



**West Midlands Academic Health Science Network  
Board Meeting  
9 - 11am  
Wednesday 26<sup>th</sup> November 2014  
0.04 Medical School, David Weatherall Building Keele University,  
Keele, Staffordshire, United Kingdom**

**Minutes**

**Present:** Michael Sheppard (MS) Chair, Christopher Parker (CP), Tony Davis (TD), Jeremy Kirk (JK), Andy Garner (AG), Gavin Russell (GR), Andrew Riley (AR), Mandy Shanahan (MS2), Sue Ibbotson and Blair Davis (BD)

**Apologies:** Peter Lewis, Brian Walsh, Andy Hardy, David Adams, Jo Chambers Dame Julie Moore and Peter Winstanley.

**Agenda Item 1: Welcome/Opening remarks/Apologies**

MS welcomed members and apologies were received from those listed. MS then went on to ask the two new members to introduce themselves.

SI is the Director of Public Health England (PHE) for the West Midlands. SI went on to explain that PHE is an executive agency of the DH and is responsible for health protection services and supports government, as well as the NHS.

SI described how being involved with the AHSN would be a great opportunity on impacting people's health. PHE has seven main priorities, including obesity, TB control, antimicrobial resistance, under fives, alcohol, smoking and mental health (dementia), and within the West Midlands there are an emerging set of priorities which overlap (healthy ageing, child health and return to work – long term conditions).

MS2 discussed Health Education England's (HEE) Beyond Transition process. The footprint is still the same, but four national directors have been appointed to encourage the scale and spread of best practice, one of which will be Janice Stevens. MS2 will therefore be attending the Board while this restