



GIG
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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 September 2019	Agenda Item	3.6
Report Title	Joint NHS Partnership and Commissioning Update Report		
Report Author	Nicola Johnson, Interim Assistant Director of Strategy		
Report Sponsor	Sian Harrop-Griffiths, Director of Strategy		
Presented by	Sian 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) • Joint Regional Planning and Delivery Committee • ARCH Programme Board • NHS Wales Collaborative Executive Group • Joint Executive Group with Cwm Taf Morgannwg UHB • Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB • NHS Wales Shared Services Partnership. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <p>Note the update on the Health Board's joint NHS partnership and commissioning arrangements.</p>		

JOINT NHS PARTNERSHIPS 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 UHB.

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)
- Joint Regional Planning and Delivery Committee
- ARCH Programme Board
- NHS Wales Collaborative Executive 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.

3. GOVERNANCE AND RISK ISSUES

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

3.1 WHSSC Joint Committee

The informal briefing from the Joint Committee on 23rd July is attached at Appendix 1 (full minutes will be made available on iBABS). The main issues for SBUHB are:

- **Single Thoracic Surgery Unit at Morriston Hospital and the Major Trauma Service (MTC)** - Recognising the challenge of implementing two major service changes, Welsh Government confirmed its support for the appointment of additional thoracic consultants through the MTC business case. Building on this, it was agreed to approve a fourth locum consultant on a 12 month basis to support the opening of the MTC, to be reviewed after the year and extended if necessary. The proposal for a further two additional consultant posts to be allocated within the MTC business case will be considered as part of the Programme Business Case later in the autumn.
- **The South Wales Cystic Fibrosis Service** – the service, accessed by SBUHB residents has received phased investment over the last two years to enhance the MDT, extend satellite clinics and increase the clinical workforce to support a capital case for a 16 inpatient bed unit with a timescale for being fully commissioned in 2021. Further in-year investment was agreed to continue the trial of an IV Antibiotic Home Service which will be evaluated at the end of 2019/20.

3.2 EASC Joint Committee

The EASC Joint Committee was held on 10th September and minutes are not yet available. The unconfirmed minutes of the meeting on 23rd July are included as Appendix 2. The main issues for SBUHB are:

- **A demand and capacity review** has been undertaken – the shortfall for the previous ABMUHB area (data is not available for SBUHB suggests a shortfall of 28 staff which is not as significant a deficit as for other Health Boards.
- **'A Healthier Wales' uplift in funding** – the Health Board submitted 4 bids for this funding, of which 2 were accepted with the condition that further work is required. These were for the Acute GP unit to take from the ambulance 'stack' and the Acute Care teams to accept redirected referrals from the stack. We are working with EASC to understand the process for drawing down the monies.
- **Revised regional escalation arrangements** – the principle of managing whole system risk is supported but the Health Board further work is required on the detailed proposals.

3.3 Joint Regional Planning and Delivery Committee (JRPDC)

The Committee met on 21st August. The minutes are not ratified however a briefing note is attached at Appendix 3. The main issues to note are:

- **Regional Clinical Services Plan** – this draft Plan was presented to the JRPDC. It was well received and the final version will be approved by the Committee in October for inclusion in both Health Boards' IMTPs.
- **Endoscopy** – the opportunities to open capacity at Prince Phillip Hospital are being thoroughly explored and an update will be received in October.
- **Workforce** – a presentation on the Workforce Issues was delivered by the two Directors of Workforce and Organisational Development. It was agreed to focus on; the Apprenticeships scheme, Volunteering and Well-being at Work. It was also noted that work is being undertaken on a regional basis to support Occupational Health Services. A Workforce Plan to support implementation of the Regional Clinical Services Plan will also need to be developed.
- **Working arrangements** – it was agreed to review current regional planning meetings and governance and discuss options for more streamlined regional working arrangements moving forward.

3.4 ARCH Programme Board

The ARCH Programme Board in Quarter 2 was postponed due to both Health Boards managing the handover of Chairs. The next meeting is on 29th November 2019. In the interim, to assure Executives of the progress of projects a Portfolio Summary Report has been prepared, this is attached at Appendix 3. The main issues arising are:

- **Clinical Services** - A range of detailed planning and implementation improvement actions across regional clinical services such as stroke, cardiology, interventional radiology, dermatology, neurology and major trauma.
- **Wellbeing Programme** - Refocussing the Wellbeing programme on the two areas of; population health and condition-specific health with further work to be done on scoping out the programme.

- **Research, Enterprise and Innovation** - A range of research, enterprise and innovation improvements are being taken forward including the Health Technology Centre and the Swansea Bay City Deal Campuses project.
- **Workforce, Training and Development** - The workforce priorities are those outlined at the JRPDC.

3.5 NHS Wales Collaborative Executive Group

The last meeting of the NHS Wales Executive Group was held on 20th August. The minutes are not yet available but the main issues for SBUHB that were discussed were:

- **Major Trauma Network** – In response to the Gateway Review the Peer Review Expert Panel has been held and business cases from Swansea Bay for specialist plastic surgery input into Major Trauma Centre and for Operational Delivery Network were resubmitted on the agreed basis. Tranche 1 funding was agreed at the WHSSC Joint Committee in August, Tranche 2 funding will be considered in September.
- **Lymphoedema Business Case** – SBUHB hosts this service and an update was given on the implementation plan.

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

The first Joint Executive group with Cwm Taf Morgannwg UHB since the transfer of responsibility for the Bridgend population was held on 30th August. Minutes are not yet available but the meeting was used to refresh all on the outcomes of the transfer and the process that had been followed. The main issues arising are:

- **Programme of Work** – it was agreed that there is an ongoing programme of work which will take at least 2 years to review and agree plans for a range of complex issues (eg IT, maternity services, surgery and anaesthetics at Neath Port Talbot Hospital and pathology) arising from the transfer.
- **SLAs** - The ongoing management and review of the 115 Service Level Agreement lines between the two Health Boards will also be taken forward during this period.
- **Programme Management Arrangements** - it was agreed to develop a framework for taking the programme of work forward, including revised Terms of Reference for the Joint Executive Group, supporting joint meeting structures, agreement of planning principles and programme management arrangements. These will be considered at the next meeting.
- **Mortuary Services** – a paper on the handover of the mortuary at Princess of Wales Hospital, including the timescale, will be considered by the Health Boards' respective Executive Teams and presented to the JEG for approval at the next meeting on 30th September.

