



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 January 2022	Agenda Item	7.1
Report Title	Joint NHS Partnership and Commissioning Update Report		
Report Author	Ian Langfield, Associate Programme Director, Tertiary Services		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides an update on the issues for SBUHB arising out of the partnership and commissioning meetings which have taken place with other NHS organisations since the Board last met.		
Key Issues	<p>The paper provides an update on our work to plan, commission and deliver services through the following joint arrangements:</p> <ul style="list-style-type: none"> • Welsh Health Specialised Services Committee (WHSSC) Joint Committee Meeting • Emergency Ambulance Services Committee (EASC) Joint Committee Meeting • NHS Wales Health Collaborative Executive Group • SBUHB/HDUHB interface and ARCH Service Transformation Group • Joint Executive Group with Cwm Taf Morgannwg UHB • Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB • NHS Wales Shared Services Partnership. 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the update on the Health Board's joint NHS partnership and commissioning arrangements. 		

JOINT NHS PARTNERSHIP AND COMMISSIONING UPDATE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

All formal partnership arrangements have gradually been reinstated following a brief suspension during the early stages of the Covid-19 pandemic

3. GOVERNANCE AND RISK ISSUES

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

3.1 WHSSC Joint Committee

This report provides an update on the Joint Committee meeting held on 9th November, based on unconfirmed minutes. The issues of interest to SBUHB are:

- **De-escalation of Cardiac Surgery** - The managing director confirmed that following implementation of an improvement plan and development of a clinical outcomes dashboard, WHSSC have de-escalated the SBUHB cardiac surgery service. The SBUHB corporate risk register will be updated accordingly.
- **De-escalation of Trans-catheter Aortic Valve Intervention (TAVI) service** - The managing director confirmed that following the implementation of recommendations from the RCP Report, and improved waiting times, WHSSC have de-escalated the service. The delivery of the service will continue to be monitored internally via monthly Silver command meetings. The SBUHB corporate risk register will be updated accordingly.
- **All Wales Positron Emission Tomography (PET) Programme**- Joint Committee approved the business case requesting revenue funding from Welsh Government for a Programme Management Office based at WHSSC, to support implementation of the All Wales Positron Emission

Tomography (PET) Programme. Pending Welsh Government approval of the business case, WHSSC have agreed to fund the PET scanner at SBUHB.

- **Neonatal Transport- Update on the development of a Neonatal Operational Delivery Network (ODN)** - The interim 24 hour transport service went live in January 2021. Progress has been made in establishing an ODN (which will be hosted by Swansea Bay UHB) for neonatal transport, however, due to operational workforce pressures across the system, Joint Committee meeting on the 9th November had agreed to extend the current interim 24 hour model until the end of June 2022. This work is being led by the Nurse Director.
- **Activity Reports for Month 5 2021-2022 COVID-19 Period** - Members received a report that highlighted levels of activity in specialised services delivered for the Welsh population by providers in England, together with CVUHB and SBUHB. SBUHB are considerably under pressure and this presents a risk for 2022/23 monies of £4-6m.
- **Financial Performance Report – Month 6 2021-2022** - Members received an update on the financial position. The financial position reported at Month 6 for WHSSC was a year-end outturn forecast under spend of £9,308k.

3.2 EASC Joint Committee

This report provides an update on the EASC Joint Committee meeting held on 7th September, based on the unconfirmed Minutes. The issues of interest to SBUHB are:

- **Focus On- Performance and Improvement** - Members had a detailed discussion about performance and improvement as the current position was judged to be unsustainable. Members noted that there was no single answer to the whole system problem, and identified the three key areas as:
 - capacity;
 - demand management; and
 - efficiency.

An urgent action plan was developed to reduce ambulance waiting times. There has been a considerable impact in SBUHB.

- **Chief Ambulance Services Commissioner's Report** – Members noted that a prioritised action plan had been developed, following the EASC meeting with the Minister for Health and Social Services in July 2021. The Ministerial Ambulance Availability Taskforce had been stood down, however members would continue to inform the delivery model through the commissioner-led Ambulance Availability Taskforce. Ambulance handover delays continue to be a significant challenge, and WAST are considering over-recruiting, in order to create additional capacity in the system.
- **Welsh Ambulance Services NHS Trust (WAST) Provider Report** – Members received and noted the WAST provider report. Members noted the position relating to Rising Covid19 related activity, and increasing pressure on services. Post-production lost hours is an important efficiency measure for WAST to deliver, and members noted a series of engagement meetings that were due to take place with staff side and trade unions at WAST. Members also noted that Non-Emergency Patient Transport Services (NEPTS) is at 70% of pre-pandemic levels, and constraints continue due to social distancing rules.

- **EASC Finance Report** - Members received and approved the EASC finance report, and noted the current break-even position.

