



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 March 2021
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Clare Moorcroft, Committee Services Officer

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)

#### Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:

[Welsh Health Specialised Services Committee Website](#)

[Emergency Ambulance Services Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the [Mid Wales Joint Committee for Health and Care](#) whose role will have a strengthened approach to planning and delivery of

health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

The NHS Wales Collaborative Leadership Forum was constituted in December 2016. As the responsible governance group for the NHS Wales Health Collaborative it has been established to agree areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement. The forum also considers the best way to take forward any work directly commissioned by Welsh Government from Health Boards and Trusts as a collective; and provides a vehicle for oversight and assurance back to Welsh Government as required. Assurance is given to individual Boards by providing full scrutiny of proposals.

### **Asesiad / Assessment**

The following Joint Committee minutes are attached for the Board's consideration:

#### **Welsh Health Specialised Services Committee (WHSSC)**

- Briefing notes from the WHSSC meeting held on 9<sup>th</sup> March 2021 setting out the key areas of discussion.

#### **NHS Wales Shared Services Partnership (NWSSP) Committee**

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 21<sup>st</sup> January 2021.

#### **NHS Wales Collaborative Leadership Forum (CLF)**

- Confirmed minutes of the CLF meeting held on 1<sup>st</sup> December 2020.

There are no further Joint Committee minutes or Collaborative updates to include for the following reasons:

#### **Emergency Ambulance Services Committee (EASC)**

- The EASC met on 9<sup>th</sup> March 2021 and will report to the 27<sup>th</sup> May 2021 Board meeting

#### **Mid Wales Joint Committee for Health and Care (MWJC)**

- The MWJC will report to the 27<sup>th</sup> May 2021 Board meeting.

### **Argymhelliad / Recommendation**

The Board is asked to receive the minutes and updates in respect of recent WHSSC, EASC, NWSSP, MWJC and CLF meetings.

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:  
Datix Risk Register Reference and Score:

Not Applicable

Safon(au) Gofal ac Iechyd:  
Health and Care Standard(s):  
[Hyperlink to NHS Wales Health & Care Standards](#)

Governance, Leadership and Accountability

Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<a href="#">Link to WHSSC Website</a> <a href="#">Link to EASC Website</a> <a href="#">Link to NWSSP Website</a> <a href="#">Link to MWJC Website</a>
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee Mid Wales Joint Committee for Health and Care NHS Wales Collaborative Leadership Forum

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	The Board has approved Standing Orders in relation to the establishment of WHSSC, EASC and NWSSP Joint Committees, and Terms of Reference for the CLF, MWJC and JRPDC.
<b>Cyfreithiol: Legal:</b>	In line with its Standing Orders, the Health Board has established WHSSC, EASC and NWSSP Joint Committees, the activities of which require reporting to the Board.
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – MARCH 2020**

The Welsh Health Specialised Services Committee held its latest public meeting on 9 March 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2020-2021-meeting-papers/>

### **Minutes of Previous Meetings**

The minutes of the meetings of 10 November and 15 December 2020 were taken as read and approved.

### **Action log & matters arising**

Members noted there were no outstanding actions or matters arising.

### **Chair's Report**

The Chair's Report referred members to Chair's Actions taken to approve proposals to utilise forecast underspend in 2020-21 and a Chair's Action taken to approve the conversion of a locum plastic consultant surgeon post in the South Wales Trauma Network to a substantive post, which were ratified.

In addition, the Chair reported that Ian Phillips has agreed to stand for a further two years as an Independent Member, in accordance with the WHSSC Standing Orders. His initial term expires on 31 March. The Chair recommended his re-appointment with effect from 1 April 2021 which was supported by members.

### **Managing Director's Report**

The Managing Director's report, including updates on the PET CT Programme Business Case and the revised WHSSC Risk Management Strategy, was taken as read.

