

## West Midlands Academic Health Science Network Board Meeting

9a.m. until 11 a.m.  
Thursday 20<sup>th</sup> February 2014

Board Room  
University Hospital Coventry & Warwick Trust

Chair: Andy Hardy (AH)

Apologies: Michael Sheppard (MS), Dame Julie Moore (JM), Mark Newbold (MN), Peter Lewis (PL), Scott Weich (SW), Blair Davis (BD)

In Attendance: Christopher Parker (CP), Kate Hall (KH), Tony Davis (TD), Andy Garner (AG), Peter Winstanley (PW), Janice Stevens (JS)

### **Agenda item 1: Welcome/Opening remarks/Apologies**

AH welcomed attendees. Apologies were received from those listed.

### **Agenda item 2: Approve Minutes of the last WM AHSN Board**

The minutes of the last meeting were accepted as a true and accurate record.

### **Agenda item 3: Matters arising from the last meeting**

CP took the Board through matters arising:

#### **West Midlands AHSN Board Terms of Reference (TORs):**

CP had redrafted the original paragraph 2.3.5. of the TORs, which covered attendance and/or representation at Board meetings. There was a brief discussion about how onerous it might be to meet the commitment as stated (i.e. to attend at least 10 out of 12 scheduled meetings). PW reminded the Board that it was not so much a case of “two strikes and you are out”; rather it allows the Chairman to remind members of their obligations in this regard. CP added it was important to “set the bar high” in terms of expectations. It was also mentioned how videoconferencing could assist and the question was raised as to whether there is a need to meet so frequently. On this point it was agreed that monthly meetings are still required but the aspiration is to move to less frequent ones; however, this will be events-driven rather than after

a fixed period of time. Those discussions having taken place, the TORs for the West Midlands AHSN Board were ratified.

**Action:** All to note and Executive to ensure review within 12 months.

### **Publishing of Board and Spoke Council Minutes on the website:**

CP informed the meeting that the minutes of the inaugural board had been published on the website and that the executive is the conduit to get future board and spoke council minutes published on the same forum. AH indicated this should probably be done once the minutes had been approved as a true and accurate account (i.e. not until the subsequent board meeting had agreed them).

After-board note: this is at variance with the TORs, which state "within two weeks of each meeting". Accordingly, this was brought to the attention of the acting Chairman who agreed that minutes should be published within 2 weeks of each board in accordance with the principles of Openness and Transparency already signed up to by the board.

**Action:** Executive to arrange for minutes to be published as previously agreed.

### **Proposal on updates from Theme Directors:**

CP presented for approval the proposal on how to keep the board apprised of programme developments. The principle is one of 'by exception', i.e. to inform members only in the event of concern about progress (or of remarkable and noteworthy successes). In addition, there will be two boards per annum, set aside at six monthly intervals, at which each theme and clinical priority lead will give a short, oral update.

**Action:** Theme directors/Clinical leads; Executive to schedule events.

### **Dates and times for future meetings:**

CP informed the meeting that while members should already have the dates and times of meetings for 2014, the venues will now be published. (PW explained that part of the delay was due to consideration of an option to host more of the meetings in the south. However, this had not been taken up.)

**Action:** BD to confirm venues, dates and times.

### **Agenda item 4: Executive team report**

CP gave a short résumé of the main activities and areas of note since the last board meeting. These included recruitment efforts, meeting NHS England deadlines for plans, developing a West Midlands AHSN 'brand' and that the network will be represented at the forthcoming Health & Care Innovation Expo in Manchester.

KH elaborated on recruiting. She informed the board that Theme directors had been found for the two key areas of wealth creation and digital. She explained that appointments had not been made against other themes for a variety of reasons, principal amongst which was the inability to match specific expertise against the requirements of those themes. There followed a discussion on how to operationalize these areas and what would be the best way to find suitable persons to fill the roles. The consensus was that the remaining posts should be

advertised separately, thereby affording the opportunity to be more specific in the requirement. At the same time the advert should indicate the scope for some flexibility in regard to the time commitment in order to encourage the best candidates to apply.

TD then spoke about stakeholder engagements, finances and programmes.

The board was encouraged by attendance at stakeholder engagements. Those to date have attracted good audiences (over a thousand interactions so far). In addition, more than 140 people have already registered to attend the regional stakeholder event on 21 March at Chateau Impney, Droitwich. This will offer a combination of presentations, panels and stands (32 out of 50 tables sold so far). MS will chair the day and Steve Fairman (Director Business Improvement & Research at NHS England) will be the keynote speaker. The event will allow for full engagement across the network and the afternoon will be used to focus on innovation & adoption. A further event in April/May time will look at education and training and suggestions are building up for other topics. The Chairman stressed the importance of affording all Trusts, including smaller ones, the chance to attend these sorts of events and TD responded that the messaging had targeted everyone across the network.

