



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	31 st January 2019		Agenda Item: 5.5	
Report Title	Minutes of the NHS Wales Collaborative Leadership Forum			
Report Author	Liz Stauber, Committee Services Manager			
Report Sponsor	Pam Wenger, Director of Corporate Governance			
Freedom of Information	Open			
Purpose of the Report	The purpose of the report is to submit to the board the minutes of the NHS Wales Collaborative Leadership Forum			
Key Issues	The NHS Wales Collaborative Leadership Forum comprises NHS Wales Chief Executives and considers all-Wales issues.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	Members are asked to: 1. NOTE the content of the report.			

NHS WALES COLLABORATIVE LEADERSHIP FORUM

1. INTRODUCTION

The purpose of the report is to submit to the board the minutes of the NHS Wales Collaborative Leadership Forum

2. BACKGROUND

The NHS Wales Collaborative Leadership Forum comprises NHS Wales Chief Executives and considers all-Wales issues. The terms of reference for the NHS Wales Collaborative Leadership Forum are [available](#) for information.

An NHS Wales Collaborative Leadership Forum (the Collaborative Leadership Forum) has been established to:

- agree those areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement and remit them to the Collaborative Team or WHSSC as appropriate
- Receive recommendations from the Collaborative Team (via the Collaborative Executive Group) and provide assurance to boards that any proposals have been fully scrutinised
- Work together as health boards and trusts to secure an agreed set of recommendations to go back to individual boards for decision
- Oversee any joint public engagement or consultation arising from board decisions as appropriate
- Provide a forum for consideration of the best way to take forward any work directly commissioned by Welsh Government from health boards and trusts as a collective; and to provide a vehicle for oversight and assurance back to Welsh Government as required.

3. MINUTES FROM MEETINGS

The minutes of the meetings held on 14 June 2018 and 6 September 2018 are attached for noting.

4. GOVERNANCE AND RISK ISSUES

Any governance risks and issues are outlined within the minutes.

5. FINANCIAL IMPLICATIONS

There are no financial implications for the board to consider/approve.

6. RECOMMENDATIONS

Members are asked to:

- **NOTE** the content of the report.

Governance and Assurance					
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
					✓
Quality, Safety and Patient Experience					
Ensuring the board carries out its business appropriately through its partnerships is a key factor in the quality, safety and experience of patients receiving care.					
Financial Implications					
No financial implications for the board to be aware of.					
Legal Implications (including equality and diversity assessment)					
No legal implications for the board to be aware of.					
Staffing Implications					
No staffing implications for the board to be aware of.					
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)					
The health board's governance structure aims to identify issues early to prevent escalations and this includes working collaboratively with partners as part the joint committees.					
Report History	First report to the board.				
Appendices	Minutes of the NHS Wales Collaborative Leadership Forum held in June 2018 and September 2018.				



GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 14 June 2018

Author: Mark Dickinson

Version: 1 (Approved)

**Members
present**

Ann Lloyd (Chair), Aneurin Bevan UHB (AL)
 Maria Battle, Chair, Cardiff & Vale UHB (MB)
 Andrew Davies, Chair, Abertawe Bro Morgannwg UHB (AD)
 Huw George, Deputy Chief Executive, Public Health Wales (for Tracey Cooper) (HG)
 Steve Ham, Chief Executive, Velindre NHS Trust (SH)
 Judith Hardisty, Vice Chair, Hywel Dda UHB (for Bernadine Rees) (JH)
 Chris Jones, Chair Designate, HEIW (CJ)
 Marcus Longley, Chair, Cwm Taf UHB (ML)
 Donna Mead, Chair, Velindre NHS Trust (DM)
 Evan Moore, Medical Director, Betsi Cadwaladr UHB (via V/C for Gary Doherty) (EM)
 Ian Morris, Deputy Director of Planning, Aneurin Bevan UHB (for Judith Paget) (IM)
 Len Richards, Chief Executive, Cardiff & Vale UHB (LR)
 Patsy Roseblade, Interim Chief Executive, WAST (PR)
 Allison Williams, Chief Executive, Cwm Taf UHB (AW)
 Eifion Williams, Director of Finance, Powys tHB (for Carol Shillabeer) (EW)
 Martin Woodford, Interim Chair, WAST (MW)

