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HDdUHB Joint Committees & Collaboratives / Cyd-bwyllgorau a Grwpiau Cydweithredol BIPHDd

Presenter: Steve Moore

SBAR Joint Committees and Collaboratives November 2020

HDdUHB Joint Committees and Collaboratives Reports



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Clare Moorcroft, Committee Services Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:

[Welsh Health Specialised Services Committee Website](#)

[Emergency Ambulance Services Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the [Mid Wales Joint Committee for Health and Care](#) whose role will have a strengthened approach to planning and delivery of

health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

The NHS Wales Collaborative Leadership Forum was constituted in December 2016. As the responsible governance group for the NHS Wales Health Collaborative it has been established to agree areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement. The forum also considers the best way to take forward any work directly commissioned by Welsh Government from Health Boards and Trusts as a collective; and provides a vehicle for oversight and assurance back to Welsh Government as required. Assurance is given to individual Boards by providing full scrutiny of proposals.

Asesiad / Assessment

The following Joint Committee minutes are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)

- Briefing notes from the WHSSC meetings held on 13th October and 10th November 2020 setting out the key areas of discussion.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 17th September 2020.

Mid Wales Joint Committee for Health and Care (MWJC)

- Update Report following the meeting of the MWJC held on 28th September 2020.

There are no further Joint Committee minutes or Collaborative updates to include for the following reasons:

Emergency Ambulance Services Committee (EASC)

- The next EASC meeting is scheduled for 10th November 2020.

NHS Wales Collaborative Leadership Forum (CLF)

- The meeting scheduled for 14th April 2020 was cancelled.

Argymhelliad / Recommendation

The Board is asked to receive the minutes and updates in respect of recent WHSSC, EASC, NWSSP, MWJC and CLF meetings.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
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Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
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Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee Mid Wales Joint Committee for Health and Care NHS Wales Collaborative Leadership Forum

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	The Board has approved Standing Orders in relation to the establishment of WHSSC, EASC and NWSSP Joint Committees, and Terms of Reference for the CLF, MWJC and JRPDC.
Cyfreithiol: Legal:	In line with its Standing Orders, the Health Board has established WHSSC, EASC and NWSSP Joint Committees, the activities of which require reporting to the Board.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – OCTOBER 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 13 October 2020 with a 'consent agenda', as described on the WHSSC website. This briefing sets out the key areas of consideration 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:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2020-2021-meeting-papers/>

Reducing harm due to COVID-19: Stereotactic Ablative Radiotherapy and Brachytherapy

Members received a paper that requested approval for in-year funding to expand the commissioned indications for Stereotactic Ablative Radiotherapy (SABR) and Brachytherapy in order to provide additional, evidence based, treatment options to support the reduction of harm related to the COVID-19 pandemic.

Members (1) noted that clinical evidence favours the routine commissioning of SABR to treat patients with Oligometastatic cancer and Hepatocellular carcinoma; (2) noted treating patients with SABR helps to reduce COVID related harm since the relative benefits of SABR compared with alternative treatment modalities (surgery or systemic therapy) increase when there is risk of infection with COVID-19; (3) noted clinical evidence favours the routine commissioning of Brachytherapy to treat patients with intermediate and high risk localised prostate cancer; (4) noted by substituting for a proportion of external beam radiotherapy, the provision of brachytherapy for intermediate and high risk prostate cancer patients will allow increased radiotherapy throughput, reducing COVID related harm by increasing the ability to treat backlog and manage any future surge of previously suppressed demand; (5) approved commissioning SABR for patients with Oligometastatic cancer and Hepatocellular carcinoma in line with WHSSC's draft commissioning policies as in-year service developments on an interim basis for 6

months; (6) approved commissioning Brachytherapy in line with WHSSC's draft commissioning policy as an in-year service development on an interim basis for 6 months; and (7) noted recurrent funding for SABR for Oligometastatic cancer and Hepatocellular carcinoma, and Brachytherapy for intermediate and high risk prostate cancer, will be considered through the WHSSC ICP process for 2021-24.



WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – NOVEMBER 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 10 November 2020. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

Written questions from members and answers had been published in advance of the meeting and were embedded within the meeting papers.

The papers for the meeting are available at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2020-2021-meeting-papers/>

Minutes of Previous Meetings

The minutes of the meetings of 8 September and 13 October 2020 were taken as read and approved.

Action log & matters arising

Members noted there were no outstanding actions or matters arising.

Those health boards represented at the meeting confirmed that their Boards were aware of the heightened level of risk to patient harm brought about by the COVID-19 pandemic hindering patient access to specialised services.

Chair's Report

The Chair's Report referred members to a Chair's Action taken on 11 September 2020 to approve the commissioning of the All Wales Traumatic Stress Quality Improvement Initiative by WHSSC, which was ratified.

