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**MINUTES OF THE BLACK COUNTRY ALLIANCE PUBLIC BOARD MEETING
HELD AT 10:30AM ON WEDNESDAY 14TH DECEMBER 2016
IN SEMINAR ROOM, TRUST HQ, SOUTH BLOCK, RUSSELL'S HALL HOSPITAL, DUDLEY**

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
	Miss S Astley (SA)	BCA Executive Assistant
	Mrs L Abbiss (LA)	Comms Lead
	Mrs K Dhami (KD)	Governance Lead
	Mr M Sinclair (M)	Executive Sponsor

BCA/16/114 INTRODUCTIONS / CHECK IN	Mrs Oum welcomed members to the meeting.	ACTION
BCA/16/115 APOLOGIES	Apologies were noted from Mr Roger Stedman – CRG Chair	
BCA/16/116 MINUTES OF LAST MEETING – 11TH NOVEMBER 2016	<p>Page 1, paragraph 1 BCA/16/104, JO requested the minutes reflect that she requested the word “possibly” be included within minutes of 12th October regarding the statement around collaborating on creating a virtual BCA Bank. DO acknowledged that this request had been made, but could not recall agreeing to change the minute, so the amendment was not made. JO said that she had made clear at DGFT Public Board that she had stated DGFT’s position that we explore possibility and that local minutes would reflect this. JO also acknowledged that matters were moving on and the subject would be further discussed on the agenda.</p> <p>PH requested his title to read Acting rather than Interim Chief Executive.</p> <p>Minutes of the meeting held on the 11th November were accepted as a true and accurate reflection other than for the point described above.</p>	

BCA/16/117 REVIEW ACTIONS DUE

Action 10 – TW reported the last children’s services meeting was not well attended with little prospect of any immediate progressive action from that group. TW described the alternate approach he is proposing to take, meeting with each Trust separately to map out services and to get a Trust view on SWOT on which to then base a further group discussion. BCA Board agreed it was something they were keen for TW to continue and move forward. TL suggested the CEOs join the next scheduled meeting to reinforce the importance of acting together in respect of Children’s services and long term clinical and financial sustainability and quality improvements through working together.

Action 32 – KD reported a paediatric ophthalmologist had been appointed. Once in post they will get together with the paediatricians to identify what can be carried out collaboratively under the BCA. Change due date on action sheet to April 2017.

Action 34 – PH agreed to take forward any information relating to Tier 4 CAMHS beds forward during dialog with NHSE regarding specialised commissioning

Further actions were noted as completed or not yet due.

TW
PH

BCA/16/118 CHAIR’S BUSINESS

There was no business from the Chair.

BCA/16/119 PROGRAMME DIRECTORS REPORT

Medical Training Initiative

Continues to progress well with Royal Colleague of Physicians supporting. TW requested an executive sponsor to help drive the project forward, the suggestion being a medical director. RK said he would approach Mr Khan and all agreed Mr Khan would be a good choice.

RK

ACTION:

- ***RK to ask Mr Khan to be executive sponsor for MTI project.***

Rheumatology

TW reported that the Steering Group, chaired by Roger Stedman, have come to the conclusion that their project is complete with the service now settling into business as usual. There is no appetite to do more transformational activity until the current working arrangement has settled, on that basis they have suggested closing the project.

JO asked if the Group had undertaken an assessment to establish financial and non-financial benefits realised as this would demonstrate the value of the work done. TW reported this had not yet been done, but that the team would be asked to do this now. TL asked for a clear statement of benefit to patients be included in this. JO asked if a generic document exists to describe financial and non-financial benefits to help develop the case in terms of positive or not so positive impact for proposed project. TW replied that we have a Mandate that describes in high level terms the case for change, but that there was no generic set of benefits on which projects could base assessment of benefits. TL agreed it would be advantageous to have a standard generic document that takes our well established triple aim and expands into a set of generic benefits which projects could then assess themselves against and enable relative merits to be better judged by BCA Board and CRG. JO said it was important to do this prospectively and then test out the realisation of and performance against those expectations post implementation. TW reported on the emergence of QIA process which does some detailed quality impact assessments. PH said the QIA is a sensible route to assess detailed quality impacts, but that financial and non-financial benefits need to be identified, quantified and then assessed in the way JO described. JO asked when the BCA Board might expect to see progress on this, TW stated by end of Q1 2017... RK wanted a thank you formally noted to TL/PH and the teams at SWBH and Dudley for making the Rheumatology arrangement work.