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

The Regional and Specialised Services Provider Planning Partnership Group was established in June 2018, in partnership with Cardiff and Vale University Health Board. A review of tertiary and specialised services has commenced in both organisations, this will clarify the current provision of these services, and will include a risk assessment of services against the following domains:

- Quality and patient safety
- Service sustainability
- Delivery and performance.

The outcomes from this work will be used to inform the work programme for the group, through identifying high risk services in which urgent collaboration is required to maintain or improve delivery, as well as lower risk services which would benefit from a more collaborative approach. In parallel, a number of services have been identified in which urgent collaboration is required to address concerns about delivery and sustainability. The last meeting of the group was on 19th July. The minutes are not yet available but the main items for SBUHB under discussion were:

- **Tertiary Services Review** – work commenced on the baseline assessment in July 2019, and is scheduled to complete in summer 2020.
- **Upper Gastro Intestinal Surgery** – the development of a service specification for oesophageal and gastric cancer services, to inform future delivery and commissioning.
- **Spinal Surgery** – work ongoing to clarify the out of hours patient pathway between the two organisations.
- **Neurophysiology** – the development of a sustainable service model for South Wales.

3.8 NHS Wales Shared Services Partnership.

The last meeting was held on 18th July, minutes are not yet available but the Assurance Report from the meeting is attached at Appendix 5. The main issues arising for the Health Board are:

- **Laundry Business Case** –proposals for consulting Health Boards and staff directly affected by the preferred option to reduce the number of laundries from five to three were agreed.
- **Brexit** – preparations for a No-Deal Brexit continue regarding procurement and stock-holding.
- **Primary Care** – recruitment and locum processes for primary care have been streamlined.

4 FINANCIAL IMPLICATIONS

There are no direct financial consequences of this report.

5 RECOMMENDATION

The Board 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		
There are no direct financial implications of this report.		
Legal Implications (including equality and diversity assessment)		
Under the Wellbeing of Future Generations Act the Health Board has a duty to work in an collaboration and integration to plan, commission and deliver services for the benefit of the population.		
Staffing Implications		
There are no direct staffing implications of this paper.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The paper gives an update on how the Health Board is working in collaboration with other NHS bodies to plan, commission and deliver integrated services in line with 'A Healthier Wales' and the WBFGA. .</p> <ul style="list-style-type: none"> ○ Long Term - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs. ○ Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives. ○ Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies. ○ Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives. 		

<ul style="list-style-type: none"> ○ Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. 	
Report History	None.
Appendices	Appendix 1 WHSSC Joint Committee Briefing Appendix 2 Unconfirmed minutes of the EASC meeting on 23 rd July 2019 Appendix 3 JRPDC Briefing Note Appendix 4 ARCH Programme Board Briefing Note Appendix 5 NHSWSSP Assurance Report

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – JULY 2019

The Welsh Health Specialised Services Committee held its latest public meeting on 23 July 2019. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<http://www.whssc.wales.nhs.uk/2019-20-whssc-joint-committee>

Action log & matters arising

Members noted the action log.

Chair's Report

The Joint Committee received an oral report from the Chair. The Chair's annual appraisal with the Minister the previous week had gone well and the Minister had confirmed that the Chair's appointment was extended by a further year.

Managing Director's Report

The Joint Committee noted the content of the Managing Director's report and, in particular, an update on Radiofrequency Ablation for Barrett's Oesophagus in south and mid Wales, where expressions of interest for provision of a south Wales based service had been received from CVUHB and SBUHB. The service development is anticipated to be cost neutral or cost saving. The WHSS Team is progressing the CVUHB proposal but the original timeline for a service model recommendation by July 2019 has slipped.

Adult Thoracic Surgery for South Wales

The Joint Committee received a paper that (1) summarised the outstanding issues from the November 2018 Joint Committee meeting regarding the single site model for thoracic surgery based at Morriston Hospital, Swansea and the progress in addressing those issues; and (2) made recommendations regarding the future thoracic surgery consultant workforce model and emergency thoracic surgery cover for the Major Trauma Centre (MTC).

The latest proposals built on the consensus previously achieved regarding the additional (fourth) thoracic consultant post at UHW, to support the opening of the MTC, the funding for which would be included within the MTC business case and approved for 12 months. This appointment would need to be subject to an ongoing evaluation and extended if necessary. Also during this time the two thoracic centres would develop plans to work together developing a single emergency rota.

Members acknowledged that because of the uncertainty regarding the future consultant workforce requirements for the single thoracic surgery unit at Moriston Hospital, it is proposed that additional funding for two posts is allocated with the MTC business case when it is considered in September 2019. This would be in addition to the existing establishment of six posts. However funding release is dependent on an ongoing review of the real world experience from the MTC, updated activity figures, a clearer understanding of the strategic issues highlighted above and the formal professional advice of the SCTC on emergency cover for major trauma centres. This will ensure that a fully informed recommendation can be brought back to the Joint Committee well in advance of the move to a single site and that the new centre opens with the right number of consultant thoracic surgeons to ensure a safe and sustainable service.

Members:

- Noted the work that had been undertaken by the medical directors of CVUHB and SBUHB as well as the WHSS Team to develop workforce proposals for the consultant thoracic surgical service;
- Supported the appointment of an additional consultant thoracic surgeon, funded through the MTC work stream, to support implementation of the MTC from April 2020 initially on an interim basis, pending clarity of the level of need;
- Supported the allocation of funding for an additional two consultant surgeons (in addition to the existing establishment of six) from the MTC business case when the new single centre at Morriston Hospital is opened – the funding release for which will be dependent on consideration by the Joint Committee of the real world experience of the MTC, updated activity figures, a clearer understanding of the strategic issues highlighted above and the formal professional advice of the SCTC on emergency cover for major trauma centres;
- Noted the information set out in the May Joint Committee paper which provided assurance around the caveats identified by the affected health boards and the requirement for a report on the lessons learned from the engagement and consultation exercises; and
- Supported the recommendations going forward to the six affected health boards and agreed that they be asked to confirm their

unconditional approval for a single adult Thoracic Surgery Centre based at Morriston Hospital, Swansea.

