

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

Present:	Mrs J Ord (JO)	DGFT Chair
	Mr R Kirby (RK)	WHC CEO
	Mrs D Oum (DO)	WHC Chair
	Mrs O Dutton (OD)	SWBH Vice-Chair
In Attendance	Mr T Whalley (TW)	Black Country Alliance Programme Director
	Mrs K Dhami (KD)	Governance Lead
	Mrs J Ilic (JI)	Comms Lead
	Mrs A Baines (AB)	Director of Strategy
	Mr M Sinclair (MS)	HRD WHC
	Mrs R Barlow (RB)	Chief Operating Officer, SWBH
	Miss S Astley (SA)	Minute Taker & EA to Mr T Whalley
Apologies:	Dr P Harrison (PH)	CRG Chair
	Ms P Clark (PC)	DGFT CEO
	Mr T Lewis (TL)	SWBH CEO
	Mr S Samuda (RS)	SWBH Chair

BCA/16/73 INTRODUCTIONS / CHECK IN

Mrs Ord welcomed members to the meeting, and welcomed Mrs Dutton, vice-chair SWBH to the meeting.

There were no members of the public who attended the public session.

BCA/16/74 APOLOGIES

Apologies were noted from Dr P Harrison, Ms P Clark, Mr T Lewis and Mr R Samuda. Mrs A Baines was in attendance for Ms Clark, and Mrs K Dhami for Mr Lewis and Mrs Dutton for Mr Samuda.

It was confirmed that the meeting was quorate.

BCA/16/75 MINUTES OF LAST MEETING – 8TH JUNE 2016

The minutes of the public meeting held on the 8th June 2016 were recorded as a true reflection of the meeting.

BCA/16/76 REVIEW ACTIONS DUE

The Board noted the actions log.

ACTION

BCA/16/77 CHAIRS BUSINESS

Chair noted item 9 (Histopathology) would be taken in the private agenda.

There were no further items for discussion from the Chair of the meeting.

BCA/16/78 PROGRAMME DIRECTOR'S UPDATE

Mr Whalley asked the BCA Board to note the Programme Director's report.

Rheumatology – the project continues to make progress, with 3 of the 4 advertised consultant posts now appointed to. A great example of the BCA being able to attract interest and fill previously hard-to-fill posts. The project remains on track for 3rd October provider led service launch.

Haemoglobinopathy – making good progress linking into broader West Midlands Haemoglobinopathy Network for adults, this will enable existing links between Walsall and Wolverhampton service to continue but offer the opportunity to also link into SWBH as the main specialist Haemoglobinopathy centre with Wolverhampton becoming accredited local centre.

Procurement – Mr Whalley reported that Mr Dave Coley has been appointed as joint BCA Director of Procurement and is expected to commence his role in October. The first Clinical Procurement Group meeting has taken place which was well attended with lots of enthusiasm; work will be done over the Summer to prepare the terms of reference and ways of working ahead of Mr Coley taking up his post. Mr Whalley will request the Mr Coley to attend a couple of sessions, in particular the Procurement Steering group, prior to his commencement. Mr Kirby asked that Mr Coley attend a future BCA Board to discuss his initial plans and thoughts.

ACTION:

- Mr Whalley to invite Mr Coley to BCA Board before end of calendar year. **TW**

Atrial Fibrillation – Mr Whalley reported the context for bringing forward a draft mandate for Atrial Fibrillation was recent conversations held with the West Midlands Academic Health Science Network (WMAHSN) who are nationally taking forward work on this topic and have access to interested organisations with potential investment to take this forward. At the same time there is an intention among the BCA R&D Steering group to prioritise collaboration around cardiology. Finally there is enthusiasm amongst cardiologists at SWBH to take forward work to manage AF better together. They were keen to determine appetite to

look at atrial fibrillation as a BCA collaboration.

Mrs Baines reported that she and Ms Clark have discussed this proposal. Mrs Baines expressed some concern that the first time this opportunity had been raised was in the Programme Director's report. This makes it a little difficult to determine the level of clinical and operational support for the proposal, and therefore less straightforward to endorse.

Mr Kirby expressed a similar concern, although noted previous BCA Board statement that there should be no gateways for matters on the way to BCA Board, leading to a potential difficulty balancing pace & perfection. Mr Kirby felt that the suggestion to invest a little time exploring merit of the project seemed sensible, but was reluctant to commit beyond that until some further 3 way dialog had taken place. Mr Kirby commented that the Clinical Reference Group should be involved with this. Mr Kirby also stated the next version of the draft mandate should be a jointly written mandate to ensure it was more balanced and inclusive.

Mrs Ord commented it was unclear as to whom the author is, and that it felt the paper was a little rushed, coming to BCA Board perhaps a little too early and without due consideration by others on the way.

Mrs Ord suggested we might slow down matters whilst appropriate colleagues are being consulted, views need to be sufficiently understood at that level so that when proposals are brought to BCA Board, Board members know they have been discussed and what the recommendations are. Mrs Ord commented that it was not clear what the next steps were or what the timeline was, or whether the WMAHSN were talking to others about this. Mr Whalley acknowledged this was not clear, but that this was an early proposal to get direction from BCA Board members as to whether there was interest enough to commit a little time from the right people to take forward examination of merit.

Mr Whalley reminded Board Members that previously the BCA Board had confirmed the governance model had no formal gateways, with a desire to see more pace progressing matters. Mrs Baines commented that some engagement with colleagues would be helpful even if there were no formal governance requirement.

Members of the BCA Board all agreed the topic had merit on the face of it, Mrs Ord commented this now needs appropriate conversation with respective Trust cardiologists to explore merit. A revised Mandate should then be taken to the Clinical Reference Group before coming back to BCA Board in due course.

ACTION:

- Mr Whalley to form small team to produce next version of Project AF Mandate, take to Clinical Reference Group and then bring back to BCA Board. **TW**

Project ECHO – Mr Whalley reported that the ‘Extension of Community Health Outcomes’ (ECHO) is an internationally renowned social movement that uses video conferencing and learning management platforms that enable specialist knowledge information to be made available on a broader scale. There is an opportunity for BCA to be one of 10 early adopter hubs in England, and NHSE and our own CCIOs appear to be keen to explore.

Mr Whalley reported there could be an opportunity to explore merits of this in connection with AF work, through rheumatology or through the work Neurologists are doing on complex headache services. Mr Whalley said this could enable and support place based vertical collaboration as well as horizontal provider collaboration.

Mr Kirby commented this appeared to be a really interesting opportunity and that this was something he felt the BCA Board should ask people to explore.

Mrs Ord commented this might have connection to primary care, and stated it is a good idea to see what that audience feel about it before embarking on any formal introduction of this process. Mrs Ord stated she would feel uncomfortable about this being explored in isolation and whoever takes it forward needs to reflect views of all 3 trusts. Mrs Ord asked where this would fit with local digital roadmaps recently produced, what funding we would require and how this could move forward.

Mr Whalley said Peter Davies CCIO at SWBH is happy to be lead on this and write the mandate which would start to answer some of these questions; Mr Davies has been an advocate to date and requested Mr Whalley bring it to BCA Board. Mr Kirby said Mr Whalley would need to ask Mr Davies to connect with colleagues in DGFT and Walsall so it is a 3 way proposition.

Board Members agreed to see this taken forward with a further proposal being brought back in due course.

Mr Whalley reported that the WMAHSN had offered to reduce rates of enhanced membership for BCA Trusts. The BCA are looking to trial use of the Meridian portal, which may offer colleagues across the BCA opportunity to connect and share innovations and link with commercial and other stakeholders who may have solutions to some of the problems we’re facing. Certain features of Meridian, the ability to create campaigns for example, are only available to enhanced members.

Mr Kirby said the Walsall view had been that they wouldn't get enough out of enhanced membership at this time; therefore they would not want to sign up this year, although if the opportunity to get something of value together was real this could change Walsall's view. Mrs Baines said DGFT views are the same as Walsall.

Mr Whalley said he would go back to the WMAHSN and see if they will allow access to create campaigns to see how they would work as part of a process of considering both the portal and the question of enhanced membership.

ACTIONS:

- Mr Whalley to speak to WMAHSN about trialling Meridian Campaigns feature and report back to BCA Board in October.

TW

Interventional Radiology – Mrs Baines reported IR was proceeding well, gastroenterologists have been asked about extending procedures under the pilot. Mrs Baines reported issues around supporting project management are still unresolved but they are in a better place than they were. Mrs Baines will within the next 2 months come back to BCA Board with a review of the pilot and assessment of options to continue, extend, make enduring or stop.

ACTIONS:

- Mrs Baines to bring back IR paper in August / September with review of pilot and options / proposals for next steps.

AB

The BCA Board noted the report, asked for further work to be done on AF Mandate before this could be endorsed, declined to take forward enhanced membership of WMAHSN at this time and endorsed further consideration of ECHO.

BCA/16/79 BCA COMMS AND ENGAGEMENT REPORT

Mrs Ilic presented the Comms and Engagement Report.

Mrs Ilic highlighted the BCA anniversary and said events were scheduled to take place with the Chairs of each Trust attending an information session with invited employees, an update will be provided at the next BCA Board meeting. An update on the stakeholder reference group event which has now been scheduled in September will be provided in the Autumn.

Media opportunities are also being progressed with the regional, local and trade media to highlight some of the tangible examples of the work of the Black Country Alliance. In particular, interventional radiology, rheumatology, some of the progress on back office services and potential

future opportunities such as green light laser procedures. Mrs Ilic advised they have had interest from Midlands Today on radiology and green light laser. Mrs Wilkins from SWBH is the lead for media interest - Mrs Ilic to request Mrs Wilkins ensure Board members are kept updated.

Mrs Ord requested dates of the stakeholder reference group – Mrs Ilic to provide.

The Board noted the paper.

ACTIONS:

- Mrs Ilic to provide dates of stakeholder reference group

JI

BCA/16/80 CRG CHAIR'S REPORT

Mr Whalley presented the CRG Chairs report on behalf of Dr Harrison. Mr Whalley commented that Dr Harrison was expecting to be able to attend future BCA Boards; this being the last date where pre-existing commitments could not be moved.

