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MINUTES OF THE BLACK COUNTRY ALLIANCE PUBLIC BOARD MEETING
HELD AT 10:30AM ON WEDNESDAY 8TH JUNE 2016
IN SEMINAR MEETING ROOM, TRUST HQ, RUSSELL'S HALL HOSPITAL, DUDLEY

Present:	Mr R Samuda (RS)	SWBH Chair
	Mr T Lewis (TL)	SWBH CEO
	Ms P Clark (PC)	DGFT CEO
	Mr R Kirby (RK)	WHC CEO
In Attendance	Mr T Whalley (TW)	Black Country Alliance Programme Director
	Mrs K Dhami (KD)	Governance Lead
	Mrs L Abbiss (LA)	Comms Lead
	Mr D Fradgley (DF)	Executive Sponsor
	Mrs D Wardell (DW)	CRG Representative
	Miss S Astley (SA)	Minute Taker & EA to Mr T Whalley
Apologies:	Dr P Harrison (PH)	CRG Chair
	Mrs D Oum (DO)	WHC Chair
	Mrs J Ord (JO)	DGFT Chair

BCA/16/61 INTRODUCTIONS / CHECK IN — **ACTION**

Mr. Samuda welcomed all to today's meeting.

There was one member of the public who attended the public session.

BCA/16/62 APOLOGIES

Apologies were noted from Dr. P Harrison, Mrs J Ord and Mrs Oum. It was agreed for future BCA Board Meetings if apologies were received from a Chair that a Trust Non-Executive would attend wherever possible to ensure Trust non-executive representation.

BCA/16/63 MINUTES OF LAST MEETING – 11TH MAY 2016

The minutes of the public meeting held on the 11th May 2016 were recorded as a true reflection of the meeting.

BCA/16/64 REVIEW ACTIONS DUE

Mr Whalley agreed to ensure future actions from the Public and Private BCA boards would be circulated within a week of the meetings taking place in an action log as well as within the draft minutes.

BCA/16/42 – CEOs have agreed to attend the event if available to do so – action closed.

BCA/16/41 – remove action, Ms Clark and Mr Lewis to discuss separately.

BCA/16/54 – Mr Kirby to inform Mr Whalley within a week the nominated Exec Sponsor for Children's Services Project.

BCA/16/55 – Ms Clark has passed this onto the IT team who will in turn talk to Mr Lewis's team. This is not a BCA matter but is around sharing good practice.

The Board noted the actions log.

ACTION:

- Mr Kirby to inform Mr Whalley named exec sponsor for Children's Services Project **RK**

BCA/16/65 CHAIRMANS BUSINESS

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

BCA/16/66 PROGRAMME DIRECTOR'S UPDATE

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

Urology – the Steering group have met again and continue to define sub-specialities. The team will look at the governance requirements for clinician to clinician pathway changes being proposed to ensure all 3 Trusts are comfortable with the changes.

Mr Kirby advised they were close to approving the business case for a 4th Walsall Consultant Urologist, Mr Kirby said it would be helpful to share the job plan with the Urology Steering Group.

Mr Lewis commented that it would be sensible if contracts for new hires going forward contained some reference to the possibility of working at other Trust locations to enable a basis for future flexibility. This should be done for Consultant posts first, and once established rolled out to other roles in due course.

ACTION:

- Mr Whalley to add 4th Urology post at Walsall as an agenda item at the next Urology Steering group **TW**
- Mr Whalley to ask HRD Team to consider change to contract / hiring documentation regarding flexibility of working. **TW**

Endoscopy Colonic Tumour – Mr Whalley advised that as the procedure is as yet not NICE approved, there is some clinical reluctance to change and take advantage of that service, thus slowing down progress. There remains an opportunity to establish a regional or national centre of excellence if act quickly. BCA Board Members agreed this should go

through the Clinical Reference Group to provide direction to clinicians.

Rheumatology – appointed 3 consultant rheumatologists with the expectation if offers are accepted they will commence September/October. Mr Lewis stated he is very optimistic about all 3 of them. Technology enablement is progressing which will allow flexibility for Consultants to access their host Trust from other locations. Mr Lewis commented it would be beneficial for a Rheumatology case study to be available to illustrate benefits of collaboration during the 14th July BCA celebrations. Mr Kirby agreed to prepare a case study for the day.

ACTION:

- Mr Kirby to prepare a case study for BCA event on 14th July **RK**

Interventional Radiology – 5 procedures have been carried out through the pilot, with good feedback from patients. 8 cases were referred to the service but 3 were not progressed for clinical reasons. There was also demand for 7 non nephrostomy cases, and so the steering group is now considering how to include these, starting with Bilary Sepsis. There is ongoing concern around project lead having left to take up another post, increasing time for the exec sponsor to progress the works. It is expected this will be resolved in June. A full review and audit of the pilot will take place during July.