Major Trauma Network for South Wales (MTN)

The Joint Committee received an oral update on the latest developments regarding the MTN. This included an overview of the recently completed Gateway Review and its eleven recommendations, and assurance that the WHSS Team was still working to the original timeline (April 2020 'go live'), which included Management Group scrutiny and a presentation to Joint Committee for consideration in September 2019. It was noted that the Trauma Network Board was addressing the recommendations from the Gateway Review and the SRO would need to take a view on whether the original timeline could still be achieved in light of the outcome of this work; it was anticipated that this view would be taken in around three weeks' time.

Cystic Fibrosis 2019-20 ICP Strategic Priority

The Joint Committee received a paper that (1) provided an update on the implementation of Phase 1 investment for the All Wales Adult Cystic Fibrosis Centre; and (2) requested approval for the release of funding for the Adult Cystic Fibrosis Service 2019-20.

Members:

- Noted the information presented in the report;
- Approved the release of funding from 2019-20 ICP slippage to recruit to the remaining posts in Phase 2 Part A to support the current cohort and the continued development of the satellite clinics; and
- Supported taking forward the case for a recurrent Home IV service and satellite clinic staff to the 2020-21 ICP, in the event that Welsh Government declined separate 'Healthier Wales' funding.

Other reports

The Joint Committee received the Integrated Performance Report and the Financial Performance Report. The Joint Committee also noted the update reports from the following joint sub committees and advisory groups:

- Management Group;
- All Wales (WHSSC) Individual Patient Funding Request Panel;
- Integrated Governance Committee; and
- Quality & Patient Safety Committee.

3.3	Establishment of the South, Mid and West Wales Trauma Network – Welsh Ambulance Services NHS Trust Business Case	<i>Asst Dir Quality & Performance</i>	Attachment
3.4	Forward Plan of Business	<i>CASC / Committee Secretary</i>	Attachment
Part 4 – Other matters			
4.1	Any other urgent business	<i>Chair</i>	Oral
<p style="text-align: center;">Date of Next Meeting: A meeting of the Joint Committee will be held at 09:30hrs On Tuesday 12 November 2019 at WHSSC, Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL</p>			

Future meetings

All meetings will be held in WHSSC, Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL

28 January 2020	(WHSSC AM, EASC PM)
10 March 2020	(EASC AM, WHSSC PM)
12 May 2020	(WHSSC AM, EASC PM)
14 July 2020	(EASC AM, WHSSC PM)
08 September 2020	(WHSSC AM, EASC PM)
10 November 2020	(EASC AM, WHSSC PM)
19 January 2021	(WHSSC AM, EASC PM)
16 March 2021	(EASC AM, WHSSC PM)



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Pwyllgor Gwasanaethau
Ambiwylans Brys
Emergency Ambulance
Services Committee

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
23 JULY 2019 AT THE EDUCATION CENTRE LLANDOUGH
HOSPITAL CARDIFF**

PRESENT

Members	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Gary Doherty	Chief Executive, Betsi Cadwaladr UHB
Len Richards	Chief Executive, Cardiff & Vale UHB
Sian Harrop-Griffiths	Swansea Bay UHB
Karen Miles	Hywel Dda UHB (Via VC)
Carol Shillabeer	Chief Executive, Powys THB
Glyn Jones	Director of Finance/Deputy CEO, Aneurin Bevan UHB
In Attendance:	
Jason Killens	Chief Executive Welsh Ambulance Services NHS Trust
Anthony Hayward	Corporate Director, National Collaborative Commissioning Unit
James Rodaway	Head of Commissioning, EASC
Jamie Kaljaks	Finance Graduate Trainee, Swansea Bay UHB
Ross Whitehead	Assistant Chief Ambulance Services Commissioner
Shane Mills	Director Quality and Patient Experience, National Collaborative Commissioning Unit
Stuart Davies	Director of Finance, WHSSC and EASC Joint Committees
Chris Polden	Managing Director ORH (for one item)
Gwenan Roberts	Head of Corporate Services, Cwm Taf Morgannwg UHB (Secretariat)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 19/48	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p> <p>The Chair advised that the main business would be followed by a development session involving a presentation from James Rodaway on Risk Management.</p>	

AGENDA ITEM 1.4

EASC 19/49	APOLOGIES FOR ABSENCE Apologies for absence were received from Judith Paget, Len Richards, Steve Moore, Tracy Myhill, Sharon Hopkins, Julian Baker, Steve Webster and Robert Williams.	
EASC 19/50	DECLARATIONS OF INTERESTS There were no additional interests to those already declared.	
EASC 19/51	MINUTES OF THE MEETING HELD ON 14 MAY 2019 The minutes were confirmed as an accurate record of the meeting held on 14 May 2019.	
EASC 19/52	ACTION LOG Members RECEIVED the action log and NOTED progress as follows: EASC17/44 & 17/73 & 19/21 Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway review Members NOTED that a further update would be provided at the next meeting. CASC EASC 18/06 & 18/65 & 19/21 Integrated Performance Dashboard Members NOTED that work was continuing on the development of the Dashboard which was linking data across the system. A further update would be provided at the next meeting. CASC EASC 18/107 & 19/21 Expansion of EMRTS (Emergency Medical Retrieval and Transfer Service) Members NOTED that an update would be provided in the Chief Ambulance Service Commissioner's report. CASC EASC 19/08 & 19/21 Mental Health Staff Clinical Desk Members NOTED that work was continuing with the Welsh Government in terms of developing a national approach. A further update would be provided to the Committee in November (Added to the Forward Look). Director of Quality and Experience	

