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**MINUTES OF THE BLACK COUNTRY ALLIANCE PUBLIC BOARD MEETING
HELD AT 10:30AM ON WEDNESDAY 11th MAY 2016
IN CHURCHVALE MEETING ROOM, MEC, SANDWELL GENERAL 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 K Dhami (KD)	Governance Lead
	Ms. R. Wilkin (RW)	Comms Lead
	Miss R Fuller (RF)	Minute Taker & EA to R. Samuda & T. Lewis
Apologies:	Dr P Harrison (PH)	CRG Chair

MINUTES

ACTION

BCA/16/48 INTRODUCTIONS / CHECK IN

Mr. Samuda welcomed all to today's meeting.

BCA/16/49 APOLOGIES

Apologies were noted from Dr. P Harrison. The Board noted that Dr. Harrison had missed the last 2 meetings; however Mr. Whalley confirmed that Dr. Harrison would be attending future meetings and his non-attendance was due to diary scheduling for the first meetings since his appointment as CRG Chair. Mr Whalley also agreed to ask CRG to nominate deputy for future occasions.

TW

BCA/16/50 MINUTES OF LAST MEETING – 13TH APRIL 2016

The following amendments were required to the minutes of the 13th April:

Page 6 – Mrs. Erb should be amended to Dr. Erb throughout the minutes.
Page 4 – last para referencing to standardising pay rates – the line 'Mr. Lewis suggested it would useful for somebody to attend the Black Country Alliance private session in June' to be amended to 'Mr. Kirby would respond to pay rates in June'

SA

Following the above amendments the minutes were therefore recorded as a true reflection.

BCA/16/51 REVIEW ACTIONS DUE

The following were noted from the minutes and the action log:

BCA/16/42 BCA 1st Anniversary. No date for the event has been secured however it was intended to be close to the 14th July as possible.

Page 2 - Complex TB and Haemoglobinopathy, it was recorded that Mr. Lewis and Ms. Clarke have not as yet had a discussion regarding this service.

BCA/16/41 Item 3 – Histopathology report to be presented in June not May as originally intended. However a verbal report would be given as part of the Programme Director’s Update.

BCA/16/42 Item 6 – List of Stakeholders now available, the list focuses on areas of patient engagement i.e. Healthwatch. It is also envisaged that CEOs will be able to attend forums. Mrs. Wilkin confirmed the 3 local Healthwatch Groups are keen to get involved and also agreed to circulate the stakeholder list and TOR to the board.

Mr. Whalley would also contact the CEOs to discuss the content of the forums in due course.

ACTIONS:

- Mrs. Wilkin to circulate Stakeholder list and TOR to Board members
- Mr. Whalley to contact CEOs to discuss content of the Forums

RW

TW

BCA/16/53 CHAIRMANS BUSINESS

There were no items for discussion from the Chairman of the meeting.

BCA/16/54 Programme Director’s Update

Mr. Whalley provided an update on the following BCA Projects:

Interventional Radiology Service – Additional support would be required once the main driver of the operational aspects of the service, Tom Johnson, leaves his current position at WHC to take on LiA role.

Histopathology – In the short term SWBH and the Dudley Group of Hospitals are working up an SLA to support the current pressures at Russell’s Hall Laboratory. Joint recruitment is scheduled to be progressed this month for consultant appointments and it is intended that a transitional clinical leadership appointment will be made in the next month as the SLA is established. In the moderate to longer term there are opportunities to standardise and design a modern workforce with a BCA wide development programme for non-qualified staff to support the consultant structures. The larger pool of staff is seen as a benefit in both recruitment and supporting MDTs. The Steering Group has been formed

and a draft mandate is now being reviewed and will be brought back to the BCA Board in June along with further information on the SLA and recruitment.