**In
attendance**

Mark Dickinson, NHS Wales Health Collaborative (MD)
 Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)

Apologies

Tracey Cooper, Chief Executive, Public Health Wales
 Gary Doherty, Chief Executive, Betsi Cadwaladr UHB

	<p>Vivienne Harpwood, Chair, Powys tHB</p> <p>Peter Higson, Chair, Betsi Cadwaladr UHB</p> <p>Alex Howells, Chief Executive Designate, HEIW</p> <p>Steve Moore, Chief Executive, Hywel Dda UHB</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>Carol Shillabeer, Chief Executive, Powys tHB</p> <p>Jan Williams, Chair, Public Health Wales</p>	
Welcome and introduction		Action
AL welcomed colleagues to the meeting.		
Minutes of previous meeting		Action
<p>ML noted that he had been present at the last meeting, but was not listed as having been present. Subject to adding ML to the list of attendees, the minutes of the previous meeting (LF-1806-01) were approved as a correct record and will be circulated to members and board secretaries.</p>		MD
Action log		Action
<p>Outstanding issues on the provided action log (LF-1806-02) were considered.</p> <ul style="list-style-type: none"> • LF/A/020: It was noted that the proposed Mental Health Network was considered in the Collaborative Update Report later on the agenda. • LF/A/023: It was noted that the peer review programme will be considered by the Collaborative Executive Group in July. • LF/A/024: It was noted that, whilst there is a reporting line from the new LIMS2 programme (LINC) to the Collaborative Executive Group and Collaborative Leadership Forum, neither group has, or should have, responsibility for the implementation of LIMS1. LIMS1 remains the responsibility of the existing national board. HG requested that the LIMS1 gateway review report be circulated to members of the group. • LF/A/054: AL undertook to follow up with Andrew Goodall on the escalation process. • LF/A/058: It was noted that responsibility for sexual assault referral services had now passed to C&V UHB. CJ queried whether appropriate links were being maintained with relevant partners. MB responded that she is chairing the group overseeing implementation and confirmed that appropriate links were being maintained with all partners, including New Pathways. 		<p>MD</p> <p>AL</p>

<ul style="list-style-type: none"> • LF/A/060: It was noted that a lessons learned exercise for Major Trauma is planned for September. Closed actions on the action log were noted and will be removed from the version of the log reported to future meetings. 	MD
Collaborative Update Report	Action
<p><i>Major Trauma</i></p> <p>It was noted that the majority of the previous meeting had been devoted to consideration of major trauma. Since then, each of the six health boards within the scope of the proposed South and West Wales and South Powys Major Trauma Network had met and approved the recommendations of the Collaborative Leadership Forum. Specific concerns raised in the various board meetings will be addressed through the implementation process.</p> <p>It was also noted that a Network Board had been established through the Wales Critical Care and Trauma Network. The Network Board will be chaired by a representative from ABM UHB and will report through WHSSC, as commissioner. Interviews for the role of clinical lead are being held on 26 June.</p> <p>A work plan has been prepared and a self-assessment process by health boards and WAST has commenced. A key step will be the designation of trauma units. It was agreed that it is important that the designation process and the development, consideration and approval of associated business cases can be sufficiently flexible to allow for the fact that designation will be delayed in Hywel Dda by consultation on wider service changes. There may also be matters to consider arising from the boundary changes between ABM and Cwm Taf. It was agreed that this issue should be considered further by the Collaborative Executive Group on 26 June.</p> <p>CJ noted that HEIW is keen to support the implementation of the new Major Trauma Network and needs to be involved in the process.</p> <p>AD stressed that ABM is fully committed to supporting implementation, noting the context of the move of services in Bridgend from ABM to Cwm Taf. AD noted that there is a need for absolute clarity over the governance arrangements and the role of WHSSC and requested that RF should write</p>	AW/RF