AGENDA ITEM 1.4

	<p>EASC 19/08 & EASC 19/21 & EASC 19/23 Emergency Medical Retrieval and Transfer Service (EMRTS) Members NOTED that Information was awaited in relation to the Gateway Review, a meeting was scheduled to take place in early August and an update would be provided at the November meeting.</p> <p>Ambulance Quality Indicators (AQI) Members NOTED the work to link the AQIs with the performance dashboard.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the action log. 	CASC
EASC 19/53	<p>MATTERS ARISING</p> <p>There was none.</p>	CASC
EASC 19/54	<p>CHAIR'S REPORT</p> <p>The Chairs report was received by Members. In presenting the report Chris Turner highlighted his key meetings which had taken place since the last meeting of the Committee.</p> <p>Members NOTED that during the appraisal with the Minister, the emphasis had been on driving change across the system and ensuring that the EAS Committee was operating corporately. Other issues discussed included Amber Implementation and the Red performance.</p> <p>Members also NOTED that a request has been received from the Deputy Chief Executive at NHS Wales for a discussion to take place at EASC on the regional escalation processes.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's Report. 	Chair
EASC 19/55	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioners (CASC) report was received by the Committee.</p> <ul style="list-style-type: none"> • Update on Emergency Medical Retrieval and Transfer Service (EMRTS) Gateway Review Members NOTED that the CASC was due to meet with colleagues from Swansea University at the beginning of August to receive the first draft of the Gateway Review. 	CASC

AGENDA ITEM 1.4

<p>The document would be shared with Committee Members when received and discussion would take place at the next available Management Group meeting and a summary of the discussions would be provided to the Committee.</p>	CASC
<p>• Update on Management Group Members NOTED that the first meeting of the Management Group took place on 12 July was well attended.</p>	
<p>The meeting concentrated on the use of the 1% 'A Healthier Wales' allocation which allowed time to discuss in detail. The CASC explained that a good and positive start had been made at the first Management Group meeting.</p>	
<p>Sian Harrop-Griffiths asked about the Terms of Reference and membership for the Management Group; Stephen Harphy explained that it was similar to the approach to the Welsh Health Specialised Services Committee (WHSSC) management group and the terms of reference would be shared with the Committee at the next meeting. The aim was to ensure that the right representatives attend management group. Stephen Harphy agreed to ensure that the meetings were scheduled and planned in advance to ensure the right staff were available to represent the health boards (Added to the Action Log).</p>	CASC
<p>• RED performance Members NOTED that the performance in June was over 65% and was an improvement on the previous 2 months. Red performance across Wales was in excess of 70% and although was 61.9% in Hywel Dda this was slowly increasing. Members NOTED that the Powys and Hywel Dda areas were regularly reporting lower than 65%.</p>	
<p>• Mental Health Members NOTED that South Wales Police requested continuation of the funding for Mental Health clinicians in the control room. Shane Mills explained that discussions were taking place with the Police Federation lead which included Carol Shillabeer as the lead Chief Executive.</p>	
<p>Although the report is yet to be published, the South Wales Police have shared that early findings from a review are that there has been a reduction in persons with 'MH issues' requiring a Police response. Members NOTED that further discussion and analysis would need to take place in order that Members understood how this all fits together with 111 and the WAST clinical desk.</p>	

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	<p>Members NOTED that the Mental Health Access review was due to report in the new year which would give a better understanding of demand from people with mental health distress for urgent care services. Carol Shillabeer explained that the term 'mental health' was being used in its widest form. Jason Killens also supported that there was a need for a better service but suggested a 'Once for Wales' approach was needed.</p> <p>Shane Mills and Carol Shillabeer agreed to develop further information for Committee Members to capture all of the work to date (Added to the Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update and the actions agreed. 	<p>Carol Shillabeer /Shane Mills</p>
<p>EASC 19/56</p>	<p>DEMAND AND CAPACITY REVIEW</p> <p>Jason Killens provided an overview of the work on the Demand and Capacity Review at the Welsh Ambulance Services NHS Trust (WAST) to date and invited Chris Polden from ORH to give a short presentation. Members NOTED the intention to provide a final report to the Committee at the November meeting.</p> <p>Chris Polden gave an overview of the work of the ORH Management Consultancy set up in 1986 who were working globally with emergency services. Members NOTED the work across the UK with ambulance services who were identifying similar themes to those identified by WAST. Other issues such as the ageing population, long waits for patients in Amber category and seasonal variation were also considered as part of the review.</p> <p>The Review aims were clarified as:</p> <ul style="list-style-type: none"> • Forecast incident demand over the next 5 years • Agree the required level of quality and time performance for each type of patient • Model the resources needed to achieve these levels of time and quality assuming current operations • Identify WAST efficiencies and the impact these will have on the staffing required • Identify unscheduled care system efficiencies and the impact these will have on the staffing required • Model the impact of planned service changes and their impact on patient flows • Model the resources required for call handling clinical staff and dispatch in the clinical contact centres. 	<p>Jason Killens</p>

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<p>The Review would ensure comprehensive data collection to identify issues across Wales and would also model the incident life cycle. Members discussed the impact of the work and the potential to widen across the pathway. Chris Polden confirmed that work was underway to also benchmark both within and outside of Wales and the UK.</p>	
<p>Members NOTED that a steering group would be developed to oversee the work. It was felt that clinical service plan leads could provide the right links to get the best information for the Review and although the review would not include aspirational ideas although they would be captured as Issues. Directors of Planning had also been involved in the work which included the changes planned for the major trauma service although the steering group would clarify what could be included in the work. Members discussed the information shared and suggested that the work on population segmentation may also be helpful for the Review team.</p>	<p>Steve Moore</p>
<p>Members NOTED that schemes which have been evaluated were included, such as the clinical desk and advanced paramedic practitioners. Members felt that the role of the steering group would be important to test the model and analyse the choices to be made about the future provision. Steve Moore would provide the leadership for the group and the reports and minutes of meetings would be shared with Members (Added to Action Log).</p>	<p>Steve Moore</p>
<p>The Chair thanked Chris Polden for the helpful presentation on the overview of the work and it was agreed to receive further information on the work, if available, at the next meeting (Added to the Action Log).</p>	
<p>Members RESOLVED to</p> <ul style="list-style-type: none"> • NOTE the presentation. 	
<p>EASC 19/57</p>	<p>PROVIDER ISSUES BY EXCEPTION</p> <p>The Welsh Ambulance Services NHS Trust Provider Update was received by the Committee. In presenting the report, Jason Killens highlighted some key issues:</p> <ul style="list-style-type: none"> • Serious Adverse Incidents (SAIs) <p>Members NOTED the increasing trends for SAIs in the Aneurin Bevan and Swansea Bay University Health Board areas. The Directors of Nursing were discussing the Joint Investigation Framework in July to identify the best practice on investigating incidents going forward.</p>
	<p>Jason Killens</p>

- **RED Performance**

Members **NOTED** that in the main Hywel Dda and Powys health board areas were dipping below the 65% target; recovery plans were in place and further actions had been added although it was recognised that there was more work to do to improve response times.