Managing Director's Report

The Managing Director's report, including updates on Independent Hospitals Commissioning through to 31 December 2020 and work commissioned by Welsh Government whereby the WHSS Team will prepare a paper on all of the work streams currently under way to develop and enhance the Welsh Child and Adolescent Mental Health Service (CAMHS), was taken as read.

Neonatal Transport Update

Members received a paper that updated them on the progress made in establishing a 24/7 neonatal transport service for south and west Wales in accordance with the agreement made by Joint Committee at its meeting in March 2020, and sought agreement on next steps.

Members were advised that a proposal had been received from the three provider health boards for an interim 24/7 model and that a formal response was awaited from WAST in support of this model. It was anticipated that the interim model would commence from January 2021 and run for six months. Progress had been more challenging on the permanent solution.

Members (1) noted the information presented within the report and progress to establish a 24/7 neonatal transport service in both the interim and as a permanent solution; (2) reaffirmed their support that the service should be delivered through a lead provider model; and (3) approved the next steps, that is for WHSST to write to the clinical leads of the current providers confirming the Joint Committee's continued support for a lead provider model and its desire for them to work collaboratively to resolve the clinical risks and concerns concurrent with utilisation of the interim model.

Integrated Commissioning Plan 2021-22 and Beyond – Principles and Priorities

Members received a presentation that explored the principles and priorities to be applied to development of the ICP 2021-22 and beyond. It was noted that the ICP was scheduled to be developed in collaboration with Management Group and brought to Joint Committee in January 2021 for approval.

Members confirmed their support for the principles and priorities described in the presentation.

Future of the All Wales Gender Identity Partnership Group

Members received a paper that gave a brief overview of the work undertaken by the All Wales Gender Identity Partnership Group (AWGIPG) to date and proposals for the next phase of service development.

Members (1) noted the information presented within the report; (2) supported the proposal to disband the AWGIPG; and (3) supported the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC.

Way Forward – All Wales Individual Patient Funding Request Panel Report

Members received a paper that sought approval of revised Terms of Reference (ToR) for the All Wales (WHSSC) IPFR Panel, a sub-committee of the Joint Committee. It was noted that consultation on the changes had been through the IPFR Policy Implementation Group and that the WHSS Team had only recently received feedback on the consultation.

Members (1) received assurance that there are robust processes in place to ensure that prompt individual patient funding decisions are made in line with the All Wales IPFR policy; and (2) requested sight of the responses to the consultation exercise conducted through the IPFR Policy Implementation Group and the WHSS Team comments on those responses, prior to assenting to the revised ToR being approved by Chair's Action.

Quality & Patient Safety Committee - Revised Terms of Reference

Members received a paper that presented them with a revised version of the Terms of Reference for the Quality & Patient Safety Committee for approval.

Members approved the revised WHSSC Quality & Patient Safety Committee Terms of Reference.

NCCU - Continuation of Framework for Care Homes

Members received a paper that set out the case for continuation of the NCCU National Framework Agreement for Care Homes after expiry of the current 'Invest to Save' scheme on 31 March 2021. This matter had been brought to WHSSC as a facilitator for recharging the cost of maintaining the scheme from 1 April 2021 through the WHSSC risk share mechanism and to seek approval of an annual budget of £480k for NCCU maintaining the Framework. The health board repayment schedule of the 'Invest to Pay' funds of £1.6m over three years from 1 April 2021 was also noted.

Members approved (1) the £480k annual budget for NCCU maintaining the Framework; and (2) utilisation of the WHSSC risk share mechanism to re-charge the funding to health boards.

Financial Performance Report – Month 6 2020-21

A paper that set out the financial position for WHSSC for month 6 of 2020-21, including a forecast under spend around £10m at year end, was taken as read.

The Director of Finance reported that, while the full month 7 report was not yet available, the position had continued to improve with a forecast under spend at year end of around £13.7m. A financial recovery was also likely in relation to underperformance between M7-12 on certain English contracts. It was agreed that consideration should be given to whether

some of the forecast under spend should be deployed to support critical performance and sustainability issues in 2020-21.

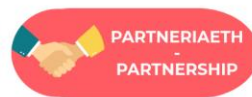
Other reports

Members also took as read the update reports from the following joint Sub-committees and Advisory Groups:

- Management Group;
- All Wales Individual Patient Funding Request Panel; and
- Quality & Patient Safety Committee.

Standards of Behaviour Policy

Members were advised that work was under way to adapt the all Wales model template developed by the Deputy Board Secretaries Group to suit the needs of WHSSC and that this would be taken forward by Chair's Action ahead of the next scheduled meeting.



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.