formally to health boards and relevant WG colleagues to provide an explanation. This was agreed .	RF
EW requested that, in considering the designation of trauma units, all health boards should liaise appropriately with Powys to ensure that the needs of the Powys population are appropriately addressed.	
AL thanked chairs and chief executives for all of their work in getting the recommendations approved by their boards.	
<i>LINC</i> It was noted that LINC (Laboratory Information Network Cymru) is the new name for the WLIMS2 programme. It was also noted that the programme is making good progress against a hugely challenging timescale. The full programme resource is not yet available and is subject to a business case. The development of the Outline Business Case (OBC) is a key priority. AW pointed out that there will be a need for the OBC to be taken through individual boards, because of the cost implications. It was agreed that board secretaries should be notified that this will be the case so that it can be built into timetables of board business.	RF
PR queried why it was proposed that the contractual mechanism to be used should be a master services agreement and whether the pros and cons had been adequately considered. It was noted that this approach had been supported by the Collaborative Executive Group but agreed that this should be considered further by the Collaborative Executive Group.	AW/RF
<i>SARC</i> It was noted that responsibility for implementation now rests with C&V UHB and that the Collaborative Leadership Forum no longer has a formal oversight role for this work.	
<i>Mental Health Network</i> The proposed establishment of a new NHS Wales Mental Health Network was noted. Concerns were expressed about the appropriateness of establishing a new network, in advance of greater clarity over the implications for networks of the Long Term Plan. It was agreed that the Collaborative Executive Group should reconsider next steps and ensure that mapping of existing arrangements is prioritised and reported back to the Collaborative Leadership Forum.	AW/RF

	Paper Ref: LF-1809-02
NHS Wales Health Collaborative Leadership Forum	Minutes 14/06/18

<p><i>Strategic Programmes Unit</i></p> <p>Correspondence from WG and subsequent conversations over the future of the Collaborative Strategic Programmes Unit (SPU) and the proposed establishment of a Ministerial Advisory Unit (MAU) were noted. AW and AL had significant concerns about the governance and accountability arrangements that had been proposed or implied. HG noted that, as the host of the Collaborative Team, Public Health Wales shared these concerns. It was agreed that anything delivered through the Collaborative Team needs to have an accountability through the Director to the Collaborative Executive Group and Collaborative Leadership Forum.</p> <p>It was noted that the Chief Scientific Officer has been asked to clearly define the functions required to be delivered over the next 12 months and a response is awaited, which will be reported back to the Leadership Forum. It is known that implementation plans are required for the pathology and imaging statements of intent as well as a health sciences strategy. These would need to be considered through the Collaborative governance structure.</p> <p>It was agreed that, in advance of any changes arising from the long term plan, it is appropriate for WG to commission work through the Collaborative governance structure.</p>	
Year End Report 2017/18	Action
<p>The Year End Report 2017/18 (LF-1806-04) was formally received.</p> <p>It was noted that the reporting format to be used in future will allow the trajectory of risk to be monitored for each item.</p> <p>Further information was requested in relation to the nature of the risk relating to lymphoedema waiting lists and capacity and it was agreed that this would be provided.</p>	RF
Collaborative Work Plan 2018/19	Action
<p>RF introduced the Collaborative Work Plan 2018/19 and explained its format and how it will be used to track progress over the year.</p> <p>It was noted that, whilst actions were specified clearly, it was not always clear what we are trying to achieve and why. MD noted that, in the case of clinical networks, the work plan</p>	

	Paper Ref: LF-1809-02
NHS Wales Health Collaborative Leadership Forum	Minutes 14/06/18