Children's Services – Mr Whalley advised that a mandate had been drafted and is presented for noting and information by the BCA Board. A number of items will be taken forward within the next 2 – 3 months. Mr. Lewis was keen to understand when the group would get on and make improvements, and asked for a definite proposal to be presented in 3 months' time. Mr. Samuda asked to ensure that public health and mental health considerations were included as part of the process, and Mr. Kirby stated that no exec sponsor had been appointed as yet.

Following a brief discussion it was agreed:

- Outline Business Case to be presented to the Board within 3 months for endorsement
- Exec Sponsor to be nominated

TW

RK

FINCH – Mr Whalley reported there is a need to work through the extent to which Walsall already offer elements of the FINCH service, and would like support to deliver where there are gaps versus the desire to replicate the FINCH service as a whole for benefit of patients in Walsall. The team's at WHC and SWBH meet in May and will work on options appraisal based on outcomes, patients access, best use of resources that all can score against to develop a clear vision and strategy in line with ask from BCA Board.

Neurology – Mr Whalley reported that WHC are working on appointing consultant neurologist through dialog with UHB, which is well advanced, and so not part of the scope of work within BCA. Mr Lewis commented that perhaps there may in due course be an opportunity to include UHB in a broader discussion. Following a very positive engagement event with colleagues from all 3 Trusts, the group will focus on defining sub specialty map, on complex head ache service and considering the best shape and size for a more effective MS Service across the BCA. Ms Clark has agreed to act as Exec Sponsor for this piece of work.

Upper Limb, Trauma Centre – Mr Whalley stated we now have colleagues nominated by all 3 trusts to take forward this piece of work. Diaries mean this will not probably mobilise fully until the summer.

Audiology – Mr Whalley reported that the project mandate has been completed and is presented for noting and information by the BCA Board. There was a very positive engagement event with colleagues from all 3 Trusts. Many shared areas of opportunity, building further on those put forward in the expressions of interest just before Easter, and with some potential for some quick wins including sub speciality map covering what, who & where given the community nature of many of the services. Some rapid collaboration on audiology any qualified provider (AQP) tender responses took place ahead of required submissions due 10th May. Mr Lewis commented that we need to get better at delivering the

basics, and demonstrating the value we bring in the more complex areas of audiology. Mr Kirby stated he felt there was much unmet need for effective audiology services across the Black Country. Mrs Ord stated she was keen to understand workforce considerations in proposals coming back in due course. Mr. Samuda enquired about bringing sub specialists together and noted the private sector offering minor operations to the public ie. Spec savers offering audiology tests. Mr. Lewis stated that the High Street do very good basic audiology services which would be hard to compete with, however the BCA should be looking at offering complex services which will make attracting any referral business more attractive.

Mr. Samuda questioned if policies were aligned for staff to move easily between Trusts for career progression purposes. Mr. Whalley informed the Board that the HR group was looking at this area. Ms. Oum informed the Board that within mental health, audiology testing there is a national health CAMs service in Dudley which may help with enhancing the service.

It was also decided that no exec sponsor was required at this time; the group currently had everything in order.

HR Teams – Mr Whalley stated that in addition to the ESR and Temp Staff Projects, HRDs have mobilized an HR enabling workstream which will take forward elements that respond to clinical conference feedback as well as taking forward a number of additional areas where HR teams believe there is opportunity for collaboration, such as on Policy Development

The Board approved the mandates for Children’s Services, Neurology and Audiology.

BCA/16/55 Information Sharing

Miss Dhami reminded the BCA Board that in January 2016 a high level sharing protocol was agreed to enable a safe route to effective sharing of data on a case by case basis. This is now in place and all projects will explore and discuss how to safely transfer sensitive data and what personal data needs to be exchanged as part of project definition. , However as discussed previously with the Board, ‘open data sharing’ is not currently an option. The Board had requested an assessment of the considerations for a more open data sharing agreement.

Miss Dhami stated all patient information sharing must be data protection act 1998 and Caldicott principles compliant. It was felt by IG leads that full and open access to information is not permitted under these rules, and any attempt to do so could lead to IG breaches and potential ICO enforcement action.