Members **NOTED** the current Improvement focus areas had been identified and were being actioned including:

- Continuing to develop and utilise information on demand, capacity and efficiency to inform action planning. This includes the use of sophisticated performance analysis and modelling software (QlikSense and Optima Predict) to support Operations
- Overproducing on RRV unit hours at times when red performance is poor (twilight shifts)
- Increasing the number of Community First Responders
- Working with Trade Union Partners to understand post production hours lost and to identify actions to reduce them
- Continuing work to reduce abstraction rates, with sickness levels now on a downward trend
- Reviewing deployment points, moving them where possible to reduce response times.

The expansion of the Advanced Paramedic Practitioner (APP) was discussed and Members **NOTED** the plans for the condensed APP MSc programme.

Members **NOTED** that WAST had also been working to reduce hours lost from handover to clear. As part of this work to cleanse and refine the data, a dual pin system for handover was being rolled out in each Emergency Department and the work would be completed by the end of August.

Jason Killens explained that the service changes and the Major Trauma Network work would have an impact and WAST felt that a co-ordinating desk would be required for 16 hours. Members **NOTED** that the WAST bid covered training and how much in the current allocation or getting the ambulance teams for the major trauma centre, call handling requirements would also need to be considered.

Members **RESOLVED** to

- **NOTE** the report.

AGENDA ITEM 1.4

<p>EASC 19/58</p>	<p>UPDATE ON AMBER REVIEW</p> <p>Members received the report on the Amber Review which was presented by Shane Mills.</p> <p>Members NOTED that additional work was required and an action plan had been developed; a group was in place to oversee the work working with the team at WAST to ensure progress was being made. The aim was to have a comprehensive action plan which included all health board to reduce the numbers of ambulances waiting. Members NOTED that patients are being informed when the service is at escalation and a script has been developed for the staff.</p> <p>Shane Mills explained that the aim was to link the data across the whole system and to use the NHS Wales Informatics Service (NWIS) data set. The work to complete the Amber Review should be completed by the end of the year and Members may need to consider the commissioning intentions for the service. A further update would be provided at the next meeting (Added to the Action Log).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report 	<p>Shane Mills</p> <p>Shane Mills</p>
<p>EASC 19/59</p>	<p>INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE</p> <p>Members received the IMTP Update Report which was presented by Anthony Hayward.</p> <p>Members NOTED the clarity of information relating to the accountability conditions as part of the reporting proforma for 2019-2020. The EASC IMTP Quarter 4 for 2018/19 and the Quarter 1 for 2019/20 progress was discussed and NOTED.</p> <p>Areas identified which had slipped from the target timescale included:</p> <ul style="list-style-type: none"> • Quality assurance and improvement findings reporting for EMRTS • Quality assurance and improvement findings reporting for NEPT • EMS commissioning Intentions • NEPTS commissioning Intentions <p>Members were assured that plans were in place to recover the position.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	<p>Anthony Hayward</p>

AGENDA ITEM 1.4

[illegible]

AGENDA ITEM 1.4

	<p>Members NOTED that the Annual Governance Statement had been finalised and received at the Audit Committee on 30 May 2019.</p> <p>Members RECEIVED and NOTED the Internal Audit Report on Handover of Care at Emergency Departments Follow-up Health Board Related Recommendations which was received by the Host Body's Audit Committee on 9 July 2019. Members NOTED that the report received a 'Reasonable' assurance rating and four medium priority recommendations had been made. The actions required would be factored into the forward work plan for the Committee with the majority to be delivered by the next meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • ENDORSE the Annual Governance Statement • NOTE the report. 	
EASC 19/64	<p>CLINICAL RISK REVIEW – CLOSURE REPORT</p> <p>The closure report for the Clinical Risk Review was received. In presenting the report, Ross Whitehead confirmed that 24 actions had been identified and most had now been completed or now informed the work of the Management Group.</p> <p>Member NOTED the importance of the clinical records within the Ambulance service; additional clinical audits would also be carried out and access to policies and guidelines would take place.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report • ENDORSE the closure report. 	Ross Whitehead
EASC 19/65	<p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Forward Plan • AGREE that the Chair and the Chief Ambulance Services Commissioner review the Forward Plan for future meeting. 	ALL

AGENDA ITEM 1.4

ANY OTHER BUSINESS		
EASC 19/66	There was none.	
DATE AND TIME OF NEXT MEETING		
EASC 19/67	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 10 September 2019 at the National Collaborative Commissioning Unit, Treforest Industrial Estate.	Committee Secretary

Signed
Christopher Turner (Chair)

Date

JOINT REGIONAL PLANING AND DELIVERY COMMITTEE UPDATE

1. INTRODUCTION

The purpose of this report is to provide the Swansea Bay University Health Board with an update of ongoing Joint Regional Planning and Delivery Committee (JRPDC) projects. The Committee last met on 21 August 2019 and is due to meet next in 18 October 2019.

2. BACKGROUND

The Joint Regional Planning & Delivery Committee (JRPDC) has a key role in driving forward, at pace, a range of projects that have been identified by both Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDdUHB) as priorities for joint working on a regional basis; to deliver Ministerial objectives, especially those relating to the NHS Outcomes Framework, as well as alignment to the more strategic 'A Regional Collaboration for Health' (ARCH) Programme Board and that of the Service Transformation Programme.

Key points to note in this report are:

- The presentation to the JRPDC of the draft Regional Clinical Services Plan (RCSP);
- The presentation of the Workforce Issues delivered by the Directors of Workforce and Organisational Development in both University Health Boards;
- The intention to review current regional planning meetings and governance and discuss options for more streamlined regional working arrangement moving forward

3. ASSESSMENT

The minutes for the JRPDC meeting held on the 21st August 2019 are not yet ratified, therefore a high level summary of project progress updates received at the JRPDC in August are as follows:

Regional Clinical Services Plan for South West Wales (RCSP)

The first draft of the RCSP was received by the committee for comments. The RCSP was well received, and the committee noted the shared intentions and three tiers of working clearly set out in the plan. A final version will be presented at the next JRPDC meeting in October, ahead of its inclusion in Health Board Integrated Medium Term Plans in November.

Discussions were held on the Workforce Planning element required to address the service sustainability issues highlighted in the Regional Clinical Service Plan. This is being taken forward for consideration by the Directors of Workforce and Organisational Development and a further update will be received at the next JRPDC in October.

Pathology

A report on the Pathology SOC and OGC Gateway review was presented to the

committee. Progress of the project and gateway review was noted. The engagement work which has been completed in Hywel Dda UHB was noted.

Cardiology

An update on regional Cardiology programme of work was received. The update was well received and a further update was requested at the JRPDC in December.

Endoscopy

A report on the Endoscopy Joint Regional Work programme was received. The committee was updated on two recent regional workshops, at which priority areas for the project were agreed. It was made clear that the opportunities to open up capacity at Prince Phillip Hospital are being explored thoroughly. An updated position will be reported to the next JRPDC meeting in October.

Dermatology

An update on the Dermatology project was received. A regional Workshop is scheduled for 3rd of October, where next steps for this project will be agreed. An updated position will be reported to the next JRPDC meeting in October.

Major Trauma

An update on the work to establish Major Trauma Units in SW Wales was received. It was updated that the project is progressing at significant pace. It has been identified that improvement will need to be made in particular on the model for rehabilitation, and this is now being considered as a separate regional project, aligning to Stroke and neuro rehabilitation led by the Director of Therapies in both health Board.

Workforce

Directors of Workforce and OD attended to present on regional workforce issues and, updated the committee on three identified projects being supported by ARCH; 1. Apprenticeships scheme, 2. Volunteering and 3. Well-being at Work. It was also noted that work is being undertaken on a regional basis to support Occupation Health Services, due to critical gaps.

Regional Planning Meeting Arrangements

It was discussed and agreed that current regional planning meeting arrangements should be reviewed and options discussed to adopt a more streamlined regional working arrangement moving forward. This work is being led by Directors of Planning and Strategy, on behalf of Health Board Chief Executives. An update on this will be reported to the next meeting in October.

A further detailed update on all JRPDC projects will be received at the Health Board meeting in November 2019.

4. RECOMMENDATIONS

Members are asked to:

- **NOTE** the update on the JRPDC regional joint working that is being progressed.



Title	ARCH Portfolio Summary Report
Reporting period	July and August 2019
Prepared by	Rose Turrell, Business Manager ARCH Karen Stapleton, Head of Strategy and Service Planning ARCH
Purpose	An interim report produced in the absence of a DLG meeting in July and August 2019.

Purpose

The purpose of this report is to update the ARCH stakeholders on progress within each of the four ARCH programmes of work since June 2019.

Service Transformation Programme

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

Hyper Acute Stroke Unit (HASU)

Work is progressing to agree the preferred HASU service model for South West Wales. It is anticipated that this will be agreed in October 2019.

There are on-going meetings with WAST around the impact of service modelling and the completion of impact demand work on a preferred service model will be completed between November and January 2020.

The Stroke Improvement Group (SIG) funding for the HASU Principal Project Manager ends on the 16th September 2019. The two University Health Boards and ARCH have committed to extend the role by 6 months and are funding the role accordingly.

Cardiology

Following on from a productive Regional Cardiology Workshop in February 2019, attended by over 30 clinical leaders and managers from the region, the Regional Cardiology group met in March and agreed two areas of focus for the Cardiology Work Programme; CT and MRI Imaging and Bradycardia Pacing. A project Group has been initiated for each of these areas and an update on progress for each is as follows.

1. CT and MRI Imaging Project

The project group held its inaugural meeting on 30th July, whereby project group members (a multi-disciplinary group of clinicians and managers from each regional site in across the two health boards) agreed the project aims, and that the first step would be to undertake a Regional Analysis of Capacity and Demand for Cardiac CT and MRI imaging, building in future trends and demand scenarios. The group agreed that they would review a draft analysis by the end of October with an aim to finalise in November. The outcome of the capacity and demand analysis will inform the next steps.

2. Bradycardia Pacing Project

The project group meeting planned for 30th July was cancelled due to urgent clinical demands which meant that there would be no Swansea Bay clinical representation to enable a robust regional discussion.

Lead clinicians, service manager and commissioning lead from Hywel Dda utilised the arranged time to progress plans for local pacing provision, which will help to inform regional discussions. A rescheduled Bradycardia Pacing Project meeting has been arranged for September.

The HDdUHB plan has identified alternative capacity options to deliver simple pacing treatment, for the patient population of HDdUHB, closer to the patients' home.

The repatriation of simple pacing work from SBUHB to HDdUHB is in line with the regional demand and capacity work undertaken during 18/19 and is seen as a test of concept, for the wider regional model.

The plan is to conclude the Bradycardia Pacing project including agreed implementation plan between SBUHB and HDdUHB by October 2019.

The Cardiology Regional Services Steering Group is due to meet again on the 22nd November 2019.

Interventional Radiology (IR)

There is agreement across Health Boards that developing regional IR roles are an essential part of stabilising this very fragile service. A job description with a regional component is being developed and is to be advertised to begin recruitment at a regional level.

Following the baseline assessment of interventional competence across the region, agreement has been given that Hywel Dda will look to develop 2 locum consultants to take on more competencies and develop their roles. Swansea Bay have agreed to support this approach by hosting sessions at Morriston Hospital.

As part of this approach, holding planned procedures in Hywel Dda UHB and supporting the development of existing radiologists in Hywel Dda will help reduce the number of referrals received in to Morriston Hospital and help deliver care closer to home.

These positive developments and reflect the mature discussions that have taken place between clinical teams and managers at both Health Boards in South-west Wales over recent months. However, some of these actions have recently been delayed due to absence of key staff.

Dermatology

Regional Dermatology Project Group has met on two occasions and is meeting on 13th September 2019. A work programme has been agreed with short, med and longer term actions and work is already underway to progress the immediate actions to stabilise services, including developing an alternative workforce plan, addressing referral issues raised, developing technology solutions and agreeing a sustainable pathway across the region.