The Board was particularly pleased that input from stakeholders, including the public, had informed the plan on a page (submitted to NHS England on 14 February) and the business plan now being drafted for 2014/15.

TD went on to mention increasing cooperation with the CLAHRC and the developing relationship with the LCRN (for which these are still early days in its own evolution). PW questioned if it is known just yet what everyone hopes for in the AHSN and AG stressed the importance of using all channels that are available, such as via the LETCs, to establish this.

On funding, TD advised that of a £4.7M total, £4.3M is committed (subject to contracting work being completed) and that attention is being paid with the host finance department to reconciling the remainder before the year's end. Core costs are expected to come in around the £1M ceiling previously stipulated by the board (and TD outlined some of the areas where he has been working to reduce this figure). AH asked what is known about funding in future years. KH responded that while the central funding is expected to reduce over the 5-year period of the contract, the detail is not yet clear. KH asked about the as yet uncommitted funding and TD responded that it will be allocated.

TD also covered activities by theme and clinical priority area, updating the board on where each individual or group of programmes sits. It was again apparent that there is increasing cooperation with the CLAHRC on the innovation and adoption theme and with Health Education West Midlands (HEWM) on education and training. Most themes and priority areas' programmes have already gone to contract, with the remainder soon to follow. Under this heading TD also advised the board of the 'claw back' clause that would permit control of financial investment in these areas (up-front funding being linked to identified milestones).

There followed a general discussion about challenges that would be faced, during which AG enquired about interactions with Local Enterprise Partnerships (LEPs) and JS commented on HEWM's experience with matched funds.

## **Agenda item 5: Items for discussion**

### **5a. Spoke council TORs:**

Before discussing this item, members were asked to make a manuscript amendment to the draft 'Model Terms of Reference for Spoke Councils'. At paragraph 3.5.3. on page 2, "Advisory Group's priorities" was replaced with "Spoke councils' priorities". That amendment aside, the Chairman noted that spoke chairs had been consulted on these and CP offered that they had been crafted to provide sufficient latitude for each spoke to reflect any particular area requirement. The model TORs for spokes were approved for adoption.

**Action:** Spoke councils

#### **5b. Draft West Midlands AHSN Business Plan 2014/15:**

Before discussing this item, those present were also asked to make an amendment on page 7, where. The 3<sup>rd</sup> heading from the end of the page should read "Heads of Programmes".

There followed a very constructive discussion with guidance, advice and suggestions being offered by members. The consensus was that the plan is taking the right shape but demonstrating where it is informed by local statistics will strengthen it (cf. a 5 year skills and development strategy for the region). The board also directed that it should be made explicit that the new system priority areas in support NHS England's desired outcomes are based on powerful input from the West Midlands' stakeholder engagements. The plan should also reflect the excellent collaboration that exists between the different components across the region (AG). More specifically, there needs to be tangible deliverables in each area (JS) and it needs to reflect cooperation with Public Health England (PHE) as well as with HEWM. With regard to the latter there is a need for more on education and what needs to go into curriculum planning (JS offered to assist with these areas). PW recommended that work needs to be done on helping patients and carers through instruction and education so that they will be better placed to understand and navigate their way round regional healthcare, research etc.

**Action:** The Executive is to continue development of plan to meet NHS England timeline with the support of the board and through out of committee circulations.

#### **Agenda item 6: Risks and issues**

The Chairman observed that now the definitive board is in place one of the next steps was to develop a board assurance process.

**Action:** Executive to develop proposals to put to a future board.

#### **Agenda item 7: AOB**

TD briefed on the European-wide Knowledge and Information Centre (KIC) on healthy aging. This is being developed on a European-wide hub and spoke model (including eastern Europe) and there is an aspiration to develop a UK node. Membership is capped but already includes the West Midlands AHSN as well as 3 universities and other UK agencies. Of note there is interest in Brussels in the population demonstrator model. The host trust will now be asked to sign off a Memorandum of Understanding so that work can be taken forward. KH asked what this would mean for the AHSN. TD advised that it should permit programmes to access funding to a certain scale and that there would also be benefits from being part of this 'badge'. PW asked for a link to the information.

#### **Agenda item 8: Date and venue of next meeting**

The next meeting will be on Thursday 26<sup>th</sup> March from 0930 – 1130 at UHCW.