An option highlighted would be to gain explicit consent from patients when they arrive for an appointment, this could be done via the patient kiosks. Ms. Clark asked whether SWBH implementation of Kiosks had been positive, and for any advice on implementing kiosks to be shared as Dudley are considering the same. Mr. Lewis agreed to speak to Ms. Clark outside of this meeting.

Mrs Ord enquired about place based information and what the STP approach to this was. Ms Clark advised work on this was not yet advanced to comment on, and Mr Lewis felt that this was something the centre would come back to in due course. Mr Lewis commented that absence of open data sharing could be an impediment to rapid progress on research, and sought assurance that IG Leads were committed to supporting a safe 'yes' when it comes to specific cases requiring data sharing. Miss Dhami confirmed that all Trusts Governance Departments are fully cooperating and are looking to support and help get to safe and legal yes.

The Board thanked Ms. Dhami for her report and noted its contents.

ACTIONS:

- Ms. Clarke to contact Mr. Lewis regarding patients kiosks

TL/PC

BCA/16/56 Corporate Risk

Miss Dhami presented the paper on Trust Corporate risks, reminding the BCA Board that they had requested each quarter that a view on top risks in each Trust be shared. Mrs Ord noted the link between SWBH number 1 risk and the Children's services project. Mr Lewis asked that the Medical Directors share their thoughts on the experience of recruiting senior medical staff overseas. Mr Whalley stated that a piece of work was being shaped to explore Medical training Initiative for mid-grade doctors. The Board noted the risks and asked for a further update to be brought back in 3 months.

BCA/16/57 Back Office Mandates

Mr. Whalley presented the Back Office Mandates covering the first phase of reviews requested by the BCA Board in March, and which had been agreed by all trust stakeholders named within.

ESR: Mr Whalley reported that the teams will focus on implementing new ESR into respective Trusts, at the same time defining ESR processes and seeking opportunities to converge, lean and share good practice. Each Trust must maintain a separate ESR virtual private database, can only access their own records and so may limit to a degree the nature of changes that might be made. Other departments will be required to support this work given the processes that cut across departments, in different ways, across the 3 Trusts. Mr. Lewis highlighted that ESR was

crucial and essential in regards to the Carter report and the BCA needed to be on the front foot. Mr. Whalley reported the first phase noted quick wins which would report back by September and also further opportunities to be developed. The board continued its discussion and noted that the mandate needs to be clearer in its remit of what is required – specifically a single consistent way of using ESR across all 3 trusts by September. The Board noted that while there were executive HRDs in the Steering Group, an overall sponsor might be helpful to drive this along. Mr Samuda stated he would like to provide that sponsorship and the BCA Board agreed this would be progressed. Ms Clark commented that DGFT would be appointing a new HRD shortly to replace Ms Bacon who left a month or so back, and that in the meantime, Ms Lamb would continue to deputise.

Research Management & Governance Project Mandate. Mr Whalley reported that the RM&G Group have ruled out the option to have a 3rd party run all RM&G functions in the way WHC currently uses the Clinical Research Network. Instead, given changes coming at CRN, will consider the opportunity for SWBH/DGFT to offer this to WHC or maintain current model with focus on collaboration, opening studies (PIC lead), consistently responding to new Health Research Approval Process. Mr. Lewis stated a mind-set change was required to ensure patients who can be part of a trial at another Trust are included in that trial in a straightforward, non-labour intensive way, and the patient should not need to travel to have the initial consultation for suitability; we need to be able to run patient all the way through induction process without the need for a face to face meeting. We need a multi-site model that promotes and enable research participation at a black Country scale. Once these barriers were overcome then trials could then be up scaled in all the Trusts. The Board discussed briefly and agreed for Mr. Lewis to take on role of exec sponsor for this project given the focus on R&D at SWBH in the coming months.

