received an oral update on the future role of Neath Port Talbot Hospital. Members noted further understanding around the interim plans and assumptions from Swansea Bay for Neath Port Talbot was required in order to gain more access to protect the elective work. Members noted that other options would also need to be explored other than Trauma and Orthopaedic services through the theatres. Members agreed to define the timescales and direction of travel, taking into account constraints on capital resources and receive a formal report at the next meeting.Members of the JEG received and noted an update on the Risk Register and the current risks assigned to the Register.
INFORM	<ul style="list-style-type: none">The JEG received for information a briefing note from the Auditor General Wales with regard to the Audit Wales review of the Commissioning and Contracting arrangements established between Swansea Bay and Cwm Taf Morgannwg following the Boundary Change in April 2020. The JEG noted the intended approach for the review.
APPENDICES	NOT APPLICABLE

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	17 September 2020
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	

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

- PPE Winter Plan** – Jonathan Irvine, Director of Procurement Services and Andy Butler, Director of Finance and Corporate Services outlined the work that had been done to date to ensure sufficient stocks of PPE would be available throughout the coming winter. The success in responding to the 1st wave of the virus with no stock-outs and unbroken continuity of supply was reiterated and positively commented on by members. However, this experience has highlighted the need for a continued focus on refining the assumptions within the Winter planning process to improve the resilience of supply lines and boost the levels of stock-in-hand, alongside the development of Welsh manufacturing capacity to reduce the reliance on external global supply lines. Procurement dashboards have been enhanced to enable more accurate tracking of stock issues and the forecast of future demand. Additional warehousing capacity has been secured and is already in use, and throughout there has been significant reliance on the Surgical Materials Testing Laboratory to identify fraudulent and/or sub-standard equipment. The PPE Winter Protection Plan has been shared and discussed with all stakeholder groups and aims to have 24 weeks of stock-in-hand by the end of November. To achieve this target 442m additional items of PPE will be procured, which will require an additional 100,000 sq. feet of temporary warehouse space which is currently being secured. 14 Welsh suppliers and manufacturers are now involved in helping us to meet this demand.
- BREXIT Update** – Mark Roscrow, Programme Director, provided an update on BREXIT preparations in the light of a potential no-deal. The main issues to note were:
 - The internal group with Welsh Government representation has now reconvened and are reviewing the status of previous arrangements. This group is reporting into both the EU Transitional Leadership group as well as the SRO Group.

- The stock that was built to deal with Brexit is largely intact and whilst some product was used to support the Covid outbreak this has already been largely re-established. This links into the wider PPE plan that is being developed in conjunction with stakeholders. A review of critical care items will be included as part of this process.
- The arrangements for the NSDR are being reviewed to include IT connectivity, staff resources and testing arrangements. A series of UK tests will be undertaken and Wales will participate in these. Details of this process are being finalised. A number of internal Wales only scenario tests will be run in preparation along similar lines to those that took place the last time. A key part of this will be the clinical decision making which will be revisited and lessons learnt from the previous round of testing taken on board. The SRO group has asked that this be raised again with Medical Directors to try to agree a way forward.
- NWSSP continue to link into the UK groups and information on supplier awareness and planning are being reviewed. This information is being shared, however, we will re-visit this particularly in respect of Welsh only suppliers.
- Unlike 2019, where the supply of Pharmaceutical items was largely via the wholesale distribution route, one of the COVID lessons is around the reliability of this route particularly around some critical drug lines. Discussions are ongoing with Welsh Government colleagues around the potential to look at different options for a range of items.

3. Scrutiny of Claims and Redress Cases – Jonathan Webb, Head of Safety & Learning, presented an update following the introduction of the redress case scrutiny via the Welsh Risk Pool Committee (WRPC) and the pilot clinical peer group review process that had been introduced to look at the claims and learning outcomes. The Committee Members were asked to agree a proposal which will involve formally establishing a Panel to scrutinise the learning associated with all clinical negligence and personal injury cases which are presented to the Welsh Risk Pool Committee in accordance with the reimbursement procedures and to make recommendations accordingly to the Welsh Risk Pool Committee. SSPC members were supportive and **APPROVED** this proposal.

4. Managing Director's Update

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

- **Medical Examiner Service** - The offices in West Wales, North Wales and Central Wales are either open or will be open imminently. By the end of October, there will be four Regional Offices across Wales. These offices will in the first instance be developing the systems and processes necessary to provide the service and as such will not be routinely scrutinising all eligible deaths at this time. The intention is to be in a position to scrutinise all deaths not referred directly to a Coroner from April 2021.
- **Laundry Services** - The business case has now been presented to Welsh Government, and further detailed information that they subsequently requested has been provided. We are currently waiting for the formal review of the business case by the Welsh Government Infrastructure Board.