A workshop is scheduled for 3rd October 2019 at the National Botanic Gardens of Wales and will look at the National and local picture for Dermatology, review current pathways, examine workforce opportunities and apply a value based healthcare approach to services. The workshop will be led by the Chief Operating Officer for Swansea Bay UHB and has the Head of Clinical Services and Development for the British Association of Dermatologists presenting and supporting.

Neurological Conditions Regional Service

In June 2019 a revised headache referral pathway was agreed by the Local Medical Council (LMC) in SBUHB and this was circulated to GPs in early July. Implementation of the updated pathway is now being progressed and the impact on referrals will be monitored closely and reported to the Project Group at the end of quarter 3. A Generic email account is being created to provide better support to GPs making referrals and a Consultant Neurologist is attending PT4L training sessions in November. Once fully implemented. Headache referral pathways will be more equitable across the SW region, with a standardised approach and support and advice to GPs and outpatient waiting lists should reduce.

As part of implementing the regional neurological conditions service model, a workforce template has been distributed to Neurology teams. The template aims to capture numbers and types of roles/skills that will be needed, as well as to identify the education and training requirements of the new service.

The Functional Neurological Disorder (FND) Business Case is being developed and an initial draft will be shared with the Neurological Conditions Project Group in September 2019.

Major Trauma Network

Both Health Boards have presented their resource costings profiles to the Major Trauma Network (MTN) Board which outline the funding required to establish the pathways in relation to:

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

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

- focus on scoping out the rehabilitation pathways using a collaborative approach – a workshop in July initiated this work programme
- working through the specialist services response to the MTN within Swansea Bay – orthoplastics and spinal surgery in particular
- establishing the training programme to enable compliance with MTN capability standards

The overall programme business case underwent Gateway Review in July, which resulted in an amber/red rating – high probability of failure, based on timeline and affordability concerns. To address these matters, Health Boards were advised to agree on a “soft go live”, focusing resources on critical coordinator and Rehabilitation roles to launch the MTN in April 2019. A Peer Scrutiny process with English MTN colleagues took place on August 12th 2019, to:

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

The revised Programme Business Case is expected to be taken through the formal channels for sign off in September and October 2019.

Wellbeing Programme

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

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

A workshop is in the process of being arranged to explore these two focus areas in more detail and to inform a Project Initiation Document. The workshop is anticipated to take place in early October 2019.

Research, Enterprise and Innovation Programme

Accelerate – Healthcare Technology Centre

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

HTC is comprised of a team of 10 individuals, including 6 multi-skilled post-doctoral Innovation Technologists with another 2 anticipated to join the team imminently to undertake collaborative Research, Development & Innovation projects with industry and partners.

HTC is already supporting a diverse range of projects including investigations of botanical products as potential anti-cancer and anti-inflammatory agents, the development of a light-based wound dressing and the design and the development of a microneedle applicator. HTC is working with partners to apply for an extension and further financial support from the funding body. HTC will be holding a series of engagement events and it is planned that these will support the wider ambition to hold quarterly forums between the University Health Boards and Swansea University. A brochure is being prepared for the purposes of engagement and development of case studies are underway.

Swansea Bay City Deal Campuses project

After a period of review, the Campuses project board has reconvened and is meeting regularly. The revised ambition has been discussed at executive level between all partners. The business case feedback received from the regional office has been addressed and governance pathways within the partner institutions have been identified. There is a requirement to revisit and update the economic case in line with the revised ambition. Further economic modelling will include wider health benefits and additional economic benefits as a result of adjacent developments including the new link road. In parallel work is continuing to further define the plans for the wider development on the 55 acre site as part

of Phase II Campuses in line with the local development plan which highlights the support for the SBCR City Deal and ARCH ambitions.

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

Innovation Analytic Tool

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

Other REI Activity

The Board continues to meet regularly to collaborate and develop opportunities for further collaboration on REI activity. New funding opportunities are continually presented and discussed also. Other programmes that are within or have been developed are continuing to progress. Further updates will be provided on additional activity in future reports.

The Workforce, Skills and Education Programme

The Workforce, Skills and Education group agreed four areas for focus in April 2019; The Regional Network of Service Improvers; An Apprentice Career Framework, A Volunteers Project and a Workplace Wellbeing Project.

The Volunteers project group met in August 2019 to agree a way forward for this project. Further discussions are underway to establish the aims and objectives of the proposed scheme and to initiate a pilot within Hywel Dda UHB.

An inaugural meeting of the Regional Network of Service Improver's was held in August 2019. The meeting was well attended and included representatives from the University Health Board Transformation teams and Quality Improvement teams in addition to evaluation and improvement specialists from Swansea University. The meeting was chaired by Professor John Gammon. The purpose of the meeting was to establish the appetite and desire within

the three organisations to collaborate regionally on ongoing improvement/transformation work.

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

Activity agreed to date includes;

1. Producing a visual map of regional skills and assets will be produced to accompany the paper to the ARCH Programme Board in November 2019.
2. Doctor Alan Wilson has agreed to support Improvement and Transformation leads within the Health Boards to devise a learning set suitable for use with staff.
3. The ARCH PMO will work with Dr Liv Kosnes on a Logic Model for the project to inform future discussions.

A further meeting of the group will be scheduled for the end of Q3.

Summary

The group are asked to;

- Note the progress across all ARCH programmes of work;
- Ratify this report for dissemination and circulation to ARCH Stakeholders.

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 July 2019
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	

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

1. Health Courier Services (HCS) Deep Dive

Tony Chatfield, Head of Operations, provided an introduction to the services that HCS provide. Many of these are viewed as best practice across the UK and has earned HCS a place on the Department for Transport Emergency Driving Group. Examples were provided of the developments and initiatives being undertaken with various Health Boards and customer surveys highlighted a high level of satisfaction with the service provided. The presentation was well received by the Committee.

2. Laundry Business Case

A paper was tabled by the NWSSP Director of Workforce and OD on the proposals for consulting staff directly affected by the preferred option to reduce the number of laundries from five to three. The paper set out the basic principles on which NHS Wales Shared Services Partnership propose to engage with and manage the relationship with HBs and their staff affected by the proposals. There are three core principles as follows, supported by detailed actions:

- Effective staff communication;
- Collaborating throughout; and
- Caring for and looking after our staff during re-organisational change.