Contract management – Mr Whalley reported that Mr Kenny has offered to lead on this and is working closely with Mr Sinclair given recent changes in the directorate at WHC. Together, they will explore and increase the scope for joint working and build an effective partnership. Lessons learnt will be shared across all 3 Trusts. There are other more explicit areas for collaboration identified in the mandate, with initial focus on Hard FM Maintenance, Cleaning, Energy, Laundry, EBME, PFI Management & Admin, Trust Advisor costs. Ms. Clark noted the paper was very helpful and went further than contract management which may lead to additional benefit for all 3 trusts.

Legal Services. Ms Dhimi reported that the Trust leads have indicated that there is a need to review the nature of legal spending at WHC and DGFT to enable comparison with the benefit SWBH obtained when they

appointed their own solicitor. Some data has been requested to understand the level of spend in WHC and DGFT on external legal advice, but initial view is that the opportunity to reduce spend may not be as great as SWBH experienced when appointing their solicitor. The case may therefore not be as straightforward to make as might have first appeared. Some data and information was still required to enable a proposal to be brought forward. The spending areas on legal services was not complete and more analysis was required on the make-up of spend by Trust. Ms. Dhimi reported that Sandwell spend about £100k on external legal services (down from £250k prior to appointment of legal advisor within the trust) but the other Trusts were it seems spending a lot less. Ms Clark commented that some spend on legal advice was within HR department, and that HRD should also be approached for details. It was noted that Ms Dhimi should approach the Finance Directors to ascertain this information. Ms. Clark and Mr. Kirby agreed for Ms. Dhimi to contact their Finance and HR Directors as required.

Ms. Dhimi commented the model of having some shared BCA legal advice capacity; with improved resilience perhaps through a number of paralegals, were the aim. Ms. Ord asked if procurement and contractual matters that require legal expertise would be included. Ms. Dhimi confirmed this was included in the mandate.

Following a brief discussion on legal services the board confirmed for Ms. Dhimi to continue as the exec sponsor.

Information Governance Mr Whalley advised that the IG Leads continue to collaborate on matters of mutual interest – as exemplified by the BCA Information Sharing Protocol – and will continue to explore opportunities for improving resilience, sharing expertise and offering peer support.

Urology. Mr Whalley referred to the first draft of the Urology sub speciality map, which requires a little further polish before it is baselined and turned into something that can be shared more widely and easily maintained. However, Mr Whalley commented that it is already driving steering group discussion on opportunities, outlined in the paper presented. Mr Whalley stated that the Steering Group will, after initial assessment of the opportunities, consider the public value case for each proposal and the nature of engagement with stakeholders outside the 3 trusts as part of the more detailed work that will follow. They will also consider whether closing any gap on emergency care standards might be done better together.

The Steering Group do believe that including colleagues at Wolverhampton in the discussion would enable us to go further faster in some area, extending the sub specialty map across the whole Black Country and so inform additional opportunities for triple aim

improvements. Initial clinician to clinician dialog suggest this would be welcomed by all.

Ms Clark commented that the map was good and that she could see how this might be helpful going forward. Mrs Oum asked if other services would produce something similar, and Mr Whalley replied that was the intention. Mr Lewis noted there was some inconsistency to be refined, but that this was a most welcome piece of work.

The Board thanked Mr Whalley for the update, supported the inclusion of clinical colleagues at Wolverhampton in the urology steering group and endorsed further consideration of the initial areas identified by the team.

BCA/16/58 REFLECTIONS ON THE MEETING

There were no reflections to note.

BCA/16/59 ANY OTHER BUSINESS

No other business was discussed.

BCA/16/60 DETAILS OF NEXT METING

The date and time of the next week is 8th June, 10.30am – 11.30am, Seminar Room, THQ, 2nd Floor, South Block, Russell's Hall Hospital, Dudley. The chair would be Ms. Ord.