Neurology – Mr Whalley advised that this workstream is progressing well with workshops scheduled for both complex headaches and MS. Neurology Steering Group have also met and begun work on sub specialism map. Ms Clark stated she would act as executive sponsor for this project.

Audiology – Mr Whalley reported that steering group continue to meet, focus has been on a smaller number of priorities with each Trust leading on a piece of work. SWBH will define requirements to make use of extant Bone Anchored Hearing Aid service; Dudley will lead on making the most of Any Qualified Provider contracts to deliver more efficient routine services and make the most of more specialised services; Walsall will lead on Wax Removal Service and SWBH on Children's Balance Service.

Community Services (Adults) – Mr Whalley reported that the Steering group have formed and met and there is shared enthusiasm for collaborating. The group will initially focus on building a service map to show what is being provided by who and where. They will also take forward thinking on some specific quick win opportunities, e.g. improving resilience in some smaller services like podiatry, orthotics and wheelchair services), improved procurement, closing 7 day gaps and sharing knowledge. Mr Fradgley will act as Executive Sponsor for this group.

FINCH – Mr Whalley advised that this project is essentially progressing at 2 different speeds. Conversations are being held between SWBH and DGFT regarding extending current use of FINCH by a clinician at Dudley to include all clinicians and extending across all FINCH services. This pace is due to the fact that DGFT currently have no equivalent service and keen therefore to progress. Walsall though do provide some services, such as the pelvic floor clinic. Clinicians at WHC need to understand the difference between FINCH service at SWBH and those provided out of Walsall. The teams are working on an objective assessment of patient outcomes, patient experience and making best use of resource to see if there is a case for change to some of those arrangements. There are some patients being referred outside the patch for treatment not available at WHC, and these could be referred quite quickly to FINCH.

Mr Lewis commented there may be times when the clinical teams need to take a clear steer and quickly assess the objective measures to determine the merit of change.

Ms Clark said there was a need to look at objective clinical standards, are they the same and could they create a network to allow them to continue what they are doing but improve standards and reduce variation where possible.

RM&G – Mr Whalley reported a meeting has taken place with Mr Lewis as Chair. Mr Lewis confirmed this had taken place, was very positive and that some clear action was agreed by all for next couple of months. A paper will come back before end of September as planned. Ms Clark commented that Mr Neilson, Director of Research & Development at DGFT had spoken to Ms Clark and appeared very positive about the meeting and the opportunity collaboration brings.

Information Governance – Mr Whalley stated that IG leads have agreed a mechanism for improving resilience and peer support, and that a report will be brought back to BCA Board in July.

ACTION:

- Information Governance report to be brought back to BCA Board - July (TW) **TW**

Coding – Mr Whalley reported that a meeting has taken place and conversations are continuing to look at potential merit of harmonising rates and collaboration on things like virtual home coding. A workshop scheduled for 14/6 will take this forward. Mr Kirby stated WHC need to recruit 6 Coders, representing half the establishment, and would consider R&R incentives as mechanism to achieve recruitment. Ms Clark commented there is a national shortage of coders and a 3 year waiting list for new auditors. Both Mr Lewis and Ms Clark expressed some

concern that recruitment by WHC may lead to staff moving from neighbouring Trust and impacting service there. Essentially moving the problem around rather than dealing with root cause. Members of the board were advised that in terms of pay Walsall pay a grade higher than SWBH. Ms Clark stated they do not want to create pay inflation within the BCA. Mr Kirby confirmed that while WHC would act as they needed to in order to reduce the need for 50% of coding workforce to be expensive agency staff, he would ensure the recruitment team were sighted to possible consequence to neighbouring Trusts, and would discuss with SWBH and DGFT if members of their team were candidates for appointment to WHC roles. Mr Lewis asked who was providing executive sponsorship to this piece of work. Mr Whalley replied that while each Trust had an executive providing Trust sponsorship, nobody was taking the role of executive sponsor. Mr Kirby suggested it would be good to request Mr R Caldicott to take the lead as Exec Sponsor for Coding and to ask him to consider solutions for the BCA as a whole and not just WHC as part of that role. A further report will be brought back to July's BCA Board.

ACTION:

- Further update to be reported at BCA Board in July (TW)

TW

Procurement – Mr Whalley reported that the Joint Procurement Director advert is still live on NHS jobs, and so far 6 candidates have submitted applications. Initial review suggested there was one very credible candidate and interviews are scheduled to take place on 21st June. Mr Whalley stated that **Clinical Procurement Group** has been formed and terms of reference for the group have been drafted ahead of first meeting later in June. Medical and Nursing representatives from all 3 Trusts will sit on this group alongside Heads of Procurement. This CPG will be chaired by Joint Director of Procurement when they are appointed and by a member of the Procurement Steering Group in the interim.