- 1. 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.
- 2. 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 ongoing 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

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – OCTOBER 2020

1. Introduction

Since March 2020 the covid-19 pandemic has meant that organisations across Mid Wales have been required to focus their efforts on planning and responding to the pandemic. As such this has had an impact on the progress made in the implementation of the Joint Committee's delivery plan for 2020/21. For some priority areas there has been minimal progress due to the postponement of services relating to these priorities and priority leads having to focus their time on responding to the pandemic. However, for other priorities the pandemic has provided the opportunity to expedite implementation plans and introduce innovative ways of working, for example, Telemedicine.

Organisations across Mid Wales are now implementing their recovery plans with services which were postponed at the start of the pandemic now gradually being re-started. However, it will take some time for these services to be fully operational due to the continuing challenges presented by the pandemic.

The Mid Planning and Delivery Executive Group met on 7th September 2020 to assess the current status of service provision across the region against the delivery plan and to agree what could be achieved by the end of 2020/21. Following this the Mid Wales Joint Committee met on 28th September 2020 to receive an update on the delivery plan and its related work together with the proposed work to be undertaken for the remainder of 2020/21. This was the first time that the Joint Committee had met in 2020 as its March and July meetings were cancelled due to the service pressures presented by covid-19.

2. Mid Wales Priorities and Delivery Plan 2019/20

The key priority areas for joint working across Mid Wales for 2020/21 have been reviewed and refreshed to reflect the current status of covid-19 recovery plans for services across the region. For quarters 3 and 4 of 2020/21 the main areas of focus will be as follows:

2.1 Ophthalmology

Completion of the recruitment process for the Joint Clinical Lead for Eye Care services / Consultant Ophthalmologist for Mid Wales which is currently in progress with the post, which has received significant interest, currently out to re-advertisement. The Mid Wales Eye Care Plan will be reviewed by the end of quarter 3 to reflect the current status of services across Mid Wales with a view to ensuring the plan reflects the timescale for the reinstatement and strengthening of services across Mid Wales for the plan's three priority areas - glaucoma, cataract and macular degeneration. The three Mid Wales Health Boards will re-commence their work on exploring the available options for addressing the gaps in Optometry service provision across the South Meirionnydd area following the commencement of Betsi Cadwaladr University Health Board's Optometric Advisor.

2.2 Cancer

Due to service pressures the meeting of the Mid Wales Cancer group planned for November 2020 was cancelled. Work is in progress on arranging for the group to meet as soon as possible in order to review the current status of services across Mid Wales and the development of a plan for a Mid Wales approach to chemotherapy services in the community and the upper GI pathway for Mid Wales.

2.3 Colorectal Surgical Pathway

Following the commencement of the newly appointed consultant colorectal surgeon at the Bronglais General Hospital site in early 2021 it is planned that elective colorectal surgery will be re-introduced at Bronglais General Hospital soon thereafter. Further work will also be carried out by the end of quarter 4 2020/21 on the development of an agreed service model for the colorectal surgical pathway for Bronglais General Hospital with outreach services across Mid Wales.

2.4 Clinical networks

Meetings of the Mid Wales Clinical Advisory Group have now resumed in order to ensure continuation of the establishment of clinical networks across Mid Wales and cross border. The role of Joint Committee Lead Clinical Executive Director, who also chairs the Clinical Advisory Group and is the lead for clinical networks, is vacant due to retirement and work is underway to identify an interim replacement.

The clinical network workshops to support the North Powys Wellbeing Programme have been re-established with sessions arranged for 30th November 2020. Whilst these workshops were originally established to support the North Powys Wellbeing programme the long term vision is that these will evolve into clinical pathway groups for Mid Wales.

2.5 Telemedicine

During the Covid-19 the introduction of the use of digital platforms had been successfully implemented at pace. A review is currently being undertaken of the digital platforms introduced for clinical pathways since the start of the covid-19 in order to develop a clinically agreed plan for future digital developments to be implemented across Mid Wales.

2.6 Welsh Community Care Information System (WCCIS)

Work is in progress on the full deployment of WCCIS in Ceredigion (Hywel Dda University Health Board) by the end of quarter 4 2020/21. Also a confirmed and agreed timescale for deployment in Gwynedd (Betsi Cadwaladr University Health Board) is expected by the end of quarter 4 2020/21. The NHS Wales Informatics Service (NWIS) have agreed to develop a plan around the requirements to allow information sharing abilities for all Welsh organisations utilising WCCIS.

2.7 Respiratory

The Powys Teaching Health Board led Breathe Well Programme group meetings resumed in September 2020 to check progress during the covid-19 period against the previously agreed Breathe Well Model of Care in order to inform the next steps. In quarters 3 and 4, the Breathe Well Programme will take forward these actions, including the development of a business case to seek Transformation Funding to fast track

supporting respiratory diagnostics (spirometry and adult sleep apnoea) and piloting the successful MDT approach from North East Powys in Mid & North West Powys.