ACTION:

- ***TW bring back Rheumatology Benefits assessment, with focus on patient benefits.***
- ***TW define generic benefits to elaborate on triple aim and form the basis for prospective assessment of public value associated with future proposed work.***
- ***TW pass on Board thanks to project teams for work done.***

Upper Limb Trauma

No further progress has been made, the group appear to be focussed on repatriating a small amount of hand work. TW asked the Board if they still considered this to be a priority project given the need to focus on a smaller number of priority areas expressed previously. TL confirmed that SWBH intended still to progress Black Country Hand Centre, and while not perhaps the highest priority, suggested they continue with the work they are doing with others joining if they so wish. **Board endorsed this decision.**

Neurology

Good progress being made. TW asked given the current situation in respect of Walsall consultant neurologist posts if they wish to take the Rheumatology exemplar and do something similar as a BCA solution for Neurology. Clinical colleagues at Sandwell and Dudley have indicated they would be willing to have that conversation. RK reported he understood that Walsall is a fair way down the line in conversations with UHB who are soon to advertise jobs on Walsall's behalf. If that weren't the case, or if an alternative model could be proposed quickly and offer better benefits to patients, then that would be welcomed.

TL said SWBH have upcoming Neurology consultant retirements, and so they could construct a series of joint posts and advertise together which would be more attractive as we saw in Rheumatology with 4 consultants appointed on the back of a similar approach. BCA Board agreed they would need to work out quickly how to do work under the BCA. TL suggested David Nicholl from SWBH could help engage in conversation.

Action

- ***RK to confirm WHC position re Neurology dialog with UHB***
- ***TW to work with Neurology Steering Group to consider BCA option***

Clinical Coding

TW reported that the group are keen to link in with trailblazer apprenticeship as opposed to doing something stand-alone within the 3 trusts. JO commented we should link to this and make most of any national funding / support to take forward apprenticeship schemes. **The BCA Board endorsed this.**

Atrial Fibrillation

TW asked the BCA board to endorse that we immediately begin the process of advertising for an AF Nurse Specialist (Band 7) on a substantive basis who will be recruited as joint post across the Trusts. **Board endorsed this decision.**

TW

Collaborative Working

TW reported that work to enable collaborative working is starting to move forward however, it does appear to be a lower priority for informatics colleagues and there continues to be constraints with video and tele conferencing access which prevents virtual facilities being routinely made available for collaborative meetings. TL stated it was key to effective collaboration that we avoid the need for increasing numbers of busy people travelling across the patch when we could easily enable remote / virtual collaboration. As BCA drives more and more of the STP horizontal collaboration agenda with RWT, this requirement will become ever more important and so we need to quickly resolve. CEOs requested TW draft a request which CEOs can use with their CIOs to encourage more focus and support. Board agreed this was a priority.

ACTION:

- ***TW draft request re: teleconference/video conference restraints***

BCA/16/120 CLINICAL REFERENCE GROUP CHAIR'S REPORT

TW presented the report on behalf of RS. The last CRG was not quorate with only SWBH MD and DoN in attendance. RS has agreed to take the role of Chair now that PH is acting CEO at DGFT. All matters were approved by CRG subject to email confirmation from those not attending in line with CRG agreed process for when not quorate. Exception being Bariatric mandate which requires discussion with MD at WHC who is proposing the project.

BCA/16/121 PERFORMANCE REPORT

TW presented the paper and confirmed the performance on costs is unchanged and remains in line with expected costs. TW also confirmed that benefits identified in year had more than covered the investment made. TW re-stated the need to be more articulate about non-financial benefits from projects and be able to provide assurance that those benefits are on track. This links back to previous discussion earlier on agenda. TW reported desk top assessment has been carried out of a PMO tool that would enable better tracking of all aspects of projects in one place, including benefits tracking. This would also allow better access to this information in formats accessible to BCA Board and indeed Trust Boards, a point made at recent DGFT Public Board. TW indicated the cost was minor, and could be accommodated within previously agreed budget.

The Board endorsed pilot of this tool. JO asked when we might see results. TW stated that supplier was on standby ready to work with us in January and that by end of Q1 we should have something to bring back to BCA Board.

