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**MINUTES OF THE BLACK COUNTRY ALLIANCE PUBLIC BOARD MEETING
HELD AT 10:30AM ON WEDNESDAY 13TH APRIL 2016
IN MEETING SUITE A 3RD FLOOR MLCC WALSALL HOSPITAL**

Present:	Mr R Samuda (RS)	SWBH Chair
	Mr T Lewis (TL)	SWBH CEO
	Mrs J Ord (JO)	DGFT Chair
	Ms P Clark (PC)	DGFT CEO
	Mrs D Oum (DO)	WHC Chair
	Mr R Kirby (RK)	WHC CEO
In Attendance	Mr T Whalley (TW)	Black Country Alliance Programme Director
	Mrs J Ilic (JI)	Communications & Engagement
	Mrs K Dhami (KD)	Governance Lead
	Dr D Situnayake (DS)	Rheumatology
	Dr N Erb (NE)	Rheumatology
	Miss S Astley (SA)	Minute Taker & EA to Mr T Whalley
Apologies:	Dr P Harrison (PH)	CRG Chair

- BCA/16/38 **INTRODUCTIONS / CHECK IN**
Mr Samuda welcomed Mrs Oum as Chair of Walsall Healthcare to the Black Country Alliance first Board Meeting to be held in public.
- BCA/16/39 **APOLOGIES**
Apologies were noted from Dr P Harrison
- BCA/16/40 **CHAIRMANS BUSINESS**
None to discuss.
- BCA/16/41 **PROGRAMME DIRECTORS UPDATE**
Mr Whalley presented the Programme Directors Update.
- Mr Whalley commented there were a couple of key points to note.
- Urology - continues to make modest progress, a meeting was held with the 3 leads from each Trust under the executive sponsorship of Dawn Wardell to try and agree sub specialist map which is progressing well, an example has already been seen where clinicians are working with each other when referring on case by case basis.

Interventional Radiology – Mr Whalley report the 7 day non-vascular service was launched as planned on Saturday 2nd April, the number of cases were quite low, they had a potential case during the 2nd weekend, but it was deemed inappropriate to use the service after clinical observation, there were a couple of requests for nephrostomies which are not yet part of the pilot, but is in scope to extend the service as part of the pilot.

Mr Whalley reported the last Black Country Alliance Board had approved a number of projects for 16/17 including a small number of projects leading to quick results.

FINCH – good progress has been made with a model in Sandwell, Dudley group now refers patients to the Sandwell service and they are looking into how they can replicate at Walsall. Mr Lewis asked if this was PBR or block funded. Mr Whalley has requested the team to look at the mechanics.

TW

Complex TB and Haemoglobinopathy – Mr Whalley reported in each case one of the 3 Trusts is already part of the network and not clear about a case for change, Mr Whalley said they need to reconfirm if they are comfortable if it becomes a 2 way conversation or a 3 way conversation or do they want to see deeper merit. Ms Clark had spoken to Dr Reiss who confirmed they already have a fully established TB lab running in Dudley. Mr Lewis and Ms Clark agreed to have a conversation outside of the Board regarding this. Agreed for Mr Whalley to pick up individually case by case with Ms Clark on how to progress.

TW

Endoscopic – Mr Whalley reported a good appetite for this with a session scheduled in April, a 3 way conversation may not take place until May. Ms Clark said there was an agreement for patients to flow to Sandwell. Mr Lewis said the CEOs need to look at value case around the disruption.

Histopathologists held a workshop held on 31st March, steps are being taken in terms of working together as well as ongoing assessment which will lead to a further update coming to Black Country Alliance Board next month. A steering group will be formed under the guidance of an exec sponsor.

**TW
MAY 16**

Back Office Support Phase 1

Contract Management, Temp Staffing and Coding teams are scheduled to meet later in April. Mr Whalley has specifically asked the teams to have mandates clearly defined to bring back for approval to Black Country Alliance Board in May.

MAY 16

It was understood by Ms Clark that the Temporary Staffing teams have

already met during 1st part of April. Mr Lewis said he is expecting an answer rather an update in July.

Mr Whalley has asked for all 6 to come back with a mandate at Mays Black Country Alliance Board to gain some definition. Mrs Ord said these would all link to the benefits paper, and this should put some definition as to what is expected and the gateways. Mrs Ord said whilst there are a number of projects ongoing around collaboration and good practice the imperative in terms of current demands on the system is to demonstrate mutual cost or savings, it is important in terms of financial domain but equally important around patient benefit too. Mrs Ord said this clearly needs to be the case and, if because of capacity we need to prioritise what needs to be done, there would need to be a degree of prioritisation criteria to determine what they will support and get behind.