2.8 Clinical Strategy for Hospital Based Care and Treatment

The implementation programme for the Bronglais General Hospital Clinical Strategy in November 2019 was delayed due to covid-19 pandemic. The revised implementation plan for the Bronglais General Hospital Clinical Strategy is under development and following agreement the key delivery groups for the implementation of the strategy will be established in readiness for the commencement of full implementation in 2021/22.

2.9 Rural Health and Care Workforce

Workforce teams have been focusing on planning for and responding to the workforce planning requirements in response to the covid-19 pandemic since March 2020 which is on-going. For quarters 3 and 4 a review will be undertaken of the work undertaken in 2019/20 in order to develop and agreed set of objectives for 2021/22 onwards. In addition to this continued support will be provided to the proposed establishment of a nurse training centre in Aberystwyth which if successful in the Health Education and Improvement Wales (HEIW) bidding process will receive its first intake of students in September 2022.

2.10 Integrated care hubs

Work has resumed on the development of three of the Joint Committee's priority Integrated Health and Care projects, namely, Bro Ddyfi Integrated Health and Care project, North Powys Wellbeing programme and the Aberystwyth Wellness Centre.

- a) The Full Business Case for the Bro Ddyfi Integrated Health and Care was submitted in early October 2020 with works due to commence on site in quarter 4 2020/21.
- b) For the North Powys Wellbeing programme the focus has been largely on finalising the Programme Business Case planned for submission during quarter 3.
- c) The Programme Business Case for the Aberystwyth Wellness Centre is currently under development and planned for completion by early 2021.

2.11 Social and Green Health

There are Community Connectors in place across all three counties of Mid Wales who are supporting the delivery of the objectives for this priority area, however, they are currently funded from different time limited funding streams. As such the Mid Wales Planning and Delivery Executive Group will at its next meeting on 17th December 2020 review the shared evaluation and learning of the Community Connector services across Mid Wales with the purpose of:

- Agreeing a set of objectives for 2021/22 onwards.
- Developing a proposal for who is the most appropriate lead for this priority as due to current arrangements this may sit more appropriately with the Voluntary Sector.

2.12 Public and Patient Engagement and Involvement

Due to the covid-19 pandemic the proposed plan for engagement and involvement work was put on hold. However, the Joint Committee's facebook page has been used to continue to share key information with the public during the covid-19 pandemic with feedback relayed back to relevant personnel where necessary.

The Mid Wales Public and Patient Engagement and Involvement Steering Group met on 14th October 2020 to discuss and review the merits of re-commencing the plan for engagement and involvement work for the remainder of 2020/21. Organisations across Mid Wales have separately undertaken some valuable engagement across the region for which the outputs will be reviewed to identify any key emerging themes in relation to service provision across Mid Wales.

The Mid Wales Planning and Delivery Executive Group will be reviewing the existing engagement and involvement mechanisms in order to ascertain whether there is an opportunity to mainstream within any new groups being established e.g. Bronglais General Hospital strategy advisory group.

2.13 Community Dental Service

Due to the reduced patient flow and the other challenges of covid-19, the endodontic service and maxillofacial service are not currently in a position to progress the objectives for this priority. As such it has been agreed to pause this priority for 2020/21. A review will be undertaken in March 2021 on the current status of covid-19 recovery plans for dental services across Mid Wales with a decision taken at this stage as to what is the most appropriate timescale for the re-introduction of this priority.

3. Mid Wales Joint Committee's Priorities 2021/22

A workshop session of Planning leads for health and social care has been arranged for 24th November 2020 to develop a set of proposed set of priority areas for which there will be collaboration across Mid Wales for the 2021/22. The proposed priorities for the 2021/22 will be considered at the meeting of the Mid Wales Planning and Delivery Executive Group on 17th December 2020 and the Mid Wales Clinical Advisory Group on 13th January 2021 before being presented to the next meeting of the Mid Wales Joint Committee planned for 25th January 2021.

4. Rural Health and Care Wales (RHCW)

The three Mid Wales Health Boards have confirmed that they will fund Rural Health and Care Wales up until 31st March 2021. Steve Moore, Lead Chief Executive for the Joint Committee, is leading on the work to explore the available options for future funding and hosting arrangements for Rural Health and Care Wales. A report outlining the outcome of this work is due to be presented to the next meeting of the Mid Wales Joint Committee on 25th January 2021.

The two day Rural Health and Care Wales Virtual Annual Conference has been arranged for the 10th and 11th November 2019 for which the theme is "Optimising Rural Health and Wellbeing, now and in the future."