



West Midlands Academic Health Science Network Board Meeting

9 - 11am
Wednesday 23 July 2014

Board Room, Trust HQ, University Hospital Birmingham

Present: Michael Sheppard (MS) Chair, Christopher Parker (CP), Tony Davis (TD), Jeremy Kirk (JK), Jo Chambers (JC), Andy Garner (AG), Peter Winstanley (PW), Gavin Russell (GR), Janice Stevens (JS), Andrew Taylor (AT), Julie Moore (JM) and Blair Davis (BD)

Apologies: Peter Lewis, Andy Hardy and David Adams

Observing: Neil Mortimer (NM) and Andrew Rose (AR)

Agenda Item 1: Welcome/Opening remarks/Apologies

MS welcomed members and CP introduced NM and AR to the Board as two of the three Heads of Programmes for the AHSN.

Apologies were received from those listed.

Agenda Item 2: Minutes of the last meeting

Minutes of the last Board meeting were approved as an accurate record. CP noted a correction to be made with regards to attendance of the last Board meeting as David Adams was listed as both in attendance as well as giving apologies.

ACTION: BD to amend minutes of the previous Board meeting to state that David Adams was in fact in attendance.

Agenda Item 3: Actions arising

MS confirmed that all actions of the last Board meeting were completed.

Agenda Item 4: Executive team report

CP informed the Board that the Q1 report is ready for discussion with NHS England (NHSE) next month.

CP informed the Board that in the second quarter the PPI group will meet and that the advisory groups are established and running. It was highlighted that while the WMAHSN is struggling to engage with clinical commissioning groups (CCGs), CP has gained an invitation to the Birmingham and Black Country CCGs' Accountable Officers meeting on 30 July, which will hopefully provide an introductory route

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in.

On 11 August CP will be briefing the NHS Regional Management Team meeting (where Eastern and East Midlands AHSNs will also present).

The Board were made aware that Q1 payment should be made after the contract variation is confirmed, and Q2 payment should follow shortly after. CP made the Board aware that the national AHSN Network meeting which he attended last week was mainly administrative. One item discussed was the need to influence 'upwards and outwards'. In this regard, ABPI had been included as an important target audience but not ABHI; however, this was rectified by unanimous agreement.

CP informed the Board that Sarah Millard has started as the new Head of Communications and Engagement for WMAHSN and has been developing a communications strategy and a newsletter and is working to revamp and develop the website.

PW suggested a rolling agenda item should be 'value for money'. TD confirmed it will be a rolling item and would discuss further during his update.

JS suggested a meeting between Health Education West Midlands (HEWM) and AHSN to avoid overlap; CP confirmed that he would like a member of HEWM as the Theme Director for Education and Training, which would also avoid overlap and duplication of ideas. Further discussions are to be had regarding this.

ACTION: CP to meet with JS to discuss further.

TD gave a full update to the board of activities that have occurred since the previous Board meeting. TD ran through each of the programmes of work:

- No concerns with Integrated Care and Clinical Trials.
- Digital – running to schedule; aiming for the WM to be the first digital health economy in the UK.
- Innovation and Adoption – programme being delivered by the CLAHRC. The tender on the Innovation and Adoption Hub closes at the end of this month. TD advised that it should be up and running and developing in this financial year.
- Wealth and Industry – proof of concept for portal. SME innovation fund interviews for post start on 25 July, and a Health and Wealth Economics Summit has been scheduled for 21 October.
- Drug Safety is running to plan but there are still issues with recruitment. The answer may be to use secondments.
- Mental Health and Long Term Conditions are both running to plan.

TD attended the Commercial Directors forum, which he chairs, and NHSE has asked for economic impact measures for the end of September. For every pound the AHSN spends they would like to know what leverage is gained.

TD is working on a proposal as how we as a region we can measure our economic impact. This will be brought to the next Board meeting. TD specified we need to amalgamate everyone's measures.

MS questioned whether there will be updates on programmes from Theme Directors; CP informed the Board that the Theme Directors have already been made aware that they will need to provide updates at the September Board.

Agenda Item 5: Items tabled for discussion

5.1 Contract variation

CP discussed with the Board that he had taken their concerns regarding the contract variation to NHSE and some suggested rephrasing of terminology used. After some discussions and amendments, a revised contract has been completed with which MS and CP are comfortable. CP asked whether the Board were happy with the revised version of the contract, and invited them to accept the variation. This was accepted by the Board.