Further work will be required over the coming months and membership of a revised Project Team will be developed to ensure that it is appropriate for the next stage of the project and the TUPE transfer, which is due to happen in April 2021.

- **IP5** - We continue to work with Welsh Government and NHS colleagues on elements of the Strategic Outline Case. Significant progress has been made on delivering the laboratories on the mezzanine floor for both the UK Lighthouse Project (to support wider testing) and for PHW. Additional capital monies have been requested to provide further racking for IP5 to enable it to store increased stocks of supplies required to both deal with any potential further impacts of COVID and/or BREXIT. In addition to this we have increased capacity at one of our Pandemic Storage facilities, supporting the work being undertaken by the Welsh Government Chief Pharmaceutical Officer, to protect the supply of medicines in the face of the twin threats from COVID and BREXIT.
- **Compassionate Leadership** - The August meeting of the NWSSP SMT included a presentation from Professor Michael West from the King's Fund on the subject of Compassionate Leadership. This was well received and the approach within NWSSP is further underpinned by the work of the Culture and Leadership Group which is chaired by Jonathan Irvine, Director of Procurement Services, and which is tasked with helping to embed the principles of Compassionate Leadership into the ethos and approach of NWSSP. This will clearly take time to fully embed as it is dependent on cultural change throughout the organisation.
- **Staffing Changes** - Andrew Evans has now commenced in post as Director of Primary Care Services, following the retirement of Dave Hopkins. Mark Roscrow, the former Director of Procurement Services, has agreed to continue to lead our agreed BREXIT Preparedness Strategy.

5. Items for Approval

TRAMS Business Case – The business case was jointly presented by Neil Frow Managing Director, and Colin Powell, Chief Pharmacist, ABUHB. The Committee recognised the significant work that has been undertaken by the project team together with the robust process that has underpinned the final set of recommendations. Mr Powell explained the process followed and the different options that had been explored especially in terms of the operating model and preferred management arrangements. He further explained that significant work had been undertaken with all key stakeholders including the Chief Pharmacists Group when developing the business case, which have led to clear recommendations for the development and management of this service. All NHS organisations have been involved in these workshops and have been given the opportunity to contribute to the detailed discussions and options appraised. Mr Frow explained that these recommendations had also been endorsed by the TRAMs Project Board for approval at the Committee. Following a detailed discussion the Committee **APPROVED** the Programme Business Case, which will now be submitted to Welsh Government.

Temporary Medicines Unit (TMU) – The establishment of the TMU was approved by the Committee in May and the Technical Agreement for the supply of

medicines was similarly approved in July. The build of the Unit is now at an advanced stage of completion, with the contractor undertaking their validation activities in the week commencing 21 September. After this, there will be six weeks of TMU staff validation activities, which should conclude on 6 November. Allowing a further week for review of all documentation, the likely date for submission of the MHRA application is therefore 13 November. Recruitment actions have progressed well and we expect to mobilise a full team of staff by the end of October, including both staff recruited from Health Boards, and outside NHS Wales. Since the July meeting of the SSPC a further Technical Agreement covering environmental monitoring with PHW has been prepared, and also a single overarching SLA covering the financial controls and arrangements for ordering medicines from the service. The Committee **APPROVED** both documents.

Single Lead Employer - The July meeting of the SSPC received four draft employment management agreements for consideration. These agreements detailed the operational and contractual arrangements to underpin the expansion of the Single Lead Employment (SLE) Model. It was not possible to sign off the Agreements at that time as they had not been fully reviewed and endorsed by the SLE Programme Board due to it not meeting until the 28th July. The Committee agreed that the NWSSP Managing Director could sign these documents on its behalf subject to any significant changes being brought back for further consideration. Following the SLE Programme Board, a number of meetings have been held in August between the respective organisations involved in the Single Lead Employment arrangements to discuss and finalise the proposed Employment Management Agreements. A number of changes have been agreed in relation to the content of the original suite of documents. The key changes are: -

- 1) Changing the proposed agreement to be a 12 month rolling contract between NWSSP and Health Boards;
- 2) Changing the proposed agreement to be a 12 month rolling contract between NWSSP and HEIW;
- 3) A greater emphasis throughout the documents on joint working and joint responsibility in relation to managing some of the risks associated with the model;
- 4) Agreement that the content of the Employment Management Agreements will be reviewed annually by representatives of the various organisations involved in the Single Lead Employment Model.