Mr Lewis stated that while there would remain three separate procurement teams across the three Trusts, each team will take a measure of direction from the Procurement Director and be directed by that role in terms of procurement priorities. Ms Clark advised the current Head of Procurement in DGFT would shortly be retiring and the intention is to replace the role on a slightly lower grade due to the BCA Director coming into post. Ms Clark stated that while she remained committed to there being some collaborative work with the joint Director of Procurement directing the DGFT Head of Procurement, she was of the understanding that the Procurement Director would not line manage each team. Mr Kirby said staff would remain within their own Trust, with line management for pay & rations and other hygiene factors remaining within that line management function, but that the Director

would be responsible for direction of work. Mr Lewis affirmed that for the role to be successful, the Director of Procurement must be able to directly manage the work and priorities of Procurement teams across all 3 Trusts, with their direction in turn coming directly from BCA Board via Procurement Steering Group. Ms Clark agreed to check on her Trust's position on this and confirm back via Mr Whalley.

ACTION:

- Confirm DGFT position regarding role of Joint Director of Procurement. **PC**

Black Country Day 14th July – Mr Whalley reported that the CEOs have agreed to clear afternoon of 14th July to mark BCA first year anniversary. The intention is that the CEOs will visit acute & community locations to take part in a local briefing to staff similar to the tour they undertook on the launch on 14th July 2015. Mr Whalley reported that after this tour, the CEOs would host members of the Stakeholder Reference Group to talk about progress made and plans for coming 12 months.

Mr Whalley reported that Ms Kailash Desai's secondment to the Black Country Alliance would be coming to an end 30th June at which time she would return to her substantive post within SWBH. The Board joined Mr Whalley in thanking Ms Desai for her efforts.

The BCA Board noted the report from Mr Whalley and endorsed the Community Services Mandate and the plans for 14th July as described.

BCA/16/67 BCA PERFORMANCE REPORT

Mr Whalley Presented the BCA Performance Report and commented that this was intended to be an indicative picture of the public value associated with the collaboration now under way. Mr Whalley reported that BCA remains focussed on the triple aim of improving health outcomes, healthcare experience and making best use of resources. Mr Whalley commented that investment in core BCA team would be slightly greater than stated at the beginning of the year. This being due to the decision to recruit a joint director of procurement by the BCA board, offset by delay in recruiting Senior Project Manager and decision to defer search for independent chair. The Whalley reported that initial indication was that the measurable financial benefits associated with collaboration were expected to exceed this core investment. Mr Whalley advised that this was not a double counting of benefits, with each Trust reporting benefits within their own financial reporting mechanisms. As such, some of the benefits associated with BCA may be recorded to some extent within existing Trust plans. Ms Clark commented that was certainly the case for DGFT with many of the Compare & Save numbers already included within DGFT CIP plans.

Ms Clark commented that DGFT Board have asked if there had been any

added value associated with their investment into the BCA and what has been gained by working together. This is why it was felt important to attempt to quantify with some accuracy the benefits while at the same time avoiding unnecessary work. Ms Clark referred to Interventional Radiology as an example. While it was true that the BCA collaboration pilot of shared out of hours service rota meant cost pressure avoidance, it was quite hard to specifically measure the extent of the costs avoided. Each Trust would face a different cost pressure. Mr Kirby commented that we ought to be able to quick estimate an approximate value for this to provide a level of assurance to respective Trust Boards on value for money while avoiding lots of non-value adding work.

Mr Lewis stated that since benefits fall where they fall, and we are not intending any form of gain sharing mechanism, we didn't need to be concerned with precision of numbers. This performance report is not intended to be an auditable set of accounts, but a measure of the quantum of value associated with collaboration to provide an assurance to Trust Boards and the public that we are indeed contributing to the intent to make better use of our resources. On that basis, he was comfortable with the approach. Mr Kirby stated he thought this was a helpful summary, and Ms Clark agreed provided we do make some effort to avoid over stating benefits already covered elsewhere. Ms Clark also agreed it would be helpful for projects like IR to provide a rough estimate of cost avoided to help with this assurance.

Mr Kirby said they need to spend the right amount of time to be able to show that there are financial benefits to working together.

Mr Whalley commented that non-financial benefits were harder to measure, and that actually this was more important than the financials as long term clinical sustainability is the key aim of collaboration. Mr Whalley stated more work would be done over next quarter to elaborate on these measures.

The BCA Board noted the paper and asked for a further report along the same line to come back each quarter.

ACTION:

- Mr Whalley to produce a report quarterly to the BCA Board **TW**

BCA/16/68 CRG CHAIR'S REPORT

Mrs Wardell presented the CRG Chairs report on behalf of Dr Harrison.

