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MINUTES OF THE BLACK COUNTRY ALLIANCE PUBLIC BOARD MEETING HELD AT 10:30AM ON WEDNESDAY 08TH FEBRUARY 2017 IN THE BOARDROOM, MEC, SANDWELL HOSPITAL

Present:

Dr P Harrison	Acting CEO, DGFT	(PH)
Mr R Kirby	CEO, WHC	(RK)
Mr T Lewis	CEO, SWBH	(TL)
Mrs J Ord	Chair, DGFT	(JO)
Mrs D Oum **(Chair)**	Chair, WHC	(DO)
Mr R Samuda	Chair, SWBH	(RS)

In Attendance:

Mrs K Dhami	Director of Governance, SWBH	(KD)
Mrs R Khalon	Chief Pharmacist, DGFT	(RKa)
Mrs M McManus **(minutes)**	BCA Senior Project Manager	(MM)
Mr T Whalley	BCA Programme Director	(TW)
Mrs R Wilkin	Director of Comms, SWBH	(RW)

BCA/17/15 INTRODUCTIONS/ CHECK IN

A round of introductions was undertaken and Mrs Oum welcomed new members to the meeting.

BCA/17/16 APOLOGIES

There were no apologies.

BCA/17/17 MINUTES OF THE MEETING HELD ON 11TH JANUARY 17

The minutes of the previous meeting were agreed with the following amendments:

Page 1, BCA/17/3, paragraph 2 – TL enquired whether detail relating to the agreement between DGFT and A&E Agency could be shared with colleagues at SWBH and WHC to enable their discussions to progress. PH confirmed that the arrangement with A&E Agency was not progressing as originally expected and instead that HR Directors are working collaboratively to procuring a solution across the patch.

Page 8, BCA/17/11, paragraph 3 - …Further integration of the pathway and any changes within primary care are the ambitions of the project beyond the first 12 months. The Board reiterated the importance of engaging with the CCGs, particularly in respect of any potential changes to pathways. TL to confirm amendments.

BCA/17/18 REVIEW OF ACTIONS DUE

Action 32 – The Board agreed that KD was not best placed to draft the mandate for paediatric ophthalmology; TL agreed to discuss with CRG colleagues via Chair to consider an alternative.

BCA/17/19 CHAIR'S BUSINESS

DO confirmed that the recruitment process for the BCA Programme Director has been successfully completed and a report will be made at the next Board meeting.

BCA/17/20 DELAYED TRANSFERS OF CARE (DTOC)

TW reported that the enclosed paper reflects an initial discussion, which took place before Christmas. A further meeting has been delayed due to operational pressures but the group are due to meet again imminently. TW invited comments from the Board in respect of the identified opportunities for collaboration and the general direction of travel.

TL suggested that there are 2 options for the group. Firstly, they could identify areas of best practice in each Trust's approach to DTOC and adopt these exemplars across the patch. Secondly, and importantly, the group should focus on identifying patients in the system that should be in a different place and that are within our ability to move e.g. SWBH patients stuck at WHC. The Board agreed that this was a sensible steer.

The Board noted the constraints of getting the relevant colleagues together given the pressures everyone is under. TW confirmed the expectation that colleagues will find more time once we start to come out of winter.

A discussion took place around the knock-on effects across the health economy of changing capacity in any one Trust. TL confirmed that SWBH will shut nearly 60 (unfunded temporary) beds with a potential risk of knock-on effect on A&E waits and WMAS decision-making. RK confirmed that WHC has closed 30 similarly unfunded beds in the last week. TL suggested that some detailed analysis is undertaken that considers the consequential impact of capacity changes; TL will look at triggers.

The Board agreed that all partners in the emergency care system need to be working together and that the DTOC project represents a small yet positive step towards achieving this. TL confirmed that WMAS are keen to work with Trusts and this presents an opportunity for the BCA to put a credible demand and capacity proposal to them.

The Board acknowledged that this may need to involve RWT and the Birmingham Trusts over time; however a proposal involving the BCA Trusts would be a useful starting point in developing a principle for working with WMAS.

DO queried whether decisions about closing beds in any BCA Trust could be discussed in advance at the BCA Board. Members agreed that this could happen in the interest of transparency but cannot replace the individual decision-making of any individual Trust. All agreed to share plans regarding such plans to avoid surprises and reduce risk of unintended consequences.