<p>was shaped by priorities arising from delivery plans and identified by network boards.</p> <p>Following discussion, the content of the plan was approved and the Collaborative Executive Group was assigned the task of detailed oversight of progress on a quarter by quarter basis, on behalf of the Collaborative Leadership Forum.</p>	AW
Resource Mapping and Priorities	Action
<p>AL advised that it could be assumed that all members of the group had read the presentation that had been provided in advance as paper LF-1806-06.</p> <p>MD, therefore, delivered parts of the presentation, focusing on the key questions and issues to be considered.</p> <p>It was noted that there is a very significant resource and that the task is to better align this with agreed priorities within a clear governance structure.</p> <p>Following a significant amount of discussion, it was agreed that the Collaborative Executive Group should be tasked with taking forward discussions with Welsh Government, informed by the mapping exercise, and developing specific proposals for aligning resources with priorities. It was noted that the Collaborative Leadership Forum may need to reconvene before its next scheduled meeting on 6 September to consider any specific actions recommended by Collaborative Executive Group.</p>	AW
Governance Assurance Statement	Action
The Annual Governance Assurance Statement for 2017/18, (LF-1806-07) as provided by the Collaborative Team to the Public Health Wales Board was received and noted.	
Date of next meetings	
<p>It was noted that the next meeting is scheduled for 10am on Thursday 6 September 2018.</p> <p>It was agreed that arrangements would be explored for the December meeting to go ahead on the original date, 6th December, but at the earlier start time of 8.30am.</p> <p>For subsequent meetings, it was agreed that dates would be aligned with other meetings involving chairs and chief executives.</p>	



GIG
CYMRU
NHS
WALES

Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

DRAFT Minutes of Meeting held on 6 September 2018

Author: Rosemary Fletcher

Version: 1 (Approved)

**Members
present**

Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL)
 Maria Battle, Chair, Cardiff & Vale UHB (MB)
 Andrew Davies, Chair, Abertawe Bro Morgannwg UHB (AD)
 Judith Hardisty, Vice Chair, Hywel Dda UHB (for Bernadine Rees) (JH)
 Vivienne Harpwood, Chair, Powys tHB (VH)
 Carl James, Director of Planning, Velindre NHS Trust (for Steve Ham) (CJa)
 Chris Jones, Chair, Health Education and Improvement Wales (CJo)
 Marcus Longley, Chair, Cwm Taf UHB (ML)
 Steve Moore, Chief Executive, Hywel Dda UHB (SM)
 Tracy Myhill, Chief Executive, Abertawe Bro Morgannwg UHB (TM)
 Judith Paget, Chief Executive, Aneurin Bevan UHB (JP)
 Julie Rogers, Deputy Chief Executive, Health Education & Improvement Wales (for Alex Howells) (JR)
 Carol Shillabeer, Chief Executive, Powys tHB (CS)
 Patsy Roseblade, Interim Chief Executive, WAST (PR)
 Allison Williams, Chief Executive, Cwm Taf UHB (AW)
 Jan Williams, Chair, Public Health Wales (JW)

**In
attendance**

Mark Dickinson, NHS Wales Health Collaborative (MD)
 Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF)
 Phillip Wardle, Interim Director, National Imaging Academy Wales (PW)

	Lynne Burrows, Senior Programme Manager, NHS Wales Health Collaborative (LB)
Apologies	Tracey Cooper, Chief Executive, Public Health Wales Gary Doherty, Chief Executive, Betsi Cadwaladr UHB Alex Howells, Chief Executive, HEIW Donna Mead, Chair, Velindre NHS Trust Bernadine Rees, Chair, Hywel Dda UHB Mark Polin, Chair, Betsi Cadwaladr UHB Len Richards, Chief Executive, Cardiff & Vale UHB Martyn Woodford, Chair, WAST
Welcome and introduction	Action
AL welcomed colleagues to the meeting and noted apologies for absence.	
National Imaging Academy	
<p>Dr Phillip Wardle, Interim Academy Director, and Lynne Burrows, Senior Programme Manager, were welcomed to the meeting and thanked for making arrangements for the meeting to take place in the National Imaging Academy Wales.</p> <p>PW made a presentation, setting out the background to the development of the National Imaging Academy, the challenges it is seeking to address, its implementation, the Academy vision and model, and the opportunities it now presents for the development and modernisation of the radiology workforce. PW acknowledged the significant contribution from LB in leading the programme management arrangements.</p> <p>PW responded to questions from members before leading a tour of the facilities.</p> <p>Members of the Leadership Forum expressed very positive feedback on the facilities and the vision for the Academy. The ambition for the Academy was supported and noted as key to attracting trainees, developing the wider radiology workforce and in driving service quality. PW was encouraged to keep pushing ahead with the development. Members also noted the concept could be rolled out for other service areas.</p> <p>AL thanked PW and LB for leading the discussion on the National Imaging Academy and for their attendance.</p>	

Minutes of previous meeting	Action
The minutes of the previous meeting (LF-1809-02) were approved as a correct record and will be circulated to members and board secretaries.	MD
Action log	Action
<p>Outstanding issues on the action log (LF-1806-02) were considered.</p> <ul style="list-style-type: none"> • LF/A/020 and 089: It was noted that the proposed Mental Health Network would be considered in the Collaborative Update report later on the agenda. • LF/A/023: It was noted that the peer review programme would be considered under agenda item 7 (LF-1809-06). • LF/A/054: AL had followed up with Andrew Goodall regarding the escalation process. Members agreed to adopt the process. • LF/A/060: It was agreed that action to follow up with Welsh Government (WG) on the development of guidance for regional and supra-regional consultations would be followed up through the major trauma lessons learned exercise scheduled for 18th September. • LF/A/086: It was noted that the governance arrangements for the implementation of the major trauma network and the role of WHSSC were still not resolved and were due for discussion at WHSSC Joint Committee on 11th September. • LF/A/090: Further information in respect of lymphoedema waiting lists and capacity was considered under agenda item 6 (LF-1809-05) • LF/A/092: The Collaborative Executive Group had aimed to take forward discussion with WG on the mapping of national/collaborative resources and alignment with priorities, but this had been superseded by a discussion paper on the NHS Executive function, further detail of which was awaited. <p>Completed and closed actions on the action log were noted.</p>	
Collaborative Work Plan Update	Action
<p>WORK PLAN 2018/19 - UPDATE</p> <p>Major Trauma Network</p> <p>It was noted that planning for implementation was proceeding at pace, with clinical leadership from Dr Dinendra Gill, who took up his network post in August. A significant step was the completion of self-assessments against national quality indicators for pre-hospital care, the major trauma centre and hospitals proposed as trauma units. In respect of</p>	

trauma units, meetings were being arranged between the clinical lead and each health board to scrutinise the self-assessments in order to inform recommendations to WHSSC Joint Committee on the location of trauma units within the overall network structure.

Members were pleased to note the progress being made but also expressed concern that the governance arrangements had not yet been finalised and agreed. Views were expressed that the trauma network is a delivery network, responsible for overseeing implementation and delivery and, as such, should be separate from the commissioning role. It was noted that the intention was to discuss and agree the governance arrangements via WHSSC Joint Committee on 11th September.

Industrial Strategy Challenge Fund (Digital Pathology)

Members noted the partnership bid, on behalf of NHS Wales and the West of England, focussing on digital pathology/imaging and artificial intelligence. RF highlighted that a significant amount of work had been undertaken within a relatively short timeframe to ensure a comprehensive, collaborative proposal, involving partners from the Life Sciences Hub, academia, the private sector and the NHS. RF thanked CEOs for responding at very short notice to requests for approval. It was noted that the bid team had been invited to attend the interview panel on 18th September.

Members acknowledged the significant opportunity presented through the proposal. CJo queried how the service transformation could proceed if the bid was unsuccessful. RF confirmed that the partners were committed to taking the development forward and, should the bid be unsuccessful, would actively consider the elements that could be taken forward within NHS Wales. In this eventuality, a report would be prepared for discussion through the Collaborative Executive Group.

AL requested that thanks were extended to the team involved in the preparation of the bid.

Mental Health Network

CS updated on progress with the establishment of the NHS Wales Mental Health Network and addressed concerns that had been expressed at the previous meeting. It was noted that the first meeting of the Network Board was due to take

place on 14th September and this was supported by members.

LINC

Members noted the focus on the preparation of the Outline Business Case for the Laboratory Information Network Cymru (LINC) programme, which will lead to the delivery of a new all Wales laboratory information system to replace WLIMS1. RF highlighted a correction to the update report in that further advice had been received from NWIS (not Welsh Government) on the scope and content of the OBC. This would lead to a delay in the timeline but the Programme Director was seeking to minimise the impact of this delay.

PLANNED DEVELOPMENTS

Diagnostics and healthcare science

As a matter arising from the previous meeting, the Chief Scientific Officer had confirmed the deliverables for the healthcare science work programme and these were detailed in the report. Members noted the significant workforce emphasis and RF confirmed that a meeting had been held with AH to discuss the links with HEIW and the potential for some of the new funding to support a post/s within HEIW.

RF highlighted that the existing and new funding was ring-fenced to healthcare science and diagnostics and the challenge this presented in managing the totality of the Collaborative work programme, which continued to grow and not all of which could be met from the existing Collaborative budget. RF had discussed with the Chief Scientific Officer the need for flexibility in the application of the funding.

Members agreed the need for work being commissioned from the Collaborative to be specified in terms of outcomes. It was proposed that a procedure is introduced to guide systematic scoping by the Collaborative team in order to assess new requests in terms of fit with the Collaborative's remit and to clarify accountability and deliverables. Members gave their full support to RF, as Director for the Collaborative, having flexibility across all budgets in order to best match resources to the work programme.

Agreed that AL and RF would discuss further following the meeting and follow up with Andrew Goodall.

AL/RF

NEW REQUESTS

Radio Frequency Ablation (RFA) / Endoscopy / Women's Health Implementation Group

Members noted new requests to the Collaborative:

- RFA is currently commissioned from Gloucester but there is now a case to consider this service being delivered in Wales. Following liaison with WHSSC, it has been agreed that this will be taken forward within WHSSC's commissioning responsibilities
- A nationally-directed programme for endoscopy is being initiated by Welsh Government with an expectation that this is supported by the Collaborative. Members noted that this could not be met within the Collaborative's existing resources and, therefore, presented a risk in terms of meeting expectations for the current work plan and for the national endoscopy programme of work
- The Collaborative was testing an approach to scoping potential new areas of work in response to the need for programme management and coordination for the Women's Health Implementation Group, established by Welsh Government to progress the recommendations from the Vaginal Mesh Welsh Task and Finish Group. Central funding is available to support the programme which was welcomed but members noted this demonstrated inconsistencies of funding being available for some but not all programmes.

RF also highlighted that since the report was drafted, an additional request had been received to support the introduction new arrangements for medical examiners and death certification. This was subject to further discussion with Welsh Government. Members reconfirmed the discussion at the previous meeting of the Leadership Forum in that work being commissioned from the Collaborative needed to be managed through the current governance arrangements.

Lymphoedema Network Wales

Members received the report of the National Clinical Lead for lymphoedema services in Wales which had been prepared in response to an action arising from the previous meeting of the Collaborative Leadership Forum. Members noted the content and that issues raised in the report would be considered through the Lymphoedema Network Wales

Action

	Paper Ref: LF-1812-01
NHS Wales Health Collaborative Leadership Forum	Minutes 06/09/18

Strategy Board. It was noted that the service is nurse-led and the profile of this service model needed to be raised.	
NHS Wales Peer Review Framework	Action
<p>The report provided:</p> <ul style="list-style-type: none"> • An update on the implementation of the NHS Wales Peer Review framework • The timetable for peer review to be carried out by the networks within the Collaborative team over the next 3 years • The complaints and appeals process. <p>Members noted the report and the arrangements for peer review.</p>	
Health and Social Care Leadership Event 4th September 2018	Action
<p>Members shared views on the recent event, noting the new format to provide a forum for health and social care.</p> <p>It was noted that further information was awaited on plans for the NHS executive function.</p>	
Date of next meetings	
It was agreed that the next meeting would go ahead on the original date, 6 th December, but at the earlier start time of 8.30am.	