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NHS Wales Health  
Collaborative

# NHS Wales Collaborative Leadership Forum

## ***DRAFT Minutes of Meeting held on 6 December 2018***

**Author:** Mark Dickinson

**Version:** 1 (Approved)

<b>Members present</b>	<p>Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL)</p> <p>Maria Battle, Chair, Cardiff &amp; Vale UHB (MB)</p> <p>Andrew Davies, Chair, Abertawe Bro Morgannwg UHB (AD)</p> <p>Steve Ham, Chief Executive, Velindre NSH Trust (SH)</p> <p>Vivienne Harpwood, Chair, Powys tHB (VH)</p> <p>Glyn Jones, Director of Finance and Procurement, Aneurin Bevan UHB (for Judith Paget) (GJ)</p> <p>Marcus Longley, Chair, Cwm Taf UHB (ML)</p> <p>Pushpinder Mangat, HEIW (for Alex Howells) (PM)</p> <p>Steve Moore, Chief Executive, Hywel Dda UHB (SM)</p> <p>Carol Shillabeer, Chief Executive, Powys tHB (CS)</p> <p>Allison Williams, Chief Executive, Cwm Taf UHB (AW)</p> <p>Tracey Cooper, Chief Executive, Public Health Wales</p> <p>Gary Doherty, Chief Executive, Betsi Cadwaladr UHB</p> <p>Mark Polin, Chair, Betsi Cadwaladr UHB</p> <p>Len Richards, Chief Executive, Cardiff &amp; Vale UHB</p>
<b>In attendance</b>	<p>Mark Dickinson, NHS Wales Health Collaborative (MD)</p> <p>Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)</p> <p>Sian Lewis, Managing Director, WHSSC (SL)</p>
<b>Apologies</b>	<p>Alex Howells, Chief Executive, Health Education &amp; Improvement Wales</p> <p>Chris Jones, Chair, Health Education and Improvement Wales</p> <p>Donna Mead, Chair, Velindre NHS Trust</p>

	<p>Tracy Myhill, Chief Executive, Abertawe Bro Morgannwg UHB</p> <p>Judith Paget, Chief Executive, Aneurin Bevan UHB</p> <p>Bernadine Rees, Chair, Hywel Dda UHB</p> <p>Jan Williams, Chair, Public Health Wales</p>
<b>Welcome and introduction</b>	<b>Action</b>
AL welcomed colleagues to the meeting and noted apologies for absence.	
<b>Minutes of previous meeting</b>	<b>Action</b>
The minutes of the meeting held on 6 September 2018 were <b>approved</b> as a correct record. The minutes will be forwarded to board secretaries for noting at health board and trust board meetings.	<b>MD</b>
<b>Action log and matters arising</b>	<b>Action</b>
<p>The action log was reviewed. It was noted that three actions (LF/A/054, 086 and 092) had been completed and one action (LF/A/020) was dependent on more information about the future of the NHS Wales executive function.</p> <p>Action LF/A/093, relating to flexibility of budgets within the Collaborative, was discussed. RF reported that she had discussed with Andrew Goodall who had been supportive of such flexibility, but that written confirmation was awaited. It was <b>agreed</b> that AL would write to Andrew Goodall to confirm the position of the Collaborative Leadership Forum and to request that work required from the Collaborative by WG is appropriately commissioned.</p> <p>In relation to matters arising, the following points were noted:</p> <ul style="list-style-type: none"> <li>• A closure report on the establishment of the Imaging Academy will be taken to the Collaborative Executive Group</li> <li>• The bid to the Industrial Strategy Challenge Fund for digital pathology had been unsuccessful, although the concept is still live and useful feedback had been received. The team are investigating alternative funding sources</li> <li>• Members shared views on the most recent Health and Social Care Leadership Event and it was agreed that it had still been too NHS focused for local government colleagues. It was noted that more could be done to support WG in the design and planning for these events. It was <b>agreed</b> that CS would offer support</li> </ul>	<b>AL</b>

during her forthcoming 1:1 with Andrew Goodall and that AL would do the same in writing on behalf of the group	<b>CS</b> <b>AL</b>
<b>Major trauma network</b>	<b>Action</b>
RF talked the group through the main report and supporting documents. Ongoing work with WHSSC, and particularly the agreement of commissioning arrangements by Joint Committee, was noted. RF reported that the recent meeting with CHCs had been positive, with a rich discussion with chief officers. It was noted that the formal position of CHCs remains that they neither agree or otherwise to the plans for the development of the network. The unsatisfactory nature of this position had been picked up in discussion with WG colleagues. Engagement with CHCs continues at both network and health board levels. It was <b>agreed</b> that the Collaborative should adopt a proactive approach to its relationship with CHCs, meeting regularly, rather than only meeting in relation to specific developments.	<b>RF</b>
Some specific changes to the map of services in the documentation were proposed and <b>agreed</b> .	<b>RF</b>
RF reported that the main limiting factor for the programme was now the availability of central resources. Action in relation to pressing WG for a decision on programme funding was discussed, but subsequently news was received, prior to the end of the meeting, that the Cabinet Secretary had confirmed the funding requested. This was welcomed by the group.	
It was noted that recommendations for trauma unit designation had been agreed through the WHSSC Joint Committee. It was <b>agreed</b> that, as this was consistent with the South Wales Programme and in Hywel Dda with the new strategic plan, designation decisions should be reported to January meetings of health boards, rather than being taken to boards for approval. The same report would be provided to CHCs.	<b>CEs</b>
The 'lessons learned' report was considered. This had been produced following a multi agency workshop and amended following prior consideration by the Collaborative Executive Group, to better distinguish the views of particular parties from accepted conclusions. The new version was <b>agreed</b> and will be sent out to participants, including CHCs.	<b>RF</b>