JO asked if David Coley had been able to define level of benefits associated with joint procurement as he had indicated he would at November's meeting. TW reported that David Coley confirmed he had agreed a position with FDs in time for plan submissions end of November as he had said he would. This position was c£500k of additional benefit achievable through collaboration which would be effective by April 2017 to give full year effect. The remaining £1.5 of potential supply chain benefit remains subject to detailed analysis and clinical engagement.

TL stated all Trusts have invested significantly in this procurement role and require assurance of progress and rapid escalation of impediments to progress. A significant ROI is expected and required. TW reported that last Clinical Procurement Group was only attended by DGFT Exec Sponsor, so little progress had been made via that forum. TW also reported the procurement nurse specialist recruitment has also stalled and not yet gone out to advert. TW suggested it may be preferable to have David Coley attend BCA board bi-monthly to give assurance on progress and raise impediments. DO replied that the BCA Board would not become a programme management forum for procurement and that this would not be appropriate. TL confirmed the Procurement Steering Group needs to be the forum for David to report, with escalations as required via Programme Director to CEO forum. TL requested a paper be brought back to January Board setting out the larger savings around procurement, and specific plan to achieve. If significant non-pay reduction benefits cannot be achieved within the next 10 weeks he would then need to meet with the CEOs to discuss. RK said they would need to discuss areas they are unable to get focus on and whose teams are not getting involved so that CEOs can help remedy. Each trust has put forward an exec sponsor Russell Caldicott (WHC), Chris Walker (DGFT), Tony Waite (SWBH).

BCA Board endorsed the PMO tool.

ACTION:

- ***TW bring back benefits tracking update to March or April BCA Board.***

BCA/16/122 TEMPORARY STAFFING

MS presented the temporary staffing paper.

MS reported that since the paper had been written some things had moved on. MS reported from January 2017 the 3 Trusts might start to offer or encourage nurse staff to join each other's nursing bank. To make it easier for staff to work at alternate locations, we would need access to car parking across the 3 sites as well as consistent mandatory training and other details described in the paper. It would also require standardisation of some policies. MS reported that the Group were not now advocating a total ban on agency use within a specific timeframe, but that we would link with broader CEO level discussion about use of agency staff across the West Midlands. Until that was clear, we aim to work together to take a firmer stance on use of agencies.

TL confirmed SWBH plan to reduce their bank rates from 1st March 2017 to bring them in line with rates paid at Dudley and Walsall, provided we can be clear on that rate and complete assessment of risks associated. RK confirmed that WHC and DGFT published rates were pretty similar and significantly below those paid by SWBH. RK also indicated that WHC were taking a look at those rates to see if there was a case for increasing them as they were below those being paid by DGFT and generally accepted market rate. PH confirmed DGFT had taken action to reduce agency spend, with a £200k reduction in the previous month resulting. On that basis, PH advised that DGFT see no case to increase bank rates at this time. It was agreed that maximising our ability to fill shifts from a virtual bank would be improved by a harmonised rate, but it was not clear what that rate needed to be. TL requested that the detail on rates be completed by mid-January, this being the latest point for SWBH to serve notice on change to rate from 1st March.

DO asked for clarification that we are not proposing to create one single bank, but rather to enable virtual links between extant banks to enable more flexible working and shifts to be filled at neighbouring Trusts if required. MS confirmed that is the intention at this time.

JO wanted to understand why we need to do anything with bank rates when colleagues at RWT appear to have focussed on firm stance with agency use. JO also asked if we had compared the merits of each course of action. TL replied that he felt that BCA Trusts faced unacceptable risks taking an overly firm line on agency use until we had clarified broader West Midlands plans in this respect, this broader view being scheduled for CEO discussion led by Mr Loughton (CEO at RWT) due to take place in Feb 2017. MS confirmed that we have not done a detailed comparison of one

against the other, the view being that both establishing a virtual bank and getting firmer on use of agency needed to be a part of our plan.

JO asked if there was expectation this may enable people's career experience by offering more flexible working and experience in different locations. MS answered yes, and that they would be looking at contracts for consultants, junior doctors, and maybe nursing staff to create career opportunities cross the patch under the BCA. JO asked if there have been any tests of likely uptake of the bank offer. MS said they have not yet carried out any survey work and committed to carrying out a survey.

MS

PH expressed some doubt as to the numbers of nurse staff who would wish to undertake shifts in different locations. TL stated that many agency staff do exactly that, and that some staff who work on the borders between our patches may well wish to take the opportunity if provided. While the majority may not choose to register to undertake shifts, a sizeable minority might.

RK confirmed we cannot go live with a virtual bank until clarity on rate has been reached, until we are clear about enabling costs and the likely uptake. RS asked if there were other variables to be considered such as travel expenses, logistics of access, admin to support manual processing etc. DO requested a revised paper be brought to a future meeting. MS agreed to report back to the board in January exact figure of proposed rate and an idea of how many are likely to take it up. PH commented that he was slightly anxious around timescales as there would be a lot of underlying work which needs to be carried out within each organisation.

MS

Regarding the specific recommendations contained in the paper presented, the BCA Board agreed the following;

- All new starters will automatically 'register their interest' in joining all 3 Trust banks from January 17 with any relevant paperwork completed; **NOT endorsed** until further detail brought back, but intention remains to do this in Q1.
- Activation of the joint registration (required to fill shifts) will take place only once harmonisation of rates has occurred and final green light given to 'go live'; **NOT endorsed**, it is possible we may enable registration without harmonising rates, provided we have clarity on the actions agreed re rates, uptake and admin.

- We seek to harmonise rates of pay for bank nurses across BCA Trusts by the 1st April 17, specifically that SWBH rates are decreased and WHC/ DGFT rates are increased (Detailed financial modelling will be provided to the BCA Board early in Q1 2017 before any changes are made). **Not endorsed**, SWBH intend to reduce rates to a level to be decided, no decision yet taken at WHC and DGFT.
- The actions outlined in appendix 1 are undertaken between January and March 17; **Supported**, subject to priority on 3 actions agreed and demonstrated benefit.
- Existing bank staff will be invited to register across all 3 banks on a first come, first served basis with a timeline agreed between bank and ESR colleagues for when all staff will be transferred; **Supported in principle**, HRDs to consider when and how this will now be done but subject to further papers to be presented
- A total ban on nurse agency to be enforced from April 17 on the basis that a robust communications and engagement plan is implemented to shift mind-sets and with clear leadership and endorsement from Executives, particularly from HRDs, COOs, MDs and CNs; **NOT endorsed**, linked to wider regional discussion as to how best to tackle agency spend. Trusts agreed to continue to share thoughts about how to reduce agency need, but at this time no ban agreed.
- The existing preferential agreement between DGFT and A&E agency is extended across all BCA Trusts; **Supported in principle**, HRD at DGFT to advise when negotiations complete and when BCA Trusts can access.
- Establishment of a HR Director led Steering Group, with invitational representation from Chief Nurses and Chief Operating Officers and accountability to the BCA Board. **ENDORSED**, Mark Sinclair to act as Exec Sponsor.

ACTION:

- ***MS to report back in January the proposed rate***
- ***Further paper to be brought back to BCA Board in early 2017 confirming rate, uptake, required support to enable, and specific benefits.***

BCA/16/123 SUBSTANTIVE NURSING WORKFORCE

TW presented paper. This was a suggestion from the CRG to carry out a piece of work around substantive recruitment. Rachel Overfield produced the paper on behalf of the CRG stating areas we think there could be collaboration, the paper was produced with HRDs and DoN input. TW requested the board endorse, with MS asked to act as executive sponsor alongside the Temporary Staffing project.

JO said she was supportive of the work, but asked that a typo in the mandate which refers to children's health outcomes and experience be amended, TW to change the wording on the mandate.

JO suggested MS secure support from HEE-WM, particularly a nurse by way of clinical background, to ensure link with broader STP workforce development. This may also enable route to some support in some of the delivery needs. PH enquired as to RWT vacancy rates, and MS responded he believed they had 200-250 vacancies.

BCA Board endorsed the mandate.

ACTION:

- ***TW to make minor amendments in the mandate***

BCA/16/124 REFLECTIONS ON THE MEETING

There were no reflections to note.

BCA/16/125 ANY OTHER BUSINESS

There was no other business to discuss.

BCA/16/126 DATE AND TIME OF NEXT MEETING

11th January 2017 @ 10:30am

Meeting Room 10, MLCC, 3rd Floor, Walsall Healthcare

Chair: Mrs D Oum

TW