3.3 NHS Wales Health Collaborative Executive Group

The last meeting of the NHS Wales Health Collaborative Executive Group was held on the 23rd November. The minutes from this meeting were not available at the time that this report was prepared. Items of interest to SBUHB discussed at the previous meeting on the 19th October include the following:

- **Developing Regional Stroke Networks – Programme proposal –** Members received a programme proposal for developing regional stroke networks. Following discussion members agreed that the Stroke Implementation Group should be the overarching vehicle to progress any work related to stroke, rather than developing a new national programme. A further meeting will be arranged between the NHS Wales Health Collaborative Director, the National Clinical Lead for Stroke, and the Chair of the Stroke Implementation Group to agree a way forward.
- **Radiology Informatics System Procurement –** Members approved the outline business case for submission to Health Boards for consideration.
- **Proposal to introduce a New Diagnostic Spirometry Model –** Members received a proposal for mixed economy model for the future provision of spirometry from the Respiratory Health Implementation Group (RHIG). Following discussion on the potential benefits of this approach, Members agreed to support further development of the proposal.
- **MRI surveillance for women at very high risk of breast cancer –** Members received Business Justification Case and were asked for approval to proceed to the implementation stage. Following discussion members agreed that the implementation plan should be developed, and brought back for discussion on the next steps at a future meeting of the CEG.
- **LINC –** Members were informed that approval had been received from all Health Boards, and the contract has now been awarded.

3.4 SBUHB/HDUHB Interface and ARCH Programme

The new ARCH Governance arrangements are embedding well and providing a greater focus on NHS service transformation, with a particular focus on stabilisation, recovery after Covid and establishing robust and sustainable regional services.

The **ARCH NHS Regional Recovery Group** is chaired by Steve Moore (CEO HDUHB) and provides executive leadership and decision making for the ARCH portfolio across the two health board partners and to provide a collective mandate for all projects linked to each other's organisational priorities.

- Agreed that a Hyper Acute Stroke Unit would be pursued by SBUHB before exploring the benefits of creating a regional unit
- Agreed that the South West Wales Sexual Assault Services Delivery Group would access the ARCH Regional Recovery Group for decision making and issue resolution

The **ARCH NHS Strategic Development Group** provides Executive leadership at for the ARCH Strategic Developments portfolio:

- South West Wales Regional Cancer Services – agreed in November

that the programme's scope be amended to focus on developing the regional model for Radiotherapy services and oncology-specific outpatients. SACT and IP/AOS developments will be taken forward on a local basis by the respective Health Boards.

- **Regional Pathology Services** – the new laboratory will be on the Morriston site, with final location to be agreed following further requirement and discussion with the architects. New task and finish group established to lead on operational development elements. Draft regional working principles developed for agreement by health boards based on the ARCH regional working.

The **ARCH NHS Operational Change Group** provides Executive leadership at for the ARCH NHS Operational Change Group's portfolio:

- **Regional Eye Care Services** – The Regional Glaucoma Services Business Case was approved by the HDUHB and SBUHB Board.
- **Regional Neurology Services** – the Functional Neurological Disorder (FND) business case has been successfully delivered by ARCH. The business case is seeking approval from health boards.
- **Regional Cardiology Services** – Clear priorities have been set and work programme agreed to improve the provision of Cardiac CT, MR and Echo Cardiology diagnostics; standardise and streamline the Acute Coronary Syndrome pathway to meet national targets; provide 'local to patient' Cardiac Pacing service where possible.
- **Regional Dermatology Services** – dates set to produce a regional business plan by March 2022.

ARCH Supporting and Enabling Research, Enterprise and Innovation

- **Campuses** – the Outline Business Case for the Campuses project was approved by Welsh and UK Governments in December.

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

The Joint Executive Group between Swansea Bay UHB and CTM UHB last met on 29th October 2021. Items of interest to SBUHB include the following:

- **Neath Port Talbot Hospital (NPTH)/ Princess of Wales (POWH)** - an assessment has been undertaken of the activity being delivered via the Clinical Capacity Service Level Agreements (SLAs) in NPTH and POWH. Both organisations are to now work together to develop a disaggregation plan focusing on services covered by the SLAs in NPTH and Breast Surgery will be the first priority area.
- **Resource Funding Paper** - members were asked to approve additional staffing resources in order to progress development and implementation of a disaggregation plan. In principle, members agreed to the additional resources however, alternative sources of capacity were to be exhausted before committing to finding new monies for the fixed term posts.
- **Joint Commissioning & Contracting Update** - members noted the ongoing challenges regarding the mobile dentistry unit in Taith Newydd and the needs assessment that SBUHB had developed which sets out the level of service delivery required. Members approved two new documents that will support clinical services with the process for ceasing SLAs. These included updated waiting list principles and a clinical risk scoring matrix

which will be utilised to assess the risk for each organisation pre and post cessation.