<p>Two significant recommendations from the report were highlighted:</p> <ul style="list-style-type: none"> <li>• In future, there is a need to be explicit at an early stage when a decision is based on clinical evidence which elements of the service change can be shaped through engagement and consultation</li> <li>• There is a need for national guidance on collaborative working on cross boundary consultations</li> </ul> <p>The latter point was discussed and it was agreed that an ambitious redesign of consultation requirements and processes was required. It was <b>agreed</b> that this point would again be stressed to WG, in the context of the extant Green Paper.</p>	<p><b>RF</b></p>
<b>LINC</b>	<b>Action</b>
<p>RF presented the executive summary of the LINC outline Business Case (OBC). The full OBC will be formally considered by the boards of health boards and trusts in January. The OBC is also being considered by NIMB at its December meeting. It was noted that progress with LINC was reviewed by the Collaborative Executive Group on a monthly basis with Judith Bates, Programme Director.</p> <p>It was noted that, subject to board approval, it is hoped to begin procurement in March. TC highlighted that Public Health Wales contributions need to be included appropriately, which was <b>agreed</b>.</p> <p>The need for preparatory discussions with board members was <b>agreed</b>.</p> <p>The role of NIMB in NHS Wales decision making was discussed. It was noted that NIMB may be making decisions that should be on the agenda for chief executives.</p> <p>It was agreed that a bespoke paper, to accompany the OBC should be developed and taken to each board in January, providing board specific information on the current situation with regard to LIMS and next steps with both LIMS and LINC. It was agreed that the Collaborative will provide a standard core paper for local adaptation.</p> <p>It was also <b>agreed</b> to take the OBC to WIGB, in relation to information governance and for intellectual property opportunities to be considered.</p>	<p><b>RF</b></p> <p><b>All</b></p> <p><b>RF/All</b></p> <p><b>RF</b></p>

Delivery plans and implementation groups	Action
<p>RF introduced the paper, which included a recent response to WG on the future of delivery plans and implementation groups. It was noted that there was considerable uncertainty about the situation post 2019/20. This has the potential to create instability with, for example, staff on fixed term contracts obtaining other posts. The Collaborative currently has many staff, including very senior staff, in fixed term posts or seconded in. It was noted that significant progress can only be made in addressing these issues once there is greater clarity over the proposals for an NHS Wales national executive function. Work by WG on a national clinical plan was also noted as being relevant.</p> <p>It was <b>agreed</b> that AL will write to Andrew Goodall on behalf of the group to raise the current risks and to request early clarification of plans.</p>	<p><b>AL</b></p>
Collaborative update	Action
<p>RF introduced the Collaborative Update Report and covered the following specific items:</p> <p><i>Mental Health Network</i> Progress with the establishment of the network was noted. The post of National Director for Mental Health is currently being banded.</p> <p><i>Case for Cancer/Single Cancer Pathway</i> TC updated the group on the development and submission of the 'case for cancer' to WG and on progress with the single cancer pathway. Funding announcements by WG were noted, including £1m for endoscopy and £3m for the SCP, but it was noted that there is not yet full clarity over how these will be directed/used.</p> <p><i>Endoscopy</i> The forthcoming national workshop was noted.</p> <p><i>Women's Health Implementation Group</i> The establishment of this group and associated work programme was noted. The Collaborative is currently recruiting a programme manager.</p> <p><i>Collaborative Work Plan – Quarter 2 Report</i> Progress was noted.</p>	
Other Business	Action

Members of the group raised the following additional items of business:

*Health Impact Assessment on Brexit*

TC reported that this has been produced by Public Health Wales. It was **agreed** that a confidential draft will be shared with the group.

**TC**

*Prevention and early intervention*

TC reported that Public Health Wales had produced and submitted to WG in April a 'high level think piece' on prevention and early intervention. This identified a quantum of investment in the order of £20m. Public Health Wales has now been asked by CMO for further advice to inform decision making. TC intended to pull together a group to work on the development of shared priorities as a matter of urgency and it was **agreed** that this will include representatives of chairs and chief executives. The need for this to integrate with IMTPs was noted. Other specific offers of support were provided by group members.

**TC**

*Thoracic Surgery*

LR raised this issue and referred to dynamics in the Cardiff and Vale board relating to the need to support the major trauma centre. Practical progress in the development of firm plans for how the new service will work is needed and LR will be following up with TM.

**LR**

**Date of next meeting**

It was noted that the next meeting will be held at 10am on 7 March 2019 at the NHS Wales Health Collaborative, River House, Cardiff.