ACTIONS:

- ***TW to confirm the focus of the DTOC group, ensuring that priority is given to identifying patients in the system that should be in a different place;***

- ***TL to consider triggers that result in a consequential impact in capacity across the system.***
- ***CEOs to ensure bed closure plans are shared routinely***

BCA/17/21 CHIEF PHARMACISTS' UPDATE

RKa reported that the Chief Pharmacists' Group has been meeting since the summer of 2016. There are now 2 new Chief Pharmacists in the BCA, at WHC and DGFT, and a very new Chief Pharmacist at RWT. RKa confirmed that the aim of the enclosed paper is to give the Board an overview of the areas identified for collaboration.

The Hospital Transformation Plan covers efficiencies, back room functions (within Pharmacy departments), and the Carter recommendation that 80% of pharmacist time is spent on patient-facing work. Benchmarking has been undertaken and there are a number of metrics we are achieving within the Carter 'Model Hospital'; the main focus of the group is the metric relating to patient-facing time. The group is also considering how we can achieve efficiencies that will enable the 80% metric including automation, electronic prescribing, and automation at ward level (CQC measure). The group has also identified some common themes that can be addressed collaboratively e.g. recruitment and retention. Trusts are facing particular issues with band 6 and band 7 staff that come to train and subsequently leave for higher paid jobs elsewhere. The group is working with HR colleagues to develop a 4-year plan in response. The group is also looking at specialist roles.

The group has a workstream for Aseptic Services provision, which involves reviewing the best way forward for resilience and sustainability. RKa reported that this is an area of particular expertise and experience for her and as such RKa is confident that there will be benefits to be realised.

RKa reported that Digital Systems e.g. for stock holding will be significant in respect of efficiencies and ways of working in future. This will also have significant quality benefits. RKa reported that colleagues at RWT have started a pilot of medicines administration at ward level, which will feed into the local group.

The Pharma Outcomes workstream is based on work undertaken at Lancashire and Blackpool Hospitals. The main aims are to ensure the medicines that patients go home with are right for them, that local GPs are aware of them, and that the repeat medicines process is appropriate. The evidence infers that making patients aware of their medications has led to a small decrease in readmissions.

Finally, RKa confirmed that the work of the group will form part of the NHSI submission due on 31st March.

The Board acknowledged the ambition of the programme. RS queried the electronic prescribing alignment across Trusts. RKa reported whilst the IT systems are not aligned, the benefits of EPMA can be measured and development of specifications can be shared so there is consistency in respect of what the potential gain will be irrespective of which

IT system is in use. However, one issue locally is the lack of succession planning for experienced roles and this is being considered by the group.

JO asked whether there will be an STP return or individual Trust submission to NHSI. RKa confirmed that the requirement is for individual returns but NHSI are not averse to having collaborative responses and previous Trusts that have done this have been very well received. RKa is happy to be guided by the Board but would recommend a joint approach and confirmed that colleagues across the BCA and RWT are of the same mind-set. The Board agreed this course of action. RKa agreed to report back to Chief Pharmacists following today's meeting to confirm the expectation that each individual NHSI return will have embedded a jointly compiled element agreed by the Chief Pharmacists' Group. The final NHSI returns will go through each Trusts' approval process as required.

RKa gave an overview of the project structure and governance approach. There are 2 Chief Pharmacists assigned to each workstream so ensure that no 1 individual (and therefore Trust) can take a course of action independently. RKa reported that a current concern is that the Chief Pharmacist at SWBH is retiring and there is a need to provide clarity re the succession planning. TL confirmed that interviews for Chief Pharmacist are scheduled for April.

RK confirmed that the Board is content that RWT are involved in this work but requested that the Group continues on with initiatives with the 3 BCA Trusts if necessary as a result of RWT opting out of any elements. RK asked whether there is anything practical that the Group needs from the board. RK also asked for confirmation of when the Group will be able to report back to the Board in respect of progress. RKa confirmed that they struggle most with project support and administrative support to minimise the amount of time clinical staff spend on these activities. RKa also requested specific endorsement of plans for cross-organisation visiting and learning. This was agreed.

TL suggested that the Group could apply for funding support from NHSI to cover the administration of this exemplar work. Otherwise, TL would not be averse to giving some funding support, particularly if this speeds up the realisation of benefits. JO suggested that the STP might present an opportunity to bid for support and this should be considered alongside a direct approach to NSHI for funding to support the exemplar work.

TL confirmed the intention to close the Aseptic Unit at SWBH and suggested that it presents an opportunity for BCA colleagues to consider future service provision.

The Board queried whether there is an intention to reduce medication errors. RKa confirmed that each Trust has a Medications Safety Officer, which may be a Pharmacist, a Nurse or a Medic. If the role is undertaken by a Pharmacist then they meet regularly via the Chief Pharmacist Network. TL requested evidence that we are cutting medication errors locally in the Black Country. TL requested that the Group set a clear goal to do this locally.

