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Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum

Minutes of Meeting held on 21 February 2018

Author: Mark Dickinson

Version: 1

Members present	<p>Ann Lloyd (Chair), Aneurin Bevan UHB Maria Battle, Chair, Cardiff & Vale UHB Tracey Cooper, Chief Executive, Public Health Wales Steve Ham, Chief Executive, Velindre NHS Trust Judith Hardisty, Vice Chair, Hywel Dda UHB Vivienne Harpwood, Chair, Powys tHB Chris Jones, Chair, HEIW Grace Lewis-Parry, Board Secretary, Betsi Cadwaladr UHB (by VC – part of meeting) Marcus Longley, Chair, Cwm Taf UHB Tracy Myhill, Chief Executive, Abertawe Bro Morgannwg UHB Judith Paget, Chief Executive, Aneurin Bevan UHB Len Richards, Chief Executive, Cardiff & Vale UHB Patsy Roseblade, Interim Chief Executive, WAST Carol Shillabeer, Chief Executive, Powys tHB (by VC) Allison Williams, Chief Executive, Cwm Taf UHB Jan Williams, Chair, Public Health Wales Martin Woodford, Interim Chair, WAST</p>
In attendance	<p>Mark Dickinson, NHS Wales Health Collaborative Sian Lewis, Director, WHSSC Vanessa Young, Welsh NHS Confederation</p>
Apologies	<p>Andrew Davies, Chair, Abertawe Bro Morgannwg UHB Gary Doherty, Chief Executive, Betsi Cadwaladr UHB Peter Higson, Chair, Betsi Cadwaladr UHB Alex Howells, Chief Executive Designate, HEIW Rosemary Kennedy, Chair, Velindre NHS Trust</p>

	Steve Moore, Chief Executive, Hywel Dda UHB Bernadine Rees, Chair, Hywel Dda UHB
Welcome and introduction	Action
Ann Lloyd (AL) welcomed members to the meeting, noting the above apologies.	
Minutes of previous meeting	Action
Judith Hardisty (JH) pointed out that she had attended the last meeting on behalf of Bernadine Rees. Subject to this change being made, the minutes were confirmed as a correct record. As agreed at the previous meeting, the minutes will now be provided to each board secretary for reporting to individual Boards.	MD
Action log	Action
Allison Williams (AW) noted that this was the first meeting at which an action log had been provided. The log was, therefore, a consolidated list of actions from all previous meetings of the Collaborative Leadership Forum dating back to December 2016. Completed items included in the version presented will be removed from future iterations. The following specific actions were discussed: <i>LF/A/020</i> "Chairs and CEOs to discuss the deployment of resource by the Collaborative Commissioning Team to mental health services" – It was noted that this would fall under the scope of the proposed mapping exercise (see specific item below) and is also been looked at as part of the work to develop proposals for an all ages mental health network. <i>LF/A/023</i> "Develop a draft peer review programme for 2018/19 to be considered by the Collaborative Leadership Forum before the end of 2017/18" – It was noted that this would be delayed until the first meeting in 2018/19 (June) but that this would not delay work on the implementation of the programme. <i>LF/A/034</i> "Discuss escalation process with Andrew Goodall as part of wider discussions about the future of the Collaborative" – It was agreed that AW would draft a letter for AL to send to Andrew Goodall seeking formal WG agreement to the proposed escalation process. It was also agreed that the	AW/AL

matter should also be referred to in responses to the Parliamentary Review).

LF/A/036

It was noted that Rosemary Fletcher was taking over as Collaborative Director in March. In view of this, the Collaborative Work Plan will then first be discussed by AL, AW and Rosemary Fletcher, in the light of regional planning priorities, before being brought to the Collaborative Leadership Forum at the next meeting.

AW reported that proforma for potential new work to be commissioned from the Collaborative Team had been sent to chief executives and directors of planning. It will also be sent to members of other executive peer groups.

LF/A/038 and LF/A/039

"Ensure that SLAs with NEW Pathways for 2018/19 are negotiated and agreed as soon as possible" and "Outstanding [SARC] accommodation issues in Swansea to be resolved" – AL reminded members of the importance of these actions. Tracy Myhill (TM) noted that a meeting was held on 27 February to discuss these issues in ABMU. It is hoped that space will be found in Morrison. It was **agreed** that the SARC related actions for individual health boards will be removed from future iterations of the action log.

LF/A/040

"Cardiff and Vale led [SARC] implementation group to be put into place..." – Len Richards noted that work had started to establish the implementation group and that further details would be discussed at the Collaborative Executive Group on 27 February.

LF/A/041

"[SARC] lessons learned paper to be produced..." – It was **agreed** that AL and AW will discuss the approach to be taken to this and will write to confirm arrangements.

LF/A/042

"Write to the police forces and Police and Crime Commissioners to signal our willing ness to participate actively in an FME review" – Judith Paget (JP) noted that this had been done and that a positive reply had been received. It was agreed that the Collaborative Executive Group will need to pick up the practicalities of how this should be taken

All

MD

MD

AL/AW

AW stated that the current processes for engagement and consultation in NHS Wales do not lend themselves well to this type of exercise that crosses organisational boundaries. It was **agreed** that a submission to this effect should be produced to WG to inform the development of guidance for future regional and supra-regional consultations. This will be particularly important in a future shaped by the Parliamentary Review.

AW

AW made some specific observations about the consultation report in its current form and work required to produce a final version for consideration by boards:

- A deliberate decision had been made to produce a first draft paper for consideration by the Collaborative Leadership Forum early enough to allow sufficient time for any further drafting work required to be undertaken prior to board discussions in March.
- The report, supporting papers and a full set of the consultation responses, has been shared at this stage, in a spirit of openness, with CHCs and with health board engagement leads. The draft nature of the documentation had, inevitably, generated concerns that would not have arisen had a final version been provided. However, the feedback received will also be of benefit in ensuring that the final report is as good as it can be. A final version will be provided to CHCs prior to board consideration.
- Many criticisms of the report (including those from the ABMU CHC) relate to the way in which the application of the framework for analysis has been recorded in the main report, particularly in relation to consultation responses referring to issues already considered by the Independent Panel (or addressed earlier in the process), or deemed to have “no direct impact”. The use of the terms “No further analysis” and “No further consideration” needs to be reviewed and amplified.
- There is a considerable body of narrative material, both in previous documents (including board papers) and in the supporting papers that can be drawn upon to provide additional material for the body of the main report and its appendix. Many of the critical comments received could be addressed in this way.
- The paper, in its current form, does not make

recommendations to the Collaborative Leadership Forum, but the final version will include recommendations from the Collaborative Leadership Forum to boards.

- In producing the report, the question had arisen as to how best to present qualitative and quantitative information in relation to social media responses and resulting discussions, reposts, likes etc. A decision had been made to undertake the qualitative analysis in a way similar to that used for discussions at public meetings, with key themes being addressed, described and responded to. However, quantitative information has not been produced or presented, as it is unclear what should be counted (original posts, reposts, replies, likes etc.)

TC questioned whether or not the sharing of all consultation responses with CHCs raised any information governance issues. AW responded that all responders had been told that responses could be put into the public domain and that there was an option to submit anonymous responses, if preferred.

Jan Williams (JW) asked what guidance the Consultation Institute provides on the analysis of social media reaction to consultations. AW replied that the relevant guidance is fairly old and not terribly helpful in this regard. CJ asked if there was any helpful case law in this area and VH replied that she was not aware of any, but that the Gunning principles require consultation responses to be “carefully and conscientiously considered” and we are doing that. The end result would need to show that the Collaborative Leadership Forum had considered all the arguments and concerns raised in response to the consultation fairly, rationally, proportionately and transparently. In regard to the original Independent Panel review, the Collaborative Leadership Forum would reconsider the original recommendations in the light of the comments received and endorse these or otherwise.

It was also **agreed** that the social media related section of Supporting Document 6 and section 7 of the main report should be revisited to see if anything further could usefully be added about social media feedback, possibly including the number of active contributors. It was **agreed** that, for the future, a revised policy for the management of social media responses would be drafted, based on the practice agreed in this instance. It was also **agreed** that the submission to WG on future regional consultations should refer specifically to

AW

<ul style="list-style-type: none"> • TM to brief her local CHC on the outcome of today's discussions, as soon as possible • The Collaborative Team to convene a meeting of health board engagement leads and CHC representatives within the next 10 days to provide them with assurance about the nature of the discussions and agreements reached today • Individuals identified to provide specific forms of words for inclusion in the appendix and Supporting Document 7 to do so by Wednesday 28 February • The Collaborative Team to review the content of the report against the requirements of the Future Generations Act • Following review by AL and AW, the Collaborative Team to circulate what is intended to be a final draft to Collaborative Leadership Forum members by Wednesday 7 March • Collaborative Leadership Forum members to provide any final comments to the Collaborative Team by Friday 9 March • A conference call to be scheduled for Tuesday 13 March to 'sign-off' the final report for submission to boards 	<p>TM</p> <p>MD/RH</p> <p>LR/AL/ AW</p> <p>MD/RH</p> <p>AL/AW</p> <p>MD/RH</p>
<p>AW introduced a discussion of the financial content of the paper to be presented to boards, noting that previous board papers had included no detailed financial information. There will be both capital and revenue consequences of the establishment of a major trauma network, including the major trauma centre (MTC).</p>	<p>All</p> <p>MD/All</p>
<p>It was noted that the capital figures initially produced by Cardiff and Vale and ABMU had included elements that were not directly related to the consequences of putting the network into place and developing the MTC. It was agreed that capital requirements directly related to the MTC need to come back to Collaborative Leadership Forum in order to secure combined support for a bid for the allocation of all Wales capital.</p>	
<p>AW reported that, in terms of revenue, David Lockey had</p>	