The Committee **APPROVED** the updated suite of documents and **NOTED** that the Dental Performers Regulations have yet to be amended to reflect the Single Lead Employment Model

All-Wales E-Rostering Contract - Due to changes over the last five years, both in terms of e-rostering systems and the implications with reporting compliance with the Nurse Staffing Levels (Wales) Act 2016, it has become apparent that there is an urgent requirement to address the lack of a consistent rostering product across the UHBs/Trusts and explore the opportunity of an All-Wales e-rostering contract. Contract negotiations have ensued with the current software provider who currently covers six of the seven Health Boards in Wales with a view to widening the scope to encompass all Wales NHS organisations, as well as

simultaneously incorporating the addition of 'Safecare', a daily staffing software that matches staffing levels to patient acuity and dependency, thus supporting legislative requirements. This provides opportunities to plan, manage and review nurse staffing levels on a more consistent basis whilst also offering significant financial savings. The Committee **APPROVED** the proposal, which was also being presented to the Directors of Finance Group on September 18. However, Cardiff & Vale, who are the one organisation currently not using Allocate, stated that they would be unable to proceed without investment from Welsh Government.

Winter Planning - Alison Ramsey, Deputy Director of Finance, presented the results of the Customer Survey that had been undertaken to assess NWSSP's performance during the pandemic. It was highlighted that the overall feedback was very positive and some of the lessons learnt from this experience will be useful in preparing for the winter months. Concerns for the winter months inevitably focused on PPE, and members were very assured by the earlier presentation on the agenda. The undertaking of virtual pre-employment checks is also an area that NHS organisations would like us to continue, but recognising that the decision on this is outside of NWSSP's gift. Committee members were also reminded about the NWSSP virtual Winter Planning event being held on 2 October. The Committee **NOTED** the report.

Quality & Safety Committee ToR – Malcolm Lewis, Medical Director, presented the draft Terms of Reference for a Shared Services Quality & Safety Committee which would be run along the same lines as the Audit Committee for Shared Services. The Committee members were fully supportive and **APPROVED** the terms of reference.

Staff Benefits Portal - The Committee has previously agreed to support the creation of an NHS Wales Staff Benefits Portal, led by NWSSP. The Committee were presented with the Business Justification Case for approval, which proposes implementation of an All Wales Staff Benefits Portal website solution, which centralises existing Health Board and Trust arrangements onto one platform and includes All-Wales contract agreements for salary sacrifice schemes. The Committee **APPROVED** the Business Case.

HCS Transport Hub Development – The Committee received a proposal for HCS to acquire a new site in Swansea under a 10 year lease. The existing site is leased from WAST and it is expected that notice will be served on this site shortly. The Committee **APPROVED** the proposal.

6. Project Updates

NHAIS – Work is on-going with Northern Ireland to implement the new system by October, which will allow three months parallel running with a go-live date in January. Whilst Northern Ireland are still confident of meeting the deadline date, there have been some delays that caused some initial concern but these are largely now being addressed. NHS Digital have agreed to extend the current service to March 2021 to provide more time for the Northern Ireland model to be successfully implemented.

7. Governance, Performance and Assurance

Finance & Workforce Report - NWSSP continues to report a break-even position based on the expectation that the additional costs incurred through COVID-related expenditure will be fully reimbursed by Welsh Government. The first tranche of costs for reimbursement has now been invoiced to, and agreed with, finance colleagues in Welsh Government. It is likely the risk sharing agreement for the Welsh Risk Pool would be invoked again this year. Detailed work is being undertaken to review each of the relevant cases, but it is anticipated that the final outcome will be a similar position to that reported in the IMTP. Regular updates will continue to be provided to both the Committee and Directors of Finance.

Audit Wales Review of Counter Fraud Services – The Committee reviewed the report, which was the 2nd phase of an Audit Wales review into Counter Fraud services in the NHS, and both Central and Local Government. While the conclusion of the report is that the NHS is in a far better place than either Local Government or the Welsh Government, there are still areas to improve upon and these are being managed and monitored through the Counter Fraud Steering Group, which reports directly to the Directors of Finance Group.

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

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

6. Items for Information

The following papers were provided for information:

- Welsh Risk Pool Annual Report;
- Finance Monitoring Reports (July 2020);
- Annual Review 2019/20; and
- Business Continuity Plan Update.

7. Any Other Business

There were no further items discussed.

Matters requiring Board/Committee level consideration and/or approval

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

Matters referred to other Committees

N/A	
Date of next meeting	19 November 2020