Terms of reference for the clinical reference group have been approved.

Mrs Wardell said there had been good interaction at the last meeting with clinicians around the BCA. Discussions also took place around

interaction with other groups, in particular HR and Procurement.

Project mandates for new projects had been endorsed.

A large proportion of the May meeting was devoted to discussing the STP and how the BCA narrative might inform and contribute to this. The urgency of the discussion was to inform attendees at STP Clinical Reference Group meeting on 18th May. Subsequently two members of the CRG together with Dudley Group CEO attended the STP meeting and were able to actively contribute to the discussion providing a view on the value the BCA could bring to the STP.

Going forward the CRG members feel it would be appropriate to develop a Quality Impact Assessment process for new projects to enable recommendations to be made to the BCA Board at an early stage.

Mr Lewis commented it should be the intention of the CRG group to make a contribution to the functioning of the BCA Board but not act as a gate keeper to the BCA Board. Mr Whalley replied that the governance framework as defined meant that CRG would be asked to endorse and provide clinical leadership on BCA matters and that where possible this would take place on the way to the BCA Board to provide assurance to the BCA Board of the CRG support. However, progress of submissions would not be slowed down, and if necessary, CRG endorsement would be secured after BCA Board had received proposals. The BCA Board were content with this definition of the governance model, and agreed that the CRG should develop a QIA model provided this did not slow down progress or act as a gateway to BCA Board.

ACTION:

- CRG to define QIA Process (DW) **DW**

BCA/16/69 HISTOPATHOLOGY

Mr Whalley presented the Histopathology report.

Interviews were held on 16th May for Consultant Histopathologist for the vacant posts. SWBH appointed one and WHC another.

SWBH and DGFT will continue to work on SLAs which will cover MDTs and off site working. Additional onsite services were in part dependant on the second post at SWBH being filled with DGFT. There is a risk of a gap therefore in what might achievable ahead of subsequent effort to recruit again. Mr Lewis asked if the report as written meant that SWBH and DGFT are working fine, but Walsall is not part of the work, ie is this now a bilateral piece of work of trilateral. Mr Kirby stated the principle remains that we need to find a way to get to a shared BCA service model. Mr Kirby agreed to check in with his colleagues and ensure they remain

engaged in the process.

ACTION:

- Mr Kirby to confirm Histopathology still something WHC wish to be involved in. **RK**

BCA/16/70 STROKE

Mr Fradgley presented the Stroke report and walked members of the BCA Board through the paper.

Mr Fradgley advised the paper covered the appraisal of options to resolve the gaps in WHC Stroke Service Model, to test the sustainability of a continued HASU at Walsall and to demonstrate the requirement for a 3 HASU Black Country Alliance Model with collaboration as a network with BCA partners on end to end Stroke pathways including Rehab.

Mr Lewis commented it was important that this piece of work was indeed an assessment of broader black country model and not just a proposal on WHC viability. Mr Lewis said it was also important that Commissioners are clear they would be signing off 3 HASUs, not just Walsall's HASU.

Mr Fradgley advised a meeting is scheduled for 23rd June with Walsall Execs and CCG Execs. Mr Fradgley has meeting scheduled with the Project Director of the Stroke team to understand next steps.

Mr Kirby stated that a working assumption is that a proportion of Burton work would be referred to Walsall if the HASU at Burton is closed. Mr Kirby stressed that this was a planning assumption at this stage, and that the decision had not been taken in respect of the Burton service. There are a set of processes for colleagues in Staffordshire to work through before this assumption can be verified.

Mr Lewis said a main part of the collaboration is around out of hours and how to work together on end to end pathways, not just the question of the number of HASUs. With 11 stroke consultants, a 2 person rota felt like a safe and effective model to be fleshed out. Ms Clark asked if funding would follow any change to pathways, e.g. if Burton work came to Walsall would any new money follow or a top up tariff be available. Mr Fradgley commented this was unclear, and would form part of subsequent discussion with commissioners once detailed BCA proposal was completed.

Mr Lewis commented initial priority should be on medical support to HASUs in a safe and sustainable way, with post hyper acute pathways being shared and consistent across the patch. Mr Kirby and Ms Clark agreed and also highlighted research and training as an area for early

focus.

Mr Kirby agreed to bring back a further report to August BCA Board.

ACTION:

- Stroke report to be brought to August BCA Board RK **RK**

BCA/16/71 REFLECTIONS ON THE MEETING

There were no reflections to note.

BCA/16/72 ANY OTHER BUSINESS

No other business was discussed.

BCA/16/60 DATE AND TIME OF NEXT METING

13th July @ 10:30am
Meeting Suite A, 3rd Floor, MLCC, Walsall Healthcare
Chair: Ms. Ord.