<p>advised that the business case will need to be based on a phased investment over a number of years. In England, revenue funding for the activity at the MTCs is based on the 'best practice tariff'. AW suggested that Cardiff and Vale would need to develop a business case and implementation programme that was capped at best practice tariff (which could ultimately build to a figure in the region of £5m). The funding mechanisms will need to be developed, in detail, as part of the commissioning process. Costs in 2018/19 will be project costs only.</p> <p>It was agreed that reference to revenue in board paper should say that this will be addressed as part of the usual decision making process between health boards and WHSSC, factoring in other priorities. This will need to be reflected in IMTPs for the period 2019/20 onwards.</p> <p>It was agreed that further consideration should be given to the development of a bid for transformation fund money for organisational infrastructure in 2018/19. This could include support for work required by WHSSC, the development of the network lead role in Morriston and the development of the capital business case by Cardiff and Vale. This could be in the order of £250K.</p> <p>All members present confirmed that they:</p> <ul style="list-style-type: none"> • were in agreement that the consultation had been handled in an appropriate way, in line with the Gunning principles • that, as a result and subject to the content of the final board report reflecting the changes agreed at the meeting, they would commend the report, supporting the recommendations of the Independent Panel, to their boards for approval on 29 March. 	<p>LR</p> <p>MD/RH</p> <p>All</p> <p>Chairs/ CEs</p>
<p>Major trauma – Commissioning of a network</p>	<p>Action</p>
<p>The paper was noted and it was agreed that it was appropriate for WHSSC to be given responsibility for the commissioning of the proposed major trauma network.</p>	<p>Chairs/ CEs</p>

SARC Work plan	Action
<p>AW introduced the paper and drew particular attention to the appendix, which set out the Phase 2 development plan. AW noted that all of the component parts are now lined up to take forward implementation. Police and Crime Commissioners have identified a lead individual and there is now a need for Cardiff and Vale to appoint a programme lead. There is a meeting next week with Abi Harris to ensure that the right resource can be made available.</p> <p>Further details will be discussed at the Collaborative Executive Group meeting on 27 February.</p> <p>TM pointed out that there are two references in the paper to a paediatric hub in Swansea that should refer to the adult hub. Subject to this amendment the paper was approved and the action noted.</p>	<p></p> <p>MD/RH</p>
Mapping of planning capacity	Action
<p>AL introduced the paper, noting that the idea of mapping planning capacity in NHS Wales had been suggested for some time. It was felt that there are too many free-floating elements with insufficient clarity over accountability.</p> <p>It was agreed to commission the Collaborative Team to undertake the work outlined in the paper.</p> <p>In terms of purpose, it was agreed that work should start immediately in order to inform immediate decisions over resource allocation to support regional planning priorities in the short term. In the mean time, it was agreed that there should be further discussions with WG over the potential joint commissioning of wider and deeper work to inform more fundamental decision making in relation to potential new arrangements and structures, in the light of the Parliamentary Review.</p> <p>In relation to scope, it was agreed to start with the entities listed in the table in section 4.1 of the paper, with the addition of also considering planning capacity in individual health board and trusts. In this regard, it will be necessary to take into account the differing structures in different organisations, with some having central planning teams and others having more distributed arrangements.</p>	<p>AW/MD</p> <p>AW</p>

Collaborative update report	Action
<p>AW introduced the report, noting that, because of the timings of meetings, it was somewhat out of sync. As such, it included reports on issues that will be discussed further by the Collaborative Executive Group on 27 February.</p> <p>The paper was received and the following points were made:</p> <p><i>Spinal surgery</i> TM reported that she was engaged in bilateral discussions with LR over this issue. If necessary, a proposal may be made to commission further work from the Collaborative Team.</p> <p><i>Cellular Pathology and National Imaging Academy</i> CJ noted that these two issues were closely linked by the thread of digitalisation. There is a great potential to use new technology to improve diagnostic certainty. This agenda should be considered and taken forward strategically.</p>	
Date of next meetings	
<p>It was noted that the next meeting is scheduled for 10am on Thursday 14 June 2018.</p>	