The Board confirmed its support for this work and confirmed that future governance and reporting will be directly into the BCA Board. The CEOs will support with any requirements at individual Trust level.

ACTIONS:

- ***RKa to report back to the Chief Pharmacists confirming the expectation for a jointly agreed local plan that will be embedded in each Trust's individual NSHI return on 31st March;***
- ***RKa to draft an application for funding to support the exemplar work being undertaken by the Group;***
- ***TW to confirm the project management support requirements and allocation of this from the BCA Team;***
- ***RKa to undertake a baselining exercise of medication errors across the BCA Trusts and to set a local goal for reducing these;***
- ***RKa to bring back each workstream once it is fully scoped to allow decision-making via this forum (expectation for a report in May).***

BCA/17/22 COMMS APPROACH

RW talked through a summary of the communications activities undertaken during the previous reporting period and building on the discussions undertaken at the previous Board meeting. RW reported that the 3 BCA Comms Teams have met together, which enabled a discussion about how they can best support the BCA collaboratively and also how they can progress on a shared service basis. RW mentioned some positive news stories: the IR service has been shortlisted for a HSJ award; and the AF plans are being promoted. From a stakeholder management perspective, the BCA CAN is now going out monthly.

RK queried the extent to which we go beyond a coordinated approach to the work of the BCA to a coordinated approach in respect of the other work in each Trust e.g. flu campaigns. RW confirmed that a number of different shared opportunities, including campaigns and shared resource e.g. graphic design and print, were identified at the joint workshop. The Comms Leads recognise that there is different capacity and capability within the teams, which could be better utilised across the 3 Trusts.

JO requested assurance that any press release about AF acknowledged the earlier discussion around CCG engagement and would not be giving detailed information that GPs may not yet be aware of. RW confirmed that Comms teams would work with the Project Team to get this balanced correctly.

JO requested that a forward look programme e.g. over a 12 month period was developed and queried whether a programme for recruitment and attractiveness of the 3 Trusts is being considered. RW confirmed that whilst this is led by HR, Comms has an important role to play and is supporting both from a generic communications perspective and also in terms of a plan for the harder to fill posts.

DO asked whether there are any plans for internal communications that focus on doing more to explicitly badge the work of the BCA. DO requested that this is given consideration and a specific update is provided to the Board.

ACTIONS:

- ***RW to ensure that any media release re AF is sensitive to the level of engagement undertaken with CCGs, focussing on the secondary care elements at this stage;***
- ***Comms Leads to consider an internal comms plan that highlights and promotes the work of the BCA in order that staff are more aware of and engaged in the work.***

BCA/17/23 PROGRAMME DIRECTOR'S UPDATE

TW presented the Programme Director's update and invited comments from the Board. TW reported specifically that there is likely to be a delay to the timing of the extension of the 7 day IR service. This is because investment is required to support the extended hours and the costs are still being worked through. TW highlighted the progress with AF and the focus on engaging CCG colleagues following the discussion at the previous Board meeting. TW reported that the Upper Limb Trauma project is looking at referring some hand and wrist patients into SWBH where appropriate.

RS noted the suggestion that there is something going on regionally in respect of TB and that we are waiting to understand more about this detail before establishing a BCA approach. TW confirmed this should not take long.

BCA/17/24 GOVERNANCE & RISK

KD confirmed that the enclosure includes a summary with the full risk registers for each Trust appended. KD noted a number of new risks:

- SWBH and WHC have new risks re unfunded beds;
- DGFT have a new risk re the use of agency staff and associated risks.

RK confirmed that WHC have been undertaking an initiative aimed at improving control within the elective part of system, tackling the 18-week RTT new patient back log alongside cancer and diagnostics targets. The focus is now on the 18-week RTT follow-up backlog, particularly in urology. RK confirmed that 1 of the SWBH Urologists is supporting this by taking on additional sessions. RK confirmed that WHC will keep working through this initiative and will raise specific issues as necessary.

TL suggested that the Board should identify potential risks to delivering the BCA vision. JO questioned whether there was a strategy to describe the vision and that this ought to be the mechanism for identifying risk. It was agreed to review the approach to this in a couple of months' time.

ACTION: add an agenda item for April to discuss the BCA Strategy and risks

BCA/17/25 REFLECTIONS ON THE MEETING

The Board reflected that it was a good meeting. There were no members of the public present.

BCA/17/26 ANY OTHER BUSINESS

None.

BCA/17/27 DATE AND TIME OF NEXT MEETING

8th March 17, 10:30-11:30am
Seminar Room, Trust HQ, South Block, Russells Hall Hospital, Dudley
Chair: Mr R Samuda