Resolution:

Board noted the report with no questions arising from it.

BCA/16/82 UROLOGY

Mr Whalley presented the Urology Report.

Mr Whalley advised the Urology Steering Group have met several times, the group consists of clinical and operational leads from the three Trusts. The group have drafted a detailed sub-specialist map which identified a small number of areas that appear to an area of strength in each Trust and that could be better used across the BCA; green light laser being one example. Mr Whalley stated the green light laser at SWBH is a preferred treatment method for certain prostate conditions, therefore providing an opportunity to make more use of it for patients at Dudley and Walsall. Mr Whalley referred to other examples such as penile implant and reconstruction at DGFT, Infertility and Embryology at Walsall. Mr Whalley said the group have started to define the proposed pathway changes required to maximise these strengths and that those changes will be considered through a CRG quality impact assessment and that each Trust will consider their own governance arrangements before any pathway changes are signed off.

Mrs Ord commented it was not only about impact on patients with journey and travel costs, but also our operational impact in terms of meeting performance metrics and not putting unnecessary strain on the system. Mrs Baines said the Urology group need look at feasibility of changes that may need to be put in place, ensuring volumes can be catered for in receiving trust, that RTT performance is not impacted and

that detailed standard operating procedures are defined.

Mr Whalley stated the group are defining volumes and capacity in the pathway proposals, together with considerations around money flow etc. this will be done before pathways are changed.

Mrs Baines asked about the link between Wolverhampton and DGFT – Mr Whalley said the steering group clinical leads are having conversations with colleagues at Wolverhampton around their potential involvement.

Mrs Oum stated this was a really welcome paper, being exactly the kind of opportunity the BCA should be taking forward. Mrs Oum asked if this will go through some sort of challenge process. Mr Whalley stated the CRG will do quality impact assessment so they are assured it clinically makes sense, thereafter the clinical lead and operational lead from each Trust will ensure governance is in place.

Mr Kirby asked that it our thanks be noted to those doing the work, it was great to see tangible and specific examples of collaboration coming forward and the teams should be encouraged to keep going.

The BCA Board noted the report and endorsed the direction of travel.

BCA/16/84 HR UPDATE

Mr Sinclair presented the HR update report.

Mr Sinclair stated the three ESR leads meet monthly to discuss streamlining projects and how they can work together more efficiently. The three leads have carried out a process mapping exercise with the intention of identifying where there are operational system differences and determine whether there would be time, people or process efficiencies by working more effectively together. The three trusts have also agreed to work jointly on implementing the ESR updates and changes expected later this year, to ensure consistency and that learning is shared.

Mr Sinclair reported they are also currently defining opportunities for shared development of HR policies, which will include a secondment policy and a Maintaining High Professional Standards (MHPS) policy, both of which are expected to be complete in August. Work on the Junior Doctors revised contract will be further considered in the light of the rejection of this by Junior Doctors and the anticipated imposition by the government. Colleagues in HR are looking at sharing visibility of vacancies across the three Trusts for those staff who could be at risk during any current / future consultation.

Occupational Health Services – WHC currently working with SWBH to be

potential hub for occupational health services, Mr Sinclair reported due to a shortage of occupational health nurses the hub may not be in place until Summer next year.

Mr Sinclair responded to a question asked by the BCA Board in June about the implications of changing contracts of employment for new Consultant grade appointments such that there is a provision within contracts for some flexibility of location to support future potential collaborative working. The view in summary is that making the change for new consultant appointments would be more straight forward than changing existing contracts.

Mrs Oum commented that this could be seen as an attraction, the potential of working across three Trusts. Mr Kirby felt it would be an attraction for new appointments and that we should get on and make the change for new contracts.

Mrs Dhami agreed we should make the change for new contracts, and that the JD would have to be carefully worded around how working across three Trusts would be implemented and how staff would be supported and looked after. Mrs Ord commented we need to avoid rushing, and make sure we get the words right to avoid this being off-putting to potential candidates.

Mr Kirby reconfirmed his desire to make the change quickly, stated the JD could simply be updated to state the Trust was a part of the BCA and therefore there was some possibility of the need to work at alternate locations.

Mr Whalley suggested the HRDs be requested to draft something specific and take through CRG to gain clinical endorsement and report back to BCA Board.

ACTION:

- Mr Whalley to request HRD draft something specific around future clinical JDs and report through CRG for clinical approval.

TW

BCA/16/85 INFORMATION GOVERNANCE, CLOSE DOWN REPORT

Mrs Dhami presented the paper as written, noting the steps being taken to assure resilience and peer support. The BCA Board thanked Mrs Dhami for the report, the team for their work and agreed the project could be closed down.

BCA/16/86 REFLECTIONS ON THE MEETING

There were no reflections to note.

BCA/16/87 ANY OTHER BUSINESS

No other business was discussed.

BCA/16/88 **DATE AND TIME OF NEXT METING**

31st August @ 10am

CEC, 1st Floor, South Block, Russell's Hall Hospital, Dudley

Chair: Mrs. Ord.