



**Minutes of the  
WMAHSN Board Meeting  
held in the Board Room, Institute of Translational Medicine  
on Wednesday 26<sup>th</sup> July**

**Present:** Michael Sheppard (MS) Chair, Chris Parker (CP), Tony Davis (TD), Gavin Russell (GR), Su Jones (SJ), Richard Phillips (RP), Andy Hardy (AH), Peter Lewis (PL), Pauline Walsh (PW), Mandy Shanahan (MaS), Laura Boddy (LB) minutes.

**Apologies:** Jeremey Kirk (JK), Tim Jones (TJ), Richard Lilford (RL)

**Agenda Item 1: Welcome/opening remarks/apologies**

MS welcomed all to the Board meeting and apologies were given from those listed.

**Agenda Item 2: Minutes of the last meeting**

The minutes of the previous meeting were reviewed and agreed as accurate and correct.

All actions from the 31<sup>st</sup> May 2017 meeting were noted to be complete.

**Agenda Item 3: Actions arising**

The WMAHSN now have a date for a visit by Ian Dodge, 13<sup>th</sup> October 2017.

**Agenda Item 4: Executive Team Update**

An enclosure had been circulated to the board prior to the meeting.

Relicensing and Q1 Assurance will be covered in Item 5.

CP was pleased to report the Patient Safety Collaboration (PSC) had won an award at the HSJ Journal Awards for their Learning from Excellence programme.

The launch of the annual report on 20<sup>th</sup> July at the Celebration of Innovation event went extremely well. The feedback comments from the event were circulated, these were overwhelming positive.

Updates for the WMAHSN networks were provided. CP suspected Raid and RaidPlus will become national programmes of interest. It was noted that there should be a narrative about how the WMAHSN is supporting the Long-Term Condition (LTC) programmes. Currently WMAHSN are not sufficiently closely involved with Sustainability and Transformation Partnerships (STPs), but this is being addressed for the future. The PSC success with SPACE in benefiting care homes was highlighted.

An MIC update was provided. The intra-regional work across MICs was highlighted using JIGSAW-E as an example. It was agreed that technology could be used to ensure that presentations did not have to be given three

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times and in three different locations (e.g. use webcasting). The difficulties of funding new programmes was discussed. It was considered that in terms of sustainability it was preferable to engage the MICs in sourcing their own funding, rather than providing from a relatively small source, i.e. WMAHSN.

It was agreed that IP workshops for Meridian could be organised for further north of the region than they had currently. **ACTION:** Exec to schedule further IP workshops in the north of the West Midlands region.

### **Agenda Item 5: Items Tabled for Discussion**

#### **Q1 Assurance**

Two enclosures were circulated to the meeting, the AHSN Assurance report and Programmes Off-target report (which excluded the 80% of programmes that are on target). Only items that score higher than 9 are added to the risks of the Quarterly Assurance Form.

There are approximately 80% of programmes to schedule, which for Q1 is acceptable as there are always going to be teething issues in the first quarter.

GR requested Q1 inclusion for Q Membership as NHS England might be interested in tracking what is happening with that. Q has 105 members so far and had its first meeting on 19th July 2017. This occurred in Q2, but all the planning and shortlisting occurred in Q1.

MS highlighted that Board members are not expected to go through Matrix of Metrics in great detail, but the Board is an opportunity to make comments.

The Board appreciated the challenge involved in trying to get a draft AHSN Assurance Report circulated prior to the meeting but members made it clear that they were content for it to be presented without earlier circulation and that reviewing the AHSN Assurance Report as part of Board was preferable to email circulation.

#### **PSC Update**

GR outlined the difficulties the PSC face with workforce. Previously the Host organisation has not been keen to carry money over to the next year, which has caused issues with workforce for the PSC. There have been difficulties with secondments even when the person in question is keen for this, for example, with Q quality improvement support the PSC candidate can only get 1 day a week instead of 5 to support.

GR then updated on two post for the PSC:

**Band 7 AF Anti-coagulation Nurse:** The PSC have secured a well-qualified individual for 2 days a week.

**Band 7 Ergonomics Post:** This post has full support of PSC and WMAHSN and was previously agreed at 31<sup>st</sup> May Board meeting. This was approved as part of Business Plan, but not noted as part of the minutes, which has caused impacted on progressing the Workforce Approval Form (WAF). GR asked for Board Approval and the post was agreed. GR highlighted issues with two other secondments who had not been paid for 3 months. **ACTION:** GR to provide notes for CP to use as framework.

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It was suggested that there should be dialogue between the Host and WMAHSN to explore a smoother way of managing secondments, SLAs and fixed-term posts.

### Relicensing

Further information and guidance about relicensing is becoming available. There is no appetite for change in numbers or restructure, but there is a change in direction. The AHSN Board met on Friday 21st July and proceedings will appear on YouTube shortly. WMAHSN have not heard formally for when proposals are due with NHS England, however, CP is anticipating that Ian Dodge's visit on 13th Oct will be during the expected challenge period. [After Board note: this visit in fact coincides with the time that an initial submission is due and prior to the period of expected challenge and discussion.]

The NHS Board paper had been circulated and the meeting was opened up for comment.

The main points noted were:

#### **STP Awareness**

STPs are often unclear on the work of the AHSN and how STPs and AHSNs can work together. The STPs need to be made aware that AHSNs have expertise in certain areas that make it more cost-effective to involve AHSNs. There was a discussion about the best way to engage STPs including the suggestion of workshops and discussion with individual contacts.

#### **STP Readiness**

Not all STPs are clear yet on what they need and what their strategy is going to be. The AHSN needs to manage this until things become clearer. AHSNs need to note priorities for STPs and have a dialogue in that space about how things can move forward. Although the discussion is about the 6 STPs for the West Midlands region, it might be that WMAHSN needs to initially start working with 3 or 4 STPs until the others are ready.

#### **AHSN Workforce**

The approach with STPs is currently a push rather than a pull process and WMAHSN needs to encourage movement towards a pull. For WMAHSN to engage in more meaningful discussion with STPs to develop their priorities the network may need to look at workforce. WMAHSN has products, thoughts, ideas and innovations, etc, but to work on spread with STPs the WMAHSN needs the correct workforce. Improvement sciences have been highlighted as quite important going forward. Some AHSNs have very strong improvement departments, but WMAHSN, while strong in other areas, is comparatively deficient in this regard.

The chair noted that innovation is still incredibly central to operations and it is difficult not to get sucked into NHS, adoption, etc.

The next meeting is not until 25th Oct, so relicensing material and papers will need to be sent out to Board Members for comment before then. **ACTION:** CP to arrange 1:1 discussions with Board members especially those with relevant expertise and experience.

### **Agenda Item 6 Risks and Issues**

RN001: This risk conflates with R011. R011 to be closed and merged with RN001. As MICs are showing potential the Board agreed that the risk could be reduced to 1 & 5 or 1 & 4.

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RN002: It was felt that the risk of likelihood and consequence should be exchanged so that the figures are 1 & 4 rather than 4 & 1? The Board agreed and also felt that 4 was a bit high for likelihood and this should be reduced.

TDCL004: The YouGov survey is now out of date and there will not be one this year. WMAHSN will still work on issues brought to their attention.

R009: Board agreed to retire the risk and substitute with a new candidate risk on relicensing PR002.

R010: This risk is no longer applicable. Board agreed to retire and move to closed register.

R012: This risk to be retired as it is no longer an issue.

R013: As a result of GR's brief some adjustments need to be made.

**Agenda Item 7: Any Other Business**

There was a reminder that the 25<sup>th</sup> October Meeting will be an hour longer than usual to accommodate priority leads' updates.

**Agenda Item 8: Date and venue of next meeting**

Wednesday 25<sup>th</sup> October 2017, 09:00 – 12:00 in the Board Room, ITM.