It was agreed that this process should commence with staff roadshows hosted by the relevant HBs, with local WOD, Staff side & Laundry representatives in attendance; facilitated by NWSSP WOD & Project staff.

The Committee fully endorsed the principles.

A separate paper was presented by the Director of Specialist Estates Services, on the actions required following the initial submission of the OBC to Welsh

Government. In order to ensure that those areas identified in the feedback were addressed in a timely manner the Committee agreed to the establishment of a new Programme Board, which would include representation from across NHS Wales. SSPC members were asked to consider identifying appropriate individuals from within their own organisations to participate in taking the project forward.

3. Managing Director's Report

The Managing Director updated the Committee on:

Medical Examiner Service - Andrew Evans, Deputy Director of Primary Care at Powys THB has now started in post as Project Manager, and Dr Jason Shannon has been appointed as the Lead Medical Examiner for Wales. The Lead Medical Examiner Officer role is current being advertised and the recruitment process will commence shortly for the Medical Examiners and Medical Examiner Officers that will be based out at Health Board sites. To progress this, NWSSP will need to work with Health Boards to secure appropriate office space, preferably close to Bereavement Services at main hospital sites.

Brexit/IP5 - Brexit preparations continue although some further work is still required on identifying current key non-stock requirements in the event of a no-deal Brexit. This will primarily involve working with the NHS Collaborative, various clinical networks and Medical in terms of finalising the lists of required items. Further testing on links to the national systems are currently being arranged to assess readiness should there be a no-deal Brexit. To ensure additional resilience the current smaller store in Cwmbran will also relocate to IP5, which will enable a seamless rotation of Brexit stock with normal operations to avoid any issues of out of date stock. Further work continues on developing options for the remaining space in IP5 with the intention of holding mini-workshops with relevant stakeholders over the next few weeks.

NHAIS Replacement - Following discussions with the Chief Executive of the Business Services Organisation in Northern Ireland, NWSSP have written to the Permanent Secretary covering the NI Health Department for permission to further explore the opportunities of using their GP Payments System to pay Primary Care Contractors in Wales. They are due to visit in late August to progress this issue.

Primary Care Sustainability - Working with Welsh Government, NWSSP Employment Services has established a number of key systems and processes advancing delivery of 'A Healthier Wales' and the Strategic Programme for Primary Care. These developments include the introduction of a single point website to advertise multi-disciplinary vacancies, Wales National Workforce and Reporting System capturing for the first time primary care workforce information and the All Wales Locum Register for Primary Care providing confirmation of Locum GPs registered on the Wales Scheme for General Medical Practice Indemnity. Maximising opportunities, these changes will remove current advertising costs for GP Practices, visibility of GP vacancies enabling GP Trainee Streamlining, improved quality and understanding of primary care multi-disciplinary workforce demographics to achieve greater workforce and cross-cluster planning.

4. Items for Approval

The Committee reviewed and approved the following contract extensions for national support systems:

- Selenity (e-expenses)
- Trac (recruitment)
- Finance Procurement Enterprise Systems Contract (Oracle)

In addition, the Committee discussed the recommendations of the Concerns Management System report. It was noted that the proposed new system had improved functionality over the current system however, it was more expensive. The Committee approved the awarding of the contract for the new system but proposed that the mechanism to recharge the costs should be reviewed and agreed by the Deputy Directors of Finance Group.

The Committee also noted and approved the progress and implementation of three primary care initiatives relating to:

- GP Wales Website;
- Wales National Workforce Reporting System; and
- All-Wales Locum Register.

The Committee also noted the Velindre Board agreement for NWSSP to proceed by the publication of a Voluntary Ex-ante Notice (VEAT) for the GP Wales website.

5. Items for Noting

- **Construction Industry Update** - The Director of Specialist Estates Services provided an update on the current position within the construction industry. The industry has not fully recovered since the financial crash of 2008, and while there are challenges in Wales, the use of framework arrangements has protected NHS Wales from some of the significant issues experienced by NHS organisations in England.
- **PMO Highlight Report** - The Committee noted the updates on projects and that there were no major concerns with any at the current time.
- **Finance & Workforce Report** - The Committee noted that NWSSP is currently reporting a small underspend but that a number of financial challenges remain. KPIs were generally noted as also being on track.
- **IMTP Quarterly Report** - The Committee reviewed and noted the report.
- **Blaenavon Data Centre Outage** - The Committee were provided with a summary of the reasons for, and the implication of, the recent outage. A report from NWIS on root cause analysis and required next steps was also reviewed.
- **Corporate Risk Register** - The Committee noted that two red risks remain and that updates on both had been provided as part of the MD's report. One risk relating to the Bridgend boundary change has now been removed from the Register.
- **Gifts & Hospitality Report 2018/19** - The Committee noted the

declarations and queried whether all of the entries required disclosure.

- **Complaints Annual Report 2018/19** – The Committee noted the increase in the number of complaints from the previous year, particularly relating to payroll and salary sacrifice, but that action was being taken to learn from these issues and address the root cause.
- **Audit Committee Annual Report 2018/19 and Terms of Reference** – The Committee noted the positive tone of the Annual Report and the minor changes to the Terms of Reference which have already been signed off at Audit Committee. The Committee noted that the report gave assurance that NWSSP were operating robust systems on behalf of NHS Wales. It was agreed that an Audit Committee Assurance Report would be developed and produced for Health Boards, Trusts and HEIW. It was agreed that the Director of Internal Audit services would also discuss with Audit Committee Chairs.
- **Audit Committee Highlight Report** – the report relating to the meeting held on 9 July was reviewed and the Committee noted that the reports taken to the meeting were positive in their assessment of controls and systems within NWSSP.

6. Items for Information

The following papers were provided for information:

- Months 2 & 3 Monitoring Return;
- Wales Audit Office Management Letter 2018/19;
- Wales Audit Office Report into Nationally Hosted Systems 2018/19;
- Counter Fraud Lessons Learned Report; and
- NHS Wales Fighting Fraud Strategy.

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

18 September 2019