ENC 1

MINUTES OF THE BLACK COUNTRY ALLIANCE PUBLIC BOARD MEETING
HELD AT 10:30AM ON WEDNESDAY 9TH NOVEMBER 2016
IN GROUND FLOOR MEETING ROOM, MANAGEMENT BLOCK, SANDWELL HOSPITAL

Present:	Mr R Samuda (RS)	SWBH Chair
	Mr T Lewis (TL)	SWBH CEO
	Dr P Harrison (PH)	DGFT CEO (Acting)
	Mrs J Ord (JO)	DGFT Chair
	Mr R Kirby (RK)	WHC CEO
	Mrs D Oum (DO)	WHC Chair (Chair)
In Attendance:	Mr T Whalley (TW)	BCA Programme Director
	Mrs M McManus (MM)	BCA Senior Project Manager (Minutes)
	Mrs R Wilkin (RW)	Comms Lead
	Mrs K Dhami (KD)	Governance Lead
Apologies:	None	

BCA/16/102 INTRODUCTIONS / CHECK IN **ACTION**

Mrs Oum welcomed members to the meeting.

BCA/16/103 APOLOGIES

There were no apologies.

BCA/16/104 MINUTES OF LAST MEETING – 12TH OCTOBER 2016

There was a robust discussion about the content of the minutes relating to the creation of a Black Country bank. It was confirmed that members of the Board had agreed the principle and intent to create a Bank, that we should proactively communicate this to colleagues within our Trusts and outside as part of our narrative for how the BCA is enabling aspects of the STP, but there was more detail to be worked through in respect of detail and options for harmonisation of rates. Agreement on rates and a full understanding of the cost implications is essential before any final decisions can be taken by the Board. This though does not stop us from progressing and establishing a Black Country Bank that nurses can choose to register onto early in 2017. It was noted that draft minutes should be made available to CEOs and Chairs for review.

The minutes of the public meeting held on the 21st October 2016 were recorded as being a true reflection of the meeting.

BCA/16/105 REVIEW ACTIONS DUE

Action 10 – TW confirmed that modest progress is being made; the team has met again and ideas have been generated in terms of identifying areas for collaboration. TW is not optimistic that sufficient progress will be made at pace to enable a full value case to be available for the January BCA Board, and advised that this was not perhaps necessary as smaller granular proposals are more likely to emerge from the group. Action to remain open until January.

Action 28 – TW confirmed that Rachel Overfield, Director of Nursing at Walsall Healthcare, has drafted a paper that describes opportunities for collaboration on substantive nurse recruitment; this is currently out to consultation with the Chief Nurses and HRDs and it is intended that this will be ready for the December Board.

All other actions were noted as complete or not yet due.

BCA/16/106 CHAIR'S BUSINESS

There was no business from the Chair.

BCA/16/107 BCA RISK REPORT

KD presented a summary of enclosure 3. Each of the BCA Trusts has new risks added to their respective corporate risk registers. Additionally, SWBH risk ref. 566 (A&E Staffing) has an increased risk rating.

A new risk has been added by SWBH (ref. 1643) relating to out of hours paediatric ophthalmology; SWBH has a single-handed paediatric ophthalmologist who is retiring. KD asserted that whilst mitigating actions are being implemented, SWBH will not be able to resolve this issue alone.

KD follow up paediatric ophthalmologist risk

The following risks were identified as being common across 2 or more Trusts:

- Delayed Transfers of Care – TW reported that the group are meeting again in December and will report back to Board in January;

TW to bring back DTOC paper to January Board

- CAMHS – no progress has been made due to competing demands on time, however there is a willingness to collaborate and an update is expected at January meeting.

KD to bring back CAMHS update to January Board

DO asked whether there are any other risks that present an opportunity that has not yet been considered, for example training clinicians on the use of medical devices. PH confirmed that the use of medical devices will vary across organisations and RK confirmed that the respective WHC risk relates to a specific issue highlighted during their CQC inspection; additionally RK believes the WHC risk requires review and potential down-grading.

TW highlighted a common risk relating to the availability of capital for investment. TL agreed that there is a national formula issue, which is impacting all Trusts. The Board agreed that there is merit in attempting to produce a BCA position on capital.

TW to liaise with DoFs to create a BCA position statement relating to the availability of capital investment

BCA/16/108 CRG CHAIR'S REPORT

TW presented the CRG Chair's Report in the absence of a confirmed CRG Chair subsequent to PH taking on the CEO role at DGFT. TW confirmed that the meeting, while quorate, was not attended by all MDs and DoNs. Nobody at the meeting confirmed their willingness to put themselves forward or accept the position of Chair. However, since the meeting, Roger Steadman, Medical Director at SWBH, has offered to take up the position and this will be ratified at the next CRG meeting.

TW to confirm RS as the new Chair of CRG

DO asked if there was a problem with attendance at CRG. TW confirmed that attendance at CRG meetings is generally good; meetings are normally quorate and all members are attending on a regular basis.

TL asked whether the provision of video conferencing would support increased attendance; TW reported that this is limited by the facilities made available in the Trust locations. TW agreed that teleconference facilities should be used where possible for all BCA meetings, however some colleagues found that format difficult and the CRG specifically had not yet expressed a desire to utilise this format. TL proposed that the BCA adopts this style of meeting as the 'norm' to ensure that people can attend and are supported to make decisions in a timely manner. TW agreed that this would improve attendance and reduce costs and burden on time. TW requested support from the BCA Board to expedite outstanding requests for IT teams to facilitate this style of working, which was agreed.

TW to reiterate IT requirements to CIOs on the next call and to escalate any issues to the BCA Board

BCA/16/109 PROGRAMME DIRECTORS UPDATE

TW presented a summary of the key points from enclosure 5.

Medical Training Initiative

The MTI project has suffered a little from non-attendance, which poses a risk to the timescales expected for the next round of recruitment and so the ability to deliver benefits. The Board confirmed its continued support for this work and the expectation that additional fellows will be recruited before the end of the financial year 16/17. Delays to recruitment may also come as a result of GMC registration and visa application processes. RS asked if there is anything the Board can do to help in this regard. PH confirmed that the GMC registration process is relatively straightforward but the visa process is not so straightforward. In response, PH has written to local MPs and has received a favourable response.

PH to share communications with MP

TW to circulate membership to confirm the right people are involved

Pathology

In addition to the update provided in the report on the agenda, TW confirmed that the pathology steering group met again on 8th November and had a positive meeting but unfortunately were not quorate as there was no representation from DGFT. TW confirmed that LTS Consulting, the firm appointed by NHSI to undertake national review of pathology consolidation opportunities, had attended and presented a view of our aggregated data submissions and offered some glimpses of comparisons with other pathology services; both stand-alone and networked. On the basis of this, the steering group could see there is significant opportunity to take costs out of pathology services in the Black Country if we to move to a consolidated model. While some work is required to validate the LTS findings in particular in regard to specialist services provided by SWBH, the quantum of benefit is a compelling case for change even if the number reduces somewhat.

The Group have reviewed some national examples of consolidated services, some good and some not so good. Failed examples typically stem from value cases that overestimated delivery of benefits and underestimated delivery / transition costs. This has destabilised arrangements in the examples provided and resulted in some partners withdrawing. Good examples appeared to be rooted in more realistic expectations, compelling case for change supported by all and clear structure / governance arrangements with agreed ownership model.

TW and MN to develop a proposal for shared management, governance and leadership with clear escalation routes and approvals processes, to be presented to the project group in December and

TW confirmed that Mark Newbold continues to Chair and that the steering group is focussed on managed service / governance structure; the Board requested that a formal proposal for

governance arrangements is presented for approval at December's meeting.

with a view to it being tabled at the BCA Board in December.