- **ICT SLA** - Members received an update on the progress of disaggregating the ICT SLA, and noted that 12 months funding has been obtained for a Programme Manager, and that a further funding bid has been submitted to Welsh Government.

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

The Regional and Specialised Services Provider Planning Partnership Group met on 2nd November 2021. The main items for SBUHB under discussion were:

- **Modernising Spinal Services** – Members received a self-assessment from the CVUHB and SBUHB spinal services against the NHS England Service Specification. It was agreed to extend the self-assessment to cover the spinal services at ABUHB, and to undertake a validation exercise across the three organisations. The Joint Interim Network Clinical Directors have been asked to prioritise actions required to:
 - address immediate safety issues;
 - improve outcome; and
 - expand capacity to meet demand.
- **Partnership Strategic Framework for Specialised Services** – Members received a report detailing the outcome from the two workshops. Members agreed that further internal engagement should be undertaken, prior to external engagement on the draft vision and framework.
- **Adult Specialist Endocrinology Services - Opportunities for Collaboration** – Members received two proposals outlining a collaborative approach for Adult Specialist Endocrinology Services:
 - Development of a collaborative endocrine surgery service, in order to address sustainability issues within the current service and improve long term resilience.
 - Appointment of a clinical nurse specialist to the CVUHB to address deficits in the South Wales pituitary surgery service.

Members confirmed their support both proposals, and requested that the Adult Specialist Endocrinology teams work together to develop business case for a collaborative service model, to include the proposals for a South Wales endocrine surgical service with strengthened CNS support across the network.

- **Oesophago-gastric Cancer Surgery** – Members received an update on the OG cancer surgery project and the progress of the SBUHB business case to fund the interim arrangement with CVUHB. It was confirmed that a project manager was due to be appointed to support the project.
- **Hepato-Pancreato-Biliary Surgery** – Members received and approved the agenda for the HPB Surgery Clinical Engagement Workshop, scheduled for the 30th November.

The next meeting is scheduled for the 11th January 2022.

3.7 NHS Wales Shared Services Partnership (NWSSP) Committee

The last meeting was held on 18th November. The main issues arising for the Health Board to be aware of are:

- **Managing Director's Report** – Members received a report outlining the pressures on the NWSSP recruitment and payroll teams arising from the need to increase expenditure and recruit significant additional members of staff to respond to and recover from the pandemic. Members were advised that internal measures were being implemented to increase staffing were possible, but that this had been added as a risk on the corporate risk register.
- **Laundry** – Members received an update on the All Wales Laundry “preferred sites” that will be subject to scrutiny and business case approval.
- **Oracle Upgrade** – Members were informed that the upgraded system went live on 19th October, and that whilst there had some initial expected issues, these have now been addressed and the system is operating at pre-upgrade levels.
- **COVID-19 Inquiry Planning Update** – Members were advised of the arrangements currently in place to prepare for the UK COVID Public Inquiry, including the establishment of a task group, the documentation of action plans, and the recruitment of additional staff to assist in collating the relevant evidence.
- **Matrix House Business Case** – Members approved a business case to purchase Matrix House in Swansea (NWSSP West Wales Regional Hub), and endorsed the proposal to request for capital funding from Welsh Government.
- **Surgical and Medical Testing Laboratory (SMTL)** – Members endorsed the development of an expansion of the SMTL, which will reduce the need for certain types of equipment to be sent to the US and Europe for specific testing.
- **IMTP** – Members were advised that individual meetings between each Committee member and the NWSSP Director of Planning, Performance and Informatics would be held over the coming weeks, prior to the IMTP being submitted to Committee in January for formal approval. This approach was endorsed by Members.
- **Finance Report** – The Committee noted additional savings that had been generated during the year to date, and were advised that financial position will be continually reviewed over the coming months to inform any further funding and/or distributions.

4 FINANCIAL IMPLICATIONS

There are no financial consequences associated with the updates in this report.

5 RECOMMENDATIONS

Members are asked to:

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

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

<ul style="list-style-type: none"> ○ 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. ○ 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	The last update on joint NHS partnerships and commissioning was presented to Health Board on 7 th October 2021
Appendices	Appendix 1 – WHSSC Joint Committee – 09/11/21 Appendix 2 – EASC Joint Committee – 07/09/21 Appendix 3 – NHS Wales Collaborative Executive Group – 19/10/21 Appendix 4 – ARCH Partnership Appendix 5 – Joint Executive Group SBUHB & CTMUHB – 29/10/21 Appendix 6 – Regional and Specialised Services Provider Planning Partnership – 02/11/22 Appendix 7 – NHS Wales Shared Services Partnership – 18/11/21