In addition, an oral report was given on UHW2, explaining that, on 23 February, the CEO and representatives from CVUHB met with the WHSSC

Executive team to present an overview of their programme business case for the development of a new strategic model for services, including specialised services, in Cardiff including the redevelopment of hospital based services. The current proposal does not set a physical location for hospital services but rather the key elements of the service model. The CVUHB team emphasised that core to the development of the case has been partnership working with other Welsh providers and commissioners. In addition they emphasised the opportunities of strengthening and building upon academic partnerships and business partners in the field of biotechnology. Following on from the meeting the team from CVUHB have agreed to extend the scope of the engagement to NHSE providers where synergies may exist or be developed.

The WHSSC Executive team support the scope and approach to the development of the programme business case.

### **CAMHS Tier 4 Services**

Members received a paper that sought to inform them of the current Tier 4 CAMHS commissioning issues and risks. It also highlighted a number of wider pathway concerns that are having an impact on Tier 4 and the actions being proposed to address them.

A progress update will be provided to the May Joint Committee meeting.

Members (1) noted the current Tier 4 CAMHS commissioning issues affecting service delivery outlined in the report; and (2) supported the proposed actions to address these issues including the wider pathway concerns.

### **2.5 Disestablishment of the All Wales Posture and Mobility Partnership Board**

Members received a paper that provided a brief overview of the work that has been undertaken to improve the Posture and Mobility Service in Wales and sought support to disband the All Wales Posture and Mobility Service Partnership Board and its sub-groups with Stakeholder and Partnership Engagement events continuing twice yearly under 'business as usual' arrangements.

Members (1) noted the work undertaken by the Posture and Mobility Service and the Partnership Board; (2) supported the proposal to disband the All Wales Posture and Mobility Service Partnership Board along with the sub-groups; and (3) supported the recommendation to hold Stakeholder and Partnership Engagement events twice yearly.

### **Socio-economic Duty**

Members received a paper that briefed them on the new Socio-economic Duty that comes into effect from 31 March 2021 and the work done by the WHSS Team to prepare for compliance with the Duty.

Members noted the content of the report.

### **WHSSC Joint Committee Annual Business Cycle 2021-22**

Members received a paper that provided them with the Draft Joint Committee Annual Business Cycle 2021-22.

Members noted and supported the content of the report, including the schedule of meetings for 2021-22.

### **Integrated Commissioning Plan 2021-22 (ICP)**

Members received and supported the final version of the ICP that reflected the changes agreed by the Joint Committee on 16 February 2021.

### **Activity Report for Month 9 2020-21**

Members received a paper that highlighted the scale of the decrease in activity levels during the COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted the information presented in the report.

### **Financial Performance Report – Month 10 2020-21**

Members received a paper that set out the financial position for WHSSC for month 10 of 2020-21, including an under spend to Month 10 of £16.7m and a forecast under spend of £14.7m at the year end.

The under spend related mainly to months 1-10 underspend on the pass through elements of Welsh provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1 – Q3 2020-21 development slippage.

Members noted the current financial position and forecast year-end position.

### **Other reports**

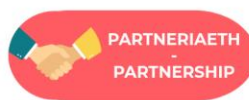
Members also took as read the update reports from the following joint Sub-committees and Advisory Groups:

- Management Group;
- All Wales Individual Patient Funding Request Panel;

- Quality & Patient Safety Committee; and
- Integrated Governance Committee

### **South Wales Neonatal Transport**

Members received a letter from clinicians working in the south Wales Neonatal Transport Service expressing their concerns with the current proposal to commission a permanent 24/7 service based on a lead provider model. Members were advised that the WHSS Team had agreed the next steps in commissioning the service in discussion with C Shillabeer and the Director of the NHS Wales Health Collaborative, whereby a paper outlining the issues will be taken to the NHS Wales Health Collaborative Executive Group meeting on the 16 March 2021.



## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Mrs Margaret Foster, Chair
<b>Lead Executive</b>	Mr Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	21 January 2021
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<p>1. <b>Health Courier Services</b> – The Head of HCS updated the Committee on the significant challenges faced since March 2020. The service's response to the Pandemic has been exceptional, and the team adapted to the new ways of working and continued to supply, collect and distribute a significant amount of medical and non-medical supply/stock to NHS sites across Wales, whilst ensuring that the appropriate governance arrangements, and social distancing controls were in place. In an average year, approximately 60m items would be transported by HCS for NHS organisations. In 2020, that figure is more than 630m items, with 580m being PPE. The additional demand on the service has resulted in an increase of its workforce by 50%. At first, staff were sourced through external agencies, but were swiftly relocated to the NWSSP bank to reduce the costs. A major concern is fatigue and staff overall welfare, which needs to be managed carefully. The current vaccine rollout has brought many new challenges in terms of distribution and storage requirements. Security arrangements have been enhanced, whilst ensuring that the vaccine is kept in accordance with regulated storage requirements. HCS staff are included in the early vaccination programme roll-out. The Committee were united in their appreciation of the significant achievements of the HCS team</p> <p>2. <b>Planning Update</b> – The Director of Planning, Performance &amp; Informatics presented NWSSP's strategic plan to the Committee. In line with the current requirements from Welsh Government, this is a one-year plan, but one that blends the current operational focus with the longer-term objectives of NWSSP. The Ministerial priorities remain unchanged, but it reflects the current four harms - Harm from Covid itself, Harm from an overwhelmed NHS and Social Care system, Harm from reduced non-Covid activity, and finally harm from wider societal actions/lockdown. The Committee discussed and reviewed the outline plan. The Director will meet individual Committee members over the next few months to ensure that local strategic requirements are considered in developing the full plan. The final version of the plan will be reviewed and signed off at the March Committee meeting prior to submission to Welsh Government.</p>	



### 3. **Managing Director's Report** – the main issues noted were:

- **IP5** - The facility has continued to provide NHS Wales a number of strategic benefits over the past 12 months. It has proved to be invaluable during the first and second waves of the COVID pandemic together with adding important resilience during the BREXIT preparations. The Minister has recently endorsed NWSSP proposals within the overall IP5 Programme Business Case and has also agreed to cover the additional recurring running costs. Work on the PHW laboratory is almost complete and final checks are being worked through. The SLA for the support to the UK Lighthouse Laboratory has been agreed and ownership will transfer to NHS Wales in approximately 18 – 24 months.
- **Transforming Access to Medicine** - The TRAMS Programme Business Case (PBC) has been endorsed by the Chief Pharmacists Group and subsequently approved at the November 2020 Committee for submission to Welsh Government, who subsequently had some queries which have now been addressed. In particular some changes had been made to the accounting treatment of project implementation and transition costs which had been discussed with Audit Wales. In addition even though the project would generate cumulative revenue savings, proposals have been developed to close the temporary non-recurring revenue funding gap in year 3 and 4. The PBC will now be presented to the Welsh Government Infrastructure Investment Board at the end of January 2021 for formal scrutiny as part of the government approval process.
- **Temporary Medicines Unit** - The TMU, established with Welsh Government funding in response to COVID-19, has now produced its first batches of product. This follows months of hard work by staff from across NHS Wales, including input from the NHS Wales national quality assurance lead, in supporting the creation of the Unit and in particular in the development of the operating model and quality management processes. This recently culminated in a rigorous inspection from the Medicines and Healthcare Products Regulatory Agency, resulting in the granting of a wholesale distribution license as well as a production license at IP5. We continue to work with our host, Velindre Trust, in developing the Quality and Safety Committee arrangements which the Committee signed off in September 2020.

The service will initially supply key medicines needed for Health Board critical care units in ready-to-use syringes. Capacity is for 2,600 syringes a week to be supplied, ensuring continuity of supply, and saving significant hours of nurse time to be redirected towards patient care, across all of Wales. The unit has also been involved in supporting the additional distribution of COVID vaccines and related consumable supplies, as part of the national contingency response. Welsh Government have also confirmed funding for the Unit for the next two years.

#### **Items Requiring SSPC Approval**

- ### 4. **Digital Workforce Systems Scheduling** – The Committee received a proposal relating to the adoption of a Once for Wales e-scheduling system

contract for District Nursing. This work is being taken forward at the request of Welsh Government and follows on from several successful pilots in Health Boards. The chosen e-scheduling system enables District Nursing teams to work more safely and efficiently, reducing non-clinical contact time and duplicate visits; and gave the opportunity to interface mileage usage to the Expense system, supporting more accurate payment of expenses with reduced administration. Funding has been made available by Welsh Government to support the national roll-out of the e-scheduling system, and the Committee were asked to support a single tender action to take this matter forward. It was proposed that NWSSP enter into a short-term contract, which will enable NHS Wales to explore the market further and to enter into a competitive procurement exercise, exploring additional efficiencies/service improvements through the development of a technical specification, and opportunities for further cost savings via economies of scale. The Committee **ENDORSED** this approach.

5. **Scan for Safety** – The Committee received a paper requesting approval of the full Business Case to be submitted to Welsh Government as at the end of January. Following some delays caused by COVID and a required change in the technical specification, the timescales for approving this project have been squeezed. The project will deliver improvements to patient safety through tracking of medical devices to ensure the right product is provided to the right patient and that products can, where required, be swiftly identified and recalled in the event of product safety alerts. Nine suppliers were approached to submit tenders for this service, and five have submitted formal bids, all of which are significantly less expensive than forecast. Following review, the Committee **APPROVED** the submission of the business case to Welsh Government.
6. **Once for Wales Concerns Management Database** – the Committee received and **APPROVED** the updated Terms of Reference for the Programme Board for this initiative which is being led by NWSSP on behalf of NHS Wales.
7. **Updated Standing Orders** – the Committee **APPROVED** the proposed changes to the NWSSP Standing Orders and Schedule of Delegation.

## **Finance, Workforce and Governance Updates**

8. **Project Management Office Update** – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the 30 different schemes being managed.
9. **Finance and Workforce Report** - As at Month 8, NWSSP are reporting a break-even position, with an underlying underspend position of £1.8m. Review of the forecast position has resulted in a declaration of a further distribution of £1.25m to NHS Wales. The Welsh Risk Pool forecast outturn remains at £121m, with the continued expectation that £13.8m will be funded under the risk sharing agreement with contributions from health organisations. Staff sickness levels remain at a historically low level and most key performance indicators are on track.
10. **Corporate Risk Register** – there are three red risks on the register, all of which should either come off shortly or reduce in score. These relate to the

replacement of two separate payments systems in Primary Care Services and working through the implications of the UK Government's deal with the European Unit at the end of December.

11. **Gifts & Hospitality Report** – the Committee noted the annual report for 2019/20.

12. **Finance Monitoring Reports** – the Committee were provided with the monitoring returns for Months 7 and 8 for information.

#### **Matters requiring Board/Committee level consideration and/or approval**

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

#### **Matters referred to other Committees**

N/A

#### **Date of next meeting**

18 March 2021



**GIG**  
CYMRU  
**NHS**  
WALES

**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)

	Paper Ref: <b>LF-2103-01</b>
NHS Wales Health Collaborative Leadership Forum	Minutes 01/12/20

<b>Apologies</b>	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)
<b>Welcome and introduction</b>	<b>Action</b>
AL welcomed colleagues to the meeting and noted apologies for absence.	
<b>Approval of minutes of previous meeting (LF-2012-01)</b>	<b>Action</b>
The minutes of the meeting held on 28 July 2020 were <b>approved</b> as a correct record.	
The minutes will be forwarded to the board secretaries of the 11 NHS Wales organisations for noting at board meetings.	<b>MD</b>
<b>Collaborative Update Report – October 2020 (LF-2012-02a)</b>	<b>Action</b>
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.	

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	Paper Ref: <b>LF-2103-01</b>
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<b>Collaborative Update Report – December 2020 (LF-2012-02b)</b>	<b>Action</b>
<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>	<b>RF/MD</b>
<b>Collaborative Work Plan (LF-2012-03)</b>	<b>Action</b>
<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>	

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<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><b>RF/JP</b></p>
<b>Sexual Assault Referral Centres</b>	<b>Action</b>
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



	Paper Ref: <b>LF-2103-01</b>
NHS Wales Health Collaborative Leadership Forum	Minutes 01/12/20

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