

MINUTES OF THE BOARD MEETING HELD ON 23rd APRIL 2013

Present: Cyril Chantler (Chair)
Dominic Dodd
Jan Filochowski
David Fish
Simon Gaskell
Malcolm Grant
Roger Jackling
Richard Murley
John Tooke
Ajay Kakkar
Richard Trembath
Steve Field

Observers: Chris Beasley
Julian Dixon
Mindy Smith

1 Apologies for absence were received from Tessa Blackstone, Cliff Prior and Andrew Whalley.

2 The Chair welcomed to the Board Professor Steve Field, Deputy National Medical Director NHS England - Health Inequalities and Chair of the National Inclusion Health Board, the company's newly-appointed non-executive Director with particular skills relating to primary care.

The minutes of the meeting held on 23 January 2013 were agreed as a correct record.

Follow up items:

3.5 REPORTED the first meeting of the Advisory Council had taken place, with Chris Beasley as Chair.

3.11 NOTED the minutes of the Board meetings will be uploaded to the UCLP website from this meeting onwards once approved.

3.12 NOTED no specific conflict of interests were declared. Malcolm Grant observed that most members of the Board held responsibilities which align with the mission of UCLPartners to improve health and to create wealth.

3.13 REPORTED the first meeting of the Members and Stakeholders Council was seen as an experiment and the nature of the Board will evolve based upon feedback from members. Feedback from the May Council meeting will be reported to the Board in June.

3. Role of the UCLPartners Board

- 3.1 AGREED the Board will act in a Supervisory role monitoring the risks and objectives against the corporate aims as well as approving the decisions of the Remuneration, Audit and Risk and Nominations Committees.
- 3.2 NOTED the skills represented on the Board have altered to reflect the strategic oversight role. Some areas will need to be referred to the Executive or a special sub-group for consideration before returning to the Board for approval.
- 3.3 AGREED the Board will review strategic plans and major policy decisions and provide oversight of delivery against the company objectives.
- 3.4 AGREED members of the Executive may be invited by members of the Board to join Board meetings as observers for all or part of the Board meetings.
- 3.5 NOTED UCLP was moving from an AHSC to a wider set of additional responsibilities, including AHSN functions, and certain skills will need to be reinforced through the Board. Steve Field and Cliff Prior will help to fill the gaps.
- 3.6 REPORTED continued progress towards the recruitment of a non-executive Director position with specialist wealth creation capabilities.

AGREED: Each member is asked to forward nominations for the role.

- 3.7 REPORTED UCLP is also currently seeking a Board member with expertise in local government; with knowledge of the needs across London, Essex and Herts. A number of suitable candidates were nominated by the Board.
- 3.8 AGREED the two director positions should be advertised and potential candidates reviewed by the Nominations Committee. **ACTION:** Cyril Chantler

4. Revisions to Articles

- 4.1 AGREED that the wording of the proposed amendment be altered as follows:
 - a. MoU Clause 3.3 “Government” to be changed to “NHS”
 - b. Article 15 should read “the chairperson should be remunerated....”

ACTION: Andrew Whalley

- 4.2 AGREED Reference needs to be amended to read Barts Health. **ACTION:** Andrew Whalley
- 4.3 NOTED Amendments may be needed to reflect the additional AHSN licence once the accreditation process is completed. **ACTION:** Andrew Whalley.

5. 2012/13 Year End Performance Report

Overview

- 5.1 REPORTED UCLP will integrate five levers to work in conjunction to translate innovation into practice, rather than as five separate organisations favoured in other parts of the country. The five levers are: the Academic Health Science Centre, NIHR Clinical Research Network, Academic Health Science Network, Role as an Education Provider and the Collaboration for Applied Health Research and Care.
- 5.2 NOTED AHSN is a diffusion vehicle for innovations some of which will emerge from the AHSC's application of academic rigour and the basic science pathways, and some from other sources nationally or globally.
- 5.3 NOTED that UCLP's success as an AHSN would be an advantage to the AHSC bid (PQQ deadline 31st May). The close alignment of academic strengths in the partnership will be articulated in the strategy.
- 5.4 REPORTED there is a range of income streams supporting UCLP. In order to diffuse any company financial risk, no single source of income will exceed 49% of the total income

