



West Midlands Academic Health Science Network Board Meeting

10am - 12pm
Wednesday 21st May 2014

Board Room, Devon House, Heartlands Hospital

Present: Michael Sheppard (MS) Chair, Christopher Parker (CP), Tony Davis (TD), Gavin Russell (GR), Janice Stevens (JS), David Adams (DA), Andy Garner (AG), Andrew Riley (AR), Dame Julie Moore (JM), Jo Chambers (JC) and Blair Davis (BD)

Teleconferencing: Peter Winstanley (PW)

Apologies: Dr Peter Lewis, Jeremy Kirk, Andy Hardy, David Adams

Agenda Item 1: Welcome/Opening remarks/Apologies

MS welcomed members and in particular JC, who was attending for the first time. Apologies were received from those listed.

MS also brought to the Board's attention the covering letter sent to all Board members discussing future Board dates.

JC raised the question about sending deputies and MS explained that if Board members are to send deputies they should be carefully selected.

ACTION: BD to send JC Terms of Reference.

Agenda Item 2: Minutes of the previous meeting

Minutes of the last Board meeting were approved as an accurate record.

Agenda Item 3: Actions arising

As the nominated clinical point of contact for work on patient safety collaboratives, GR has been contacted by NHS England (NHSE) and is to attend a meeting within the next couple of weeks. JM stressed that the AHSN needs to be clear not to adjust its aims due to the influence of national bodies. GR indicated that he would inform the Board of any support required after this initial meeting.

CP informed the Board that MS and Executive had not had chance to explore additional non-acute representation on the Board and hence asked for any recommendations the Board might have in this regard.

CP asked to carry forward action from the last Board meeting to add a post-mitigation column to the proposed risk template.

There was then a discussion about employment being one of the wider determinants of health. The meeting discussed the importance of wealth creation as an increase in employment will mean an increase in GDP,



which in turn is good for the NHS budget. CP suggested having something near the start in the annual report to reflect this AHSN's understanding of this.

Agenda Item 4: Executive Team Report

TD and CP confirmed that the main effort of the Executive team has been to draft the annual report for discussion under Agenda Item 5. CP reminded the board that the date for submission to the regional team with a copy to NHSE is 31st May.

TD informed that there is now a forum for Commercial Directors and that there have been discussions around wealth, and that the key people who need to understand the economic impact are the members and stakeholders. Furthermore, with regard to economic outputs and outcomes, the AHSNs must emphasise that their principal customers are the membership and stakeholders of each of the networks.

Agenda Item 5: Draft annual report

JS felt that the overall wording of the annual report was too negative, placing inordinate emphasis on areas in which the AHSN has encountered obstacles within its first year.

PW added that in the introductory section the second to last paragraph discussing world-leading universities and higher education institutes should be more towards the beginning of the document.

CP accepted the point made by PW and also proceeded to tell the Board that the language used in the report had been deliberate to highlight the fact that this has been the WMAHSN's founding year and so wanted to emphasise the obstacles that have been overcome.

The general consensus was that the AHSN wants to appear proactive and positive, as well as highlighting issues that have been faced within the start-up year. The audience for the annual report must also be kept in mind and GR suggested that a paragraph be inserted that speaks of "looking forward". It was also felt that there should be further written explanation with regards to the governance model included in the report to explain why it has been set up this way, along with contact details.

The Board agreed that the general tone of the report should be one of stating our current position along with obstacles that have been overcome, as well as to where we are moving.

JM felt that the vignettes were the best part of the report and that the rest of it is almost an introduction to them.

It was unanimously agreed that more than three vignettes should be used, and that they should be interspersed within the supporting narrative rather than leaving them to the end. The Board was informed that this would be done and also that the report would be brought to life by using a number of quotes that had been assimilated.

Sections regarding the number of programmes need to be tidied up as MS indicated that there are differing numbers quoted throughout.

CP asked the Board whether a closing paragraph was needed and TD suggested a paragraph to set the context and challenges. All felt that the report should end on a positive note looking forward rather than on the challenges already faced.

Agenda Item 6: Risks and issues

It was reported that there had been no change regarding this.

Agenda Item 7: Any other business

CP informed the Board that a letter has been received by NHSE regarding a contract variation for patient safety collaboratives. After much discussion it was felt by the Board that it would be acceptable to respond to NHSE stipulating that a contract variation is not required and that we are already doing a set of activities around patient safety.

It was requested by CP that any media or Freedom of Information requests should be referred to the Executive team.

Finally, TD mentioned that he had been approached by the National Institute for Health Research from Warwick University to do an evaluation on AHSNs.

ACTIONS: BD to send the Board an email for further information regarding the proposed study by Warwick.

Agenda Item 8: Date and venue of next meeting

Wednesday 23rd July 2014, 9am until 11am
Board Room, Trust HQ, University Hospital Birmingham