Mr Lewis asked who was providing genuine challenge in the process, for example in people developing mandates - who is empowered to say if they are good or not. Mr Whalley said the current mechanism in place is the view that mandates will go through the Black Country Alliance Board. Mr Whalley enquired if the CRG or Planning Group should be involved in making decision around mandates, they would need somebody who has the skill set to make the challenge.

Mr Lewis stated the requirement at Mays Black Country Alliance meeting is to bring back something serious on Histopathology, and ask for specialist map in Urology.

Mr Whalley reported he has appointed a senior project manager to the Black Country Alliance who is hoping to join mid-July subject to notice. In the meantime Mr Whalley will continue to offer project support to projects and Kailash will continue to run shorter quick projects in next 3 months.

Mrs Ord asked if they would see all the benefits of mandates coming together and what they are trying to achieve, how they will achieve and the drive to make a specific decision. Mr Whalley replied a session is scheduled later this month regarding direction of travel to look at those already in scope, to look at each Trusts own strategy and what the expectation is from the Black Country Alliance, Mr Whalley will bring everything together and land in brief document priorities going forward. Ms Clark stated that during year 1 they were looking at areas that had energy and areas that were problematic, year 2 should start to align. Mrs Ord said the benefits paper does demonstrate public value and will come to present this is more coherent way in the future.

Mr Samuda asked what the appetite was around research and development, Mr Whalley replied whilst they would like to focus on

open research and the ability for one Trust on behalf of other Trusts to lead and then make open, there was less agreement as to whether they could have senior governance structure. Mr Samuda asked if there would be any benefit in talking to somebody outside the Trust on research and development.

Mrs Ord asked if there would be a specific proposal around temporary staffing to the Black Country Alliance board in July. Mr Kirby said if they were to standardise pay rates across the 3 organisations it would be a big decision as Walsall may be the Trust that pays the lowest pay rates. Mr Kirby would respond to pay rates in June.

**RK
JUNE
16**

Resolution:

1. The Black Country Alliance Board noted and accepted the paper.
2. Finance teams to be invited to the private session of the BCA Board in June to provide facts and data around temporary staffing rates.

**JUNE
16**

BCA/16/42

COMMS AND ENGAGEMENT REPORT

Mrs Ilic presented the Comms and Engagement Report

Mrs Ilic reported the previous BCA Board meeting had received proposals on stakeholder engagement via the establishment of a partnership group and a stakeholder reference group. Due to the establishment of the sustainability and transformation planning process it has been proposed that the partnership group is no longer required, due to the replication of attendees and potential duplication of agenda items.

Stakeholders are being invited to the first stakeholder reference group which will take place during the week commencing 23rd May 2016. The agenda of the first meeting will include a reminder of the aims and ethos of the Black Country Alliance and an update on workstream progress. The group members will be asked to review the draft terms of reference and work together on an agreement pledge to work in partnership to support the Black Country Alliance and engage with their members to ensure appropriate patient and carer representation.

Mrs Ord requested a list of stakeholders who were invited to the meeting, and consequent to that meeting could they see actions and outcomes prior to June Black Country Alliance Board Meeting.

**JJ JUNE
16**

Mrs Ord asked Mrs Ilic if there had been any dialogue with stakeholders prior to the meeting, Mrs Ilic responded in terms of BCA CAN this hasn't been shared with Walsall stakeholders but the intention is to start doing this monthly, Mrs Ilic said there will be dialogue with stakeholders prior to the meeting. CEOs will be requested to chair the meeting.

Mrs Ilic reported the Black Country Alliance Clinical Conference papers have been published on the intranet. Feedback was received through the LIA session and subsequently circulated to HR Directors at each Trust to land an action plan. HR Directors will look at workforce related questions and communications questions.

Mrs Ilic reported an Operational Managers Event, similar to the Clinical Conference has been scheduled for 20th June 3pm – 6pm at Sandwell Hospital. Mr Whalley stated there was no expectation for a formal role for CEOs and Chairs to attend, it is more around operational managers coming together and for it to be a more informal event. Mr Lewis said it was important for middle managers to attend and to hear from them around collaboration next year. Mr Kirby commented if it is going to work the CEOs need to help middle managers achieve this and it is important for them to meet with their peers. It was agreed that one of the CEOs would at some point drop into the event.

Mrs Ilic reported it the Black Country Alliance reaches its first anniversary on 14th July and it is proposed they will carry out some sort of celebration, members agreed to table ideas at the May Black Country Alliance Board Meeting.

**ALL
MAY 16**

Resolution:

1. Members noted comms and activity that has taken place and due to take place
2. Members agreed a discussion would take place at the next BCA Board around ideas for a Black Country Day

BCA/16/43

RHEUMATOLOGY

Dr Situnayake presented the Rheumatology Report

Dr Situnayake reported there was an underlying philosophy to improve service across whole patch of the Black Country Alliance, primarily for patients who would benefit from this, the focus is building on teamwork plus access and focus on patient outcomes, problem solving and learning.

Dr Situnayake reported they would hope to leverage the recruiting power and brand of Sandwell, Dudley and Walsall. Both Sandwell and Dudley have an excellent service, in doing the recruitment process it would strengthen their own teams back at base and leverage activities to benefit Walsall in relation to knowledge, protocols and also help with sub specialising and specialist care, the main focus is patient delivery at Walsall.

Dr Situnayake said they are proposing a Sandwell provider led model, which would be delivered together with Dudley which would provide benefit for the service at Walsall, with the aim to have a world class service.

Dr Situnayake reported they are currently in phase 1 - providing professional input through Dr Erb and Dr Situnayake with finding agency locum at Walsall. Dudley consultant is also working with Walsall. Dr Situnayake said they are planning to support the locums with providing access into governance process at Sandwell, they are planning to appoint an operational support at Sandwell who will facilitate all change services. At the beginning of June one of the senior nurse specialists will move over to Walsall to deliver 2-3 days and to support the existing nurse to stabilise the service. During phase 1 in April the waiting list and performance indicators will remain with Walsall.

Recruitment has commenced in Sandwell and Dudley, and a job description has been approved for the proposed new post. Dr Erb has agreement for 2 posts at Dudley, job descriptions are with the college for approval. All consultants delivering the service will be existing consultants and new recruits, 4 people have already been identified who are very keen to join the team. The proposed 2 posts at Dudley would be at the front and back of the week and overlap during the week to provide continuity, they would then think about how to build a network across the system so they can flow around the system and utilise more specialist aspects of the service when they need it.

Mr Lewis thanked Dr Situnayake and Dr Erb and the managers for the work they have carried out with Rheumatology.

Mr Lewis said it was imperative to have this in place particularly for Governance reasons. Dr Situnayake said they are committed to doing this.

Mr Kirby also thanked the team from a Walsall perspective, as they would have struggled to get a rescue plan for the Walsall service. Mr Kirby said there would need to be contractual discussions with people to make sure it's right, Mr Kirby reinstated his commitment.

Mrs Ord asked if they were intending to include community within the scope of work. Dr Situnayake said they were engaged heavily with primary care and connections that would facilitate that which can be applied to Walsall. Dr Situnayake said there is problem in recruiting medics but even more so with nurses, they do recognise the need to build a process for training and developing as they would require those nurses to deliver services through primary care.

Ms Clark said there could be R&D opportunities to work with the service.

Resolution:

1. Members noted the report

BCA/16/44

BENEFITS MANAGEMENT

Terry Whalley presented the Benefits Management report.

Mr Whalley stated focus was on long term benefit sustainability, emphasis on financial best use of resources and whether or not it becomes an expectation that proposals coming back are positive or to consider if they have benefit at a modest cost. Mr Whalley said the Finance Directors have contributed to the paper on the approach to be taken.

Mr Whalley said the process detail is not intended to be a one size fits all and they would be taken on a case by case situation.

Mr Lewis said he is keen to see proposals that have moderate costs therefore these should not be ruled out, however, Mr Lewis said if there was a series of propositions, some may be a win for Walsall, a win for Sandwell or a win for Dudley. Mr Lewis said that across the year they would need to see if there are more benefits at one particular Trust. Mr Kirby said if one Trust provides a bigger service under PBR they would need a discussion on how it plays out. Mr Whalley agreed to bring the Benefits register to the Black Country Alliance Board on a quarterly basis.

TW

Mrs Ord said this would be useful as it would allow them to see forecasts over the year in order to be able to demonstrate that capacity investment has some return to the individual organisations.

Mrs Ord commented they need to be certain that it is not just long term service benefits but some account has been taken in terms of capacity investment and implementation costs that would come with delivering and that was netted off in terms of overall funds that need to be provided.

Mrs Ord asked if the benefits that would go out to commissioners would also be captioned.

Mrs Ord said they need to see method and details – gateway points across the matrix, Mrs Ord asked if they are trying to help some of the project teams due to capacity, what is the realisation of benefits and point around learning, Mrs Ord said they would expect a post implementation review around which might not just be about benefits that have been realised but also around learning.

Resolution:

1. Members noted the report

BCA/16/45 **REFLECTIONS ON THE MEETING**
None to discuss.

BCA/16/46 **ANY OTHER BUSINESS**
No other business was discussed.

BCA/16/47 **DATE AND TIME OF NEXT MEETING**
10:30am on 11th May 2016
Nurses Training Room, Ground Floor, Trust HQ, Sandwell Hospital