MS queried whether any of the other AHSNs had challenged the contract variation from NHSE. CP and TD stated that to the best of their knowledge no other AHSN had disputed the contract variation.

GR mentioned that at the Patient Safety Collaborative (PSC) meeting there was some disquiet with other AHSNs regarding this, but no other AHSN appears to have raised their concerns with NHSE.

JK queried whether the agreed funding amount allocated is what was expected for the financial year. CP confirmed it was slightly less.

ACTION: CP to relay to NHSE the Board's acceptance of the revised wording to the proposed Contract Variation; he should also mention the persistent disquiet that there had been a need for such an early and retrospective variation.

5.2 WM Patient Safety Collaborative

An update was given by GR to the Board on local and wider developments regarding the creation of PSCs across England.

GR gave a brief overview of the letter sent on 11 July from Mike Durkin and Steve Fairman, as well as the document on guiding principles for a PSC.

GR outlined the discussion paper document with the Board and informed them that he and AR would be meeting that afternoon to discuss PSC development with representatives from NHS Improving Quality.

GR felt that the projects highlighted in the document around pressures ulcers, nutrition and hydration, and acute kidney injury were important areas for the WM PSC to address first. GR also informed the Board that he felt there is a lot of work to be done but there are elements that can be developed with research programmes further along the line.

JS felt strongly that Ginny Edwards will be very beneficial in helping GR and AR with regards to getting this underway.

AG suggested we should be educating students with this to ensure next generation are on board, and PW felt that the proposed simulation training should be integrated into mandatory training.

5.3 Widening Board membership

CP informed the Board that following their last meeting several members had suggested suitable candidates from non-acute provider backgrounds whose inclusion on the Board would help to widen and balance the overall membership. Those present put forward and spoke about their proposed candidates and it was decided that Dr Mark Shapley from North Staffordshire CCG should be approached. In addition, the Board felt that it should seek representation from social care. CP also invited members to propose further suggestions for improving the breadth and balance. PW also asked what other AHSNs have done and MS suggested that he and CP put some thought into whom they feel should be approached. MS also reminded the Board that there was an obligation to review membership now that the AHSN is operational. The consensus was that this should be an enduring requirement that the Chair and senior executive staff should constantly monitor.

ACTION: AG to approach Dr Mark Shapley to confirm his continued interest, before formally being approached by MS.

ACTION: CP to identify a potential Board member(s) from the social care community and he and MS to discuss the overall membership and balance of the Board.

5.4 Operations plan

TD gave an overview of the Operations Plan document to the Board. It describes and illustrates the potential for the “pull” or “push” of innovative solutions across the WM (and indeed further afield). The aim is to get a series of messages out as to how people can interact with the AHSN with regards to innovation and explain how the AHSN responds to an innovation “push” or “pull” scenario. Key questions will include: does an innovation (or need) meet key criteria of our priorities and themes? If so, is it fit for purpose? Is it market ready?

TD specified that while we will help and facilitate where investment is required, we are not a funding mechanism. We will work with the community to facilitate the adoption of innovation.

TD outlined the document to the Board and invited members to add to the FAQs section if they have encountered any further questions that are not listed.

All Board members liked the Operations Plan; they felt it was a useful document.

AT encouraged the Board to think of the potential power of this for funding for small companies, of which the Board was in agreement.

TD stated that if the Board agrees this as an approach then this will be advertised through the communications lead.

GR requested 5 or 6 slides as a summary of this document for spoke councils.

ACTION: TD to create a 5 or 6 slide summary of the document.

Agenda Item 6: Risks and issues

MS outlined the risk register with the Board and CP requested that the risk register be used as a template for spoke councils, advisory groups etc. CP also stipulated that a risk can be raised by anyone at any level.

A suggestion was made to refine the post-mitigation column since at present it contained a mix of aspirations and achievements but did not clearly delineate which was which.

ACTION: NM to amend and update this column of the risk register.

Agenda Item 7: AOB

JS advised the Board that Health Education England will be undertaking some restructuring in September/October, of which the AHSN should be aware, and that this may affect their role.

Agenda Item 8: Date and venue of next meeting

The date of the next Board meeting will be Wednesday 24 September 9-11am; venue will be MCR Annex (ground floor), St Chad's Court, Hagley Road, Birmingham.

Board dates for 2015 were briefly discussed. It was suggested that the dates remain as the 4th Wednesday of every other month, commencing January 2015.

ACTION: BD to promulgate Board dates and times for 2015 and establish venues (for agreement with CP).