TW confirmed that Mr Newbold has been focussing on the governance arrangements, balancing the pace of change and the need to keep everyone engaged. TW confirmed that the Steering group has been asked to complete reviews of other exemplar services, and to define and agree a high level proposal for a shared management and governance structure at their next meeting in December, which is the day before the BCA Board. TW advised that not all actions had been completed and that if this continued, progress would be slowed. The Board asserted the importance for all Trusts to be represented and to complete actions; CEOs agreed to reconfirm their expectations of attendance and engagement from those they have appointed to the Steering group, and on that basis reconfirmed expectation we would see a formal proposal for shared managed service and governance model at December's BCA Board.

TW stated the steering group had also been asked to consider quick wins for delivery in early part of 2017. Initial examples might include on-call microbiology rota, reducing the unhelpful movement in staff, and some reagent procurement opportunities. TW confirmed that a shared structure and list of immediate opportunities will be in place before Christmas.

Pharmacy

TW advised that Chief Pharmacists have established a Black Country Pharmacy Network which is considering areas for collaboration across a broad range of areas; workforce, procurement, directives implementation and technology among them. TW confirmed that they are also liaising with Chief Pharmacist at RWT, which will enable and support an STP consideration of pharmacy as we respond better together to the Carter report. The outcome of these discussions will come back to BCA Board in early 2017.

TW to bring back a Pharmacy paper in early 2017

Associate Nurse Role - Communications

RW confirmed that communications are aligned across the BCA Trusts and that there has not been any negative communications locally in relating to the devaluing of nursing (following RCN Chief Executive article in HSJ).

BCA/16/110 NEUROPHYSIOLOGY

TW updated on progress to date in terms of the direction of travel and requested approval to progress with recruitment as specified in enclosure 6. TW confirmed that equipment is an element of the project. JO queried the realism around availability of clinicians to undertake this work and asked if the reputation of the service at SWBH could be leveraged to help deliver this service across the patch; TL confirmed that while tough, there is a market and the team established at SWBH is an appealing location for individuals coming into post given the strength of the service there. Additionally, the BCA brand will be added in terms of attraction of working with a population of a million, and it is expected this will build on the already-established SWBH brand attracting credible candidates. DO asked if R&D featured in this; TL confirmed that there is an R&D element, which will link into work with the QE.

The Board confirmed its support for the project to proceed to advertise 2 consultant neurophysiologist posts.

BCA/16/111 REFLECTIONS ON THE MEETING

RK suggested that the positive news stories from each Board meeting are identified for reporting back to individual Boards as well as any external communication. JO proposed that when reports go to each individual Board, the key positive points are highlighted on the front cover sheet. TW updated the group on an emerging piece of work to produce a 'Rich Picture', which describes in a more accessible pictorial form what we've done and what we're going to do. TW outlined a number of positive updates that will be reported to the Stakeholder Reference Group on 9th November. TW also confirmed that a benefits report is due to be presented to the BCA Board in December, which can inform a 'rich picture'. TL requested that a first draft is produced sooner rather than later i.e. TW should not wait for the December Board.

TW to produce a first draft 'Rich Picture' and share with Board members as soon as possible

TW to bring a report from SRG to Dec Board

BCA/16/112 ANY OTHER BUSINESS

The Board requested that up to 3 Clinical Leaders are appointed at the earliest opportunity to support the work of the BCA. This will require a proposal for the number of PAs that would be required, alongside an appropriate job description. The Board requested that these posts are advertised in advance of the next Board.

RK/TL/PH agree JD and PAs for Clinical Leader role

The Board also confirmed its intention to advertise the BCA Programme Director's role on a substantive basis.

BCA/16/113 **DATE AND TIME OF NEXT METING**

14th December @ 10:30am

Seminar Room, Trust HQ, South Block, Russell's Hall Hospital, Dudley

Chair: Mrs D Oum