Minutes

West Midlands Academic Health Science Network
Board Meeting

11 a.m. until 1 p.m.
Thursday 30th January 2014

Board Room
Trust Headquarters, University Hospital Birmingham NHS Foundation Trust

Chair: Michael Sheppard (MS)

Apologies: Tony Davis (TD), Dame Julie Moore (JM), Andy Hardy (AH), Janice Stevens (JS)

In Attendance: Christopher Parker (CP), Kate Hall (KH), Gavin Russell (GR), Andy Garner (AG), Jeremy Kirk (JK), Peter Winstanley (PW), Mark Newbold (MN), Peter Lewis (PL), David Adams (DA)

Secretary: Blair Davis (BD)

Agenda item 1: Welcome/Opening remarks/apologies

MS welcomed everyone to the inaugural meeting of the full Board and took the opportunity to introduce CP as the new WM AHSN Managing Director.

MS stressed the importance of making sure the Board has the right mix of executive and non-executive roles as well as representation from the key groups (Higher Education, NHS, industry etc). He reminded the Board that it must be a voice for the region and highlighted the importance of maximum attendance.

Agenda item 2: Approve TORs for the WM AHSN Board

MS addressed section 1.3 on TOR and stated that if a key person is not present for a decision that requires their input it may prove necessary to have an abbreviated discussion and bring the item forward to the next Board.

MN wanted clarification as to what the Spoke Councils' roles would be with decision making and PW highlighted it is important that their existence does not cause the organisation to split into 3 mini-AHSNs. KH stated that TORs for the Spoke Councils are being drafted. These should bring greater clarity and the Board was reminded that while Spokes have an area obligation they also have a regional responsibility for themes that are driven from within their

area. There was general consensus that there should be empowerment (within limits) for the Councils together with appropriate financial delegations.

KH indicated that more patient representation will be needed (TOR point 2). CP supported this by saying that a patient representative that still sees it very much from a patient point of view was required and not a 'professional patient'. This was echoed by the rest of the Board and PL indicated two patient reps might be necessary. AG pointed out that if Spokes have good public and patient involvement (PPI) this may be the way to go so that the Board does not become too large or discontinuous with people not attending.

Point 2.3.5 of TOR:

MS highlighted the importance of members attending Board meetings and not sending deputies. However it was understood that people will not be able to attend every meeting. It was agreed that if someone is not present a separate discussion with that person may be had so as not to repeat the same points at the next Board meeting.

Action: CP to redraft point 2.3.5 of TOR to the effect that the Chairman is to be informed in advance if deputies will be attending. The expectation is that this should only occur in cases of Force Majeure. For continuity, it should ideally be the same individual that represents an absent Board member. Finally, any deputy must be suitably informed and empowered.

Point 4.3 of TOR:

Normally expect that there is a representative from all three aspects (industry, academia and NHS).

The Board agreed it might be necessary to defer certain agenda items if an industry rep is not present.

Point 5 of TOR:

GR felt it may be important that Spoke Council minutes should be brought to Board meetings to discuss. All Board members agreed it is important to discuss what is going on in the Spokes and know what actions are being taken. It was agreed that in addition to AHSN Board Minutes being posted on the AHSN website, so too should the various Councils' Minutes.

Action: Executive group to facilitate this.

AG suggested updates at some Board meetings from Theme Leads. There was debate as to how this could best be undertaken. CP felt it important to meet with Leads and hold them to account but also for Leads to have the opportunity to receive guidance direct from the Board. JK felt it important to facilitate Theme Directors meeting with each other on a regular basis due to overlap.

Action: The Executive group to work up a proposal.

<u>Agenda items 3 and 4: Outcomes of last shadow Board meeting</u>

KH informed the Board that feedback has been given to all Theme Leads from the December Board meeting. Some of the Theme Leads are revising their plans but Drug Safety has been signed off.

KH also informed the Board that she and TD need to look again at finances against all of the programs and reconciliations are needed as some of the finance requests have increased.

It was also made clear by KH that the AHSN is not a 'pot of money' for people to bid to (which is still a misconception). These must come through Themes.

GR raised the question as to when we will see a conclusion for Themes i.e. when will programs get going?

KH informed that Integrated Care and Long Term Conditions are next to be signed off.

PL – Mental Health needed to review what was submitted. Once discussed again with KH and TD can move forward.

MS stated that programs had already been approved by the Board so funding issues don't need to come back to the Board again.

The question of where the additional money was coming from if the funding for some of the programs has gone up was raised.

Agenda item 5: Executive team report

CP informed the Board about the new appointments that have been made, Two out of three Heads of Programs have commenced their employment with the third starting mid February. Interviews for Theme Directors are scheduled for 3rd and 13th February.

Information from the Network of Networks meeting – the 15th AHSN has now signed their five year contract. It is thought that funding for next year may be similar to this year but until known for sure it may be advisable to assume 20% less for planning purposes.

There is a trend of AHSNs moving to Company Limited by Guarantee (CLG) status. WM intent is to visit two who have been through this process; one that has enjoyed a smooth transition and one that has found it more challenging. This should inform our own deliberations on this option.

AHSNs are aware that there will be a call circa April time for systems integrators to facilitate Patient Safety Collaborations. There is consensus between them that all AHSNs should put forward compelling cases for these roles.

The Board was also asked to note that NHSE terminology is that AHSNs are moving from 'development' to 'delivery'.

NHSE has also confirmed its intent for an annual rhythm that encompasses business planning, quarterly self-assessments and an annual report. However, the timings for this year's business plan are tight. By 14th February NHSE want to see a first cut of all business plans and a definitive version by March 7th. WM AHSN Board has only one meeting scheduled before the completed plan must be with NHSE; in addition the Board meeting on 20 February is a full two weeks before the final deadline. This means the plan will still be a 'work in progress' and members should anticipate some out of committee circulations prior to its completion. The Board will however take this as a key agenda item in February.

Action: Executive to meet first timeline and produce draft for discussion at February Board meeting.

Governance sub-committee continues its work (of which KH is a part). NHSE and regional teams have indicated that they want to take "an arms length" approach to AHSNs. It was recognised that in return there is a need to inform them sufficiently to satisfy the requirements of the NHSE Board.

TD went on an information gathering trip to EU in Brussels. (This had also been covered at the AHSN Network of Networks meeting. WM AHSN view is that it is reasonably placed to work through EU systems for potential funding.) TD also in Dubai on trip with DT&I plus Healthcare UK. The latter had given a presentation at the Network of Networks meeting and TD's presence on the Middle East trip is indicative of our engagement with them.

MS gave feedback from Chairs' meeting and the question was raised what role AHSNs play with "Troubled Trusts"? The general consensus from the Board was to stay away from this as the AHSN already has a defined role/purpose.

MS raised the question of what happens with regard to carrying over funding to next year. KH responded that it may be possible to do this but we would need to tell NHSE how exactly the money will be spent.

Agenda item 6: Update on the new Research Networks

Undergoing a period of change with 3 x CLRNs moving to 1 x LCRN. Presentation given by JK. (Copy of slides attached to these minutes.)

Agenda item 7: AOB

CP: Draft Plan for NHSE to be discussed at next Board meeting. As it will still be work in progress this will be highlighted in the calling notice.

PL has real difficulty in making any of the scheduled dates after May.

Action: CP and BD to review possible days for regular attendance with members to see if a better, fixed, recurrent day and time can be identified.

Agenda item 8: Date and venue of next meeting

Thursday 20th February from 0900 – 1100 at UHCW.