AHSC

- 5.5 REPORTED that the AHSC PQQ submission date is 31 May with full application due on 1 September. Metrics will be provided for the second stage and the company will challenge these as necessary to ensure they provide an accurate representation of the strengths of the partnership.
- 5.6 REPORTED that the AHSC Prequalifying Questionnaire (PQQ) requires traditional NHS metrics and UCLP will demonstrate delivery against the strategy established in 2009 and present a forward thinking vision for a modern AHSC capable of competing on the global stage. The strategy will be developed to create the greatest impact and the approach will be to be bold in shaping the interpretation of an AHSC.
- 5.7 NOTED AHSC bid is an accreditation and not a "re"-accreditation, so fresh ideas to drive forward over next 5 years are needed.
- 5.8 REPORTED that a PQQ Delivery team and a Strategy Oversight group have been formed with John Tooke, UCLP Academic Director, as Chair for both. Initial discussions are around what the strategy will be going forward, with a portfolio of programmes organised in speciality themes of our projects. There will be focus on impact, inter-institution work, inter-disciplinary work, industrial partners and public / societal needs.
- 5.9 REPORTED that in addition to the metrics we were collating narrative examples of achievements to date to use as illustrations of how we work in partnership.

5.10 NOTED: London School of Hygiene and Tropical Medicine (LSHTM) had a strong performance in last REF and already has robust links across the UCLP partnership. The institution would add strength to the partnership's academic capabilities, particularly in global reach, epidemiology, population health and infectious disease training. Membership of UCLP would enable the LSHTM to translate innovation into health and wealth more effectively.

AGREED LSHTM should be invited to join our AHSC application and to become a Founding Member subject to due company process ACTION: David Fish

5.11 NOTED: Concerns were expressed that the AHSC competition sets an expectation that AHSCs are formed from a single University and Hospital or a small number of partners. Some members of the inclusive UCL Partnership may be concerned they are excluded from the AHSC and we need to ensure this misunderstanding is avoided.

AGREED: A briefing on the nature of the AHSC and how all UCLPartner members will benefit from a strong AHSC embedded within the AHSN is needed. ACTION: David Fish.

5.12 NOTED we should be able to expand research domains into fluid networks that cross institutional boundaries that can be articulated in bid.

5.13 NOTED our AHSC model remains the successful model of modern partnerships rather than "command and control" of organisational budgets and staff through mergers.

CRN

5.14 AGREED Nick Lemoine's work on leading the national CRN pilot should be recognised in the AHSC bid.

5.15 AGREED Barts Health will be nominated as UCLP's CRN host and UCLPartners will provide oversight to ensure senior leadership roles are appointed from across the partnership and resources are fairly allocated.

AHSN

5.16 REPORTED The AHSN accreditation announcement is expected after 3 May 2013 and UCLP are using their own resources to deliver programmes in the interim.

5.17 REPORTED We are exploring new ways to underpin wealth creation across the network, including the "value add" of development, assessment and pilot roll out to a large population.

5.18 NOTED There will often be potential for conflict across the partners with the management of IP UCLB has experience brokering fair allocation of IP across partners and we will seek further support from them and others as we develop our model for the AHSN and AHSC functions.

5.19 REPORTED UCLP is moving towards focusing on outcomes rather than process measures.

5.20 REPORTED that AHSN 100 day objectives are moving forward swiftly. Ambitious milestones have been established and the management is confident that they will be delivered within 100 days of resources being allocated to support the AHSN.

- 5.21 NOTED the need to consider what can be delivered if AHSN funding is less than the bid assumption.
- 5.22 REPORTED UCLP is currently in a healthy cash position and has a strong track record in raising funds from multiple sources.
- 5.23 NOTED A single programme board has been formed to support implementation of Cancer and CVD specialist service reconfiguration.

