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Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 1 December 2020

Author: Mark Dickinson**Version:** 1 (Approved)**Members present**

Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL)
 Maria Battle, Chair, Hywel Dda UHB (MB)
 Vivienne Harpwood, Chair, Powys tHB (VH)
 Gill Harris, Acting Chief Executive, Betsi Cadwaladr UHB (GH)
 Sian Harrop-Griffiths, Director of Strategy, Swansea Bay UHB (SHG)
 Alex Howells, Chief Executive, Health Education & Improvement Wales (AH)
 Charles Janczewski, Chair, Cardiff and Vale UHB (PART) (CJa)
 Chris Jones, Chair, Health Education and Improvement Wales (CJo)
 Jason Killens, Chief Executive, Welsh Ambulance Service NHS Trust (JK)
 Donna Mead, Chair, Velindre NHS Trust
 Paul Mears, Chief Executive, Cwm Taf Morgannwg UHB (PM)
 Judith Paget, Chief Executive, Aneurin Bevan UHB (JP)
 Carol Shillabeer, Chief Executive, Powys tHB (CS)
 Martin Woodford, Chair, Welsh Ambulance Service NHS Trust (MW)

In attendance

Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)
 Rhys Blake, Head of Planning, NHS Wales Health Collaborative (RB)
 Mark Dickinson, NHS Wales Health Collaborative (MD)

Apologies	Tracey Cooper, Chief Executive, Public Health Wales Steve Ham, Chief Executive, Velindre NHS Trust (SHa) Marcus Longley, Chair, Cwm Taf Morgannwg UHB Steve Moore, Chief Executive, Hywel Dda UHB Tracy Myhill, Chief Executive, Swansea Bay UHB (TM) Mark Polin, Chair, Betsi Cadwaladr UHB (MP) Len Richards, Chief Executive, Cardiff and Vale UHB Jan Williams, Chair, Public Health Wales Emma Woollett, Chair, Swansea Bay UHB (EW)
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Welcome and introduction	Action
AL welcomed colleagues to the meeting and noted apologies for absence.	

Approval of minutes of previous meeting (LF-2012-01)	Action
The minutes of the meeting held on 28 July 2020 were approved as a correct record.	
The minutes will be forwarded to the board secretaries of the 11 NHS Wales organisations for noting at board meetings.	MD

Collaborative Update Report – October 2020 (LF-2012-02a)	Action
RF introduced the report, noting that it had previously been issued for the meeting scheduled for October that had been postponed until now.	
RF highlighted some specific sections in the report:	
<i>Imaging COVID-19 recovery planning</i> Discussions over this issue are ongoing with Welsh Government, with Steve Moore liaising with Simon Dean. A 'mini option appraisal' has been requested and the Collaborative are pulling together relevant material.	
<i>National Endoscopy Programme</i> Again, there are ongoing discussions with WG, with additional information in support of the recovery plan having been submitted several weeks ago. Confirmation of funding has been received for this year only.	
<i>Rapid Diagnostic Centres</i> This is a new area of work being led by the Wales Cancer Network, following agreement by the Collaborative Executive Group and building on pilots conducted by Swansea Bay and Cwm Taf Morgannwg.	

Collaborative Update Report – December 2020 (LF-2012-02b)	Action
<p>RF introduced the report, noting that it was based on a report already provided to the Collaborative Executive Group.</p> <p>RF and MD highlighted some specific points from the report and responded to points and questions raised:</p> <p><i>Rapid Review of Precision Medicine Programmes</i> This review, commissioned by Len Richards, provided a rapid assessment of the infrastructure of four national programmes, with a view to identifying opportunities to work together with greater effectiveness. It was noted that LR had met recently with relevant programme leads to discuss the draft report and its recommendations. The potential value of bringing together the four separate programmes, currently managed across three organisations, was noted. No single lead organisation has been recommended. It was noted that LR would be sharing the report with CEOs and RF soon.</p> <p><i>NHS Wales Peer Review Framework</i> CJo suggested that the focus of Peer Review needs to be shifted to help the system benefit from the learning and innovation that has been generated by the response to COVID. CJa supported this, emphasising that Peer Review should become more forward looking to support transformational change. These suggestions were endorsed and welcomed and will be taken forward by the Collaborative</p> <p><i>Neonatal Network transport review</i> The Maternity and Neonatal Network has worked with provider health boards and WAST to prepare an interim 24/7 neonatal transport model. This has now been confirmed by WHSSC to go live in early January 2021. In response to a question from VH, RF clarified the governance arrangements for the interim model and referred to the supporting report.</p>	RF/MD
Collaborative Work Plan (LF-2012-03)	Action
<p>RF introduced RB as the Collaborative’s Head of Planning. RF then presented an introduction to the emerging Collaborative Medium Term plan and the work that has been taking place to develop it.</p> <p>RF emphasised that the material presented was still ‘work in progress’. The priorities identified are being taken through existing governance process for the various Collaborative</p>	

<p>networks and programmes. A number of common themes have been identified and there is a coordinated approach and ongoing engagement with clinical leads and partner organisations.</p> <p>RB then presented the emerging content of the plan itself, focusing on both the common themes and on whole system working with partners on cancer and mental health to illustrate the approach being taken and the emphasis on outcomes.</p> <p>A discussion followed the presentation.</p> <p>AL noted that the system working analysis is particularly helpful. In general, the approach and content were well received.</p> <p>CJo noted the need to look at transformational opportunities in the light of COVID and welcomed the emphasis on working with the special health authorities, HEIW and Digital Health and Care Wales, as both workforce and digital will be key drivers and enablers of change.</p> <p>DM stressed the importance of informatics for cancer, and expressed concerns around the pace of work to replace the current Cancer informatics system, CANISC.</p> <p>CS noted that there is considerably more work on mental health being planned which would need to be reflected on the relevant slide.</p> <p>RF noted that work to support major conditions implementation groups remains a bit anomalous as the Collaborative is not accountable for the work overseen by these groups which, as a consequence, presents challenges and risks. Further work is needed on the relevant governance and this will be discussed further through the Collaborative Executive Group.</p> <p>AL summarised by concluding that the emerging plan represents "a fine way forward", is easy to understand and will ensure that key issues are not lost.</p>	<p>RF/JP</p>
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Sexual Assault Referral Centres	Action
AL introduced this item by thanking RF for picking up this issue again, in the context of a lack of progress in implementing arrangements previously agreed. AL stressed	

the need for rapid progress, but noted the need for additional resources for programme leadership and support as a prerequisite for this work to be undertaken by the Collaborative.

RF reported that she has spoken to all except one of the health board executive leads to gain an understanding of the issues from a health board perspective. RF noted that previously suggested governance arrangements were unnecessarily complicated. There is a need for a new, leaner proposed governance structure, whilst addressing the need for police forces and Police and Crime Commissioners to be involved in the governance.

A recent letter from Alun Michael, South Wales Police and Crime Commissioner, had raised three main concerns:

1. Lengthy lead time for the capital works required to provide a hub in Cardiff, which is central to the regional model, and associated ISO accreditation. The extent to which this work can be fast-tracked is being investigated.
2. Workforce challenges in the Swansea paediatrics service, for which there is no immediate solution. Further work across health board boundaries is needed, including consideration of creative new workforce/ service models, with support from HEIW in this regard.
3. The need for a clear governance framework and programme resources.

The Collaborative will provide programme oversight for addressing these issues, with MB as lead chair and Steve Moore as lead chief executive. Responsibility for operational delivery will remain with the three health boards where the hubs are located (Cardiff and Vale, Swansea Bay and Hywel Dda). Regional leadership remains with Cardiff and Vale and Hywel Dda for South East and South West Wales respectively. The Collaborative is not taking on the role of an Operational Delivery Network; this will be led and managed by Cardiff and Vale UHB in accordance with the original agreement through the six health boards.

It was noted that progress will be limited until programme leadership and support has been recruited/identified.

MB thanked RF for her work to date and what is now proposed and reiterated the need for additional resource. MB

<p>reported that she and Steve Moore had recently met Alun Michael and Eleri Thomas (Gwent Assistant Police and Crime Commissioner) and had explained the role that the Collaborative would be undertaking. The need to involve the police, Commissioners and the third sector in governance and oversight had been discussed, along with the need for both medium and long term plans.</p> <p>VH echoed the thanks for the work of the Collaborative and emphasised the need to be clear about what success will look like in five years' time.</p> <p>SH-G confirmed the need to relook at paediatric provision and its viability, noting that Cardiff and Vale would need to continue to support Swansea until this could be resolved.</p> <p>CJo noted that the letter from Alun Michael reflected understandable frustration and that there is a need to for the highest level of ambition for the delivery of high quality care for those who have been assaulted. There is also a need for a clear communications strategy so all parties are aware of the hurdle to be overcome and the progress made.</p> <p>AL endorsed the points made. RF will progress the work needed.</p>	<p>RF</p>
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<p>Date of next meeting</p>

<p>It was noted that the next meeting of the Collaborative Leadership Forum has not yet been scheduled. RF and AL will liaise over a suitable date.</p>
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