6. UCLPartners 2013/14 Business Plan

Education Provision

- 6.1 NOTED the need to manage the risk inherent in having two LETBs covering UCLP's geographical range
- 6.2 REPORTED that the UCLP LETB could be expected to manage a substantial reduction in central funding (circa 20% reduction over 5 years).
- 6.3 REPORTED there will be a push in the next quarter to get more quantification of outcomes.
- 6.4 NOTED there will be a Strategic Risk committee prior to the next Board meeting.

CLAHRC

- 6.5 REPORTED the CLARHC bid is in the final stages of preparation and the NHS partners are supportive. The challenge has been to get research to reflect the broader population issues. Themes have been identified to address this in the bid.
- 6.6 NOTED the importance to the partnership of further engagement with City University to strengthen collaboration across a range of other activities where there are obvious synergies and strengths .
- 6.7 REPORTED A strong academic vision for the Ludwig Guttman has been developed with contributions from across the partnership. The centre will become a core resource focussed on addressing the needs of deprived communities.

7. Reporting Delivery vs Business Plan in 2013/14

- 7.1 REPORTED A robust business planning exercise had taken place with 5 levers identified: Discovery (AHSC), Implementation (AHSN), Clinical Workforce (CRN) Education (LETB), and Evaluation (CLARHC).
- 7.2 NOTED the focus on health and wealth outcomes will bring about a culture change from traditional NHS thinking.
- 7.3 NOTED wealth generation will be a continual and strengthening priority.
- 7.4 REPORTED clarity on current priorities is needed to show that UCLP is not overextending itself. A one page summary will be presented at the next Board. ACTION: Julian Dixon

- 7.5 NOTED UCLP's priorities are at risk of being overtaken by outside priorities.
 - 7.6 REPORTED the AHSC bid will help to set out and realign UCLP priorities.
 - 7.4 REPORTED A measuring strategy on the effectiveness of the changes taking place will be presented at the next Board **ACTION:** Julian Dixon
 - 7.5 NOTED Evidence on the strength of important areas of UCLPs work will be collected.
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8. The Inequality Agenda

- 8.1 REPORTED One of UCLP's aim is to reduce health inequality. Steve Field will be working alongside UCLP in his role with NHSE to tackle this problem by replicating our successful activities across the population. Main focus areas are preventing avoidable deaths, raising care standards for managing long-term conditions, dentistry and pathway projects such as care for the homeless.
 - 8.2 NOTED Dentistry will form an important part of the Ludwig Guttmann centre with QMUL and East London taking the lead on solving the oral health issues for the local population.
 - 8.3 NOTED Plan is to focus on practices engaged in improvement science. This is a long-term project over 5 years aiming to make the services at the Guttmann Centre further attractive for staff and patients.
 - 8.5 REPORTED Steve Field has a number of analysts available at NHSE that can assist with work on modelling data to assist in our initiatives.
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9. Remuneration Committee

- 9.1 REPORTED The Directors' salaries were reviewed in line with performance plans and the need to reconcile restraint on pay to reflect partners' public funding against the lack of an increase since 2010.
 - 9.2 NOTED the remuneration committee suggested to the management that an increase of 2% to track inflation should be considered and could be offered as benefits in kind.
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10. Any other business

- 10.1 NOTED there is growing frustration on the need to reform primary and secondary care delivery. Over 1 million patients attend A & E across UCLP but there is paucity of outcome measure data. This is desperately needed to help inform hospital activities. UCLP Executive to discuss and provide a summary report to help partners.

10.2 NOTED Sir Bruce Keogh is also doing a report on A & E provisions.

10.3 REPORTED Cyril Chantler will be retiring at the end of March 2014. A new Chairman will need to be sought and the Chair of the nominations committee was asked to lead the appointment and selection process.

11. The next meeting would be held on Tuesday 23rd July 2013 at 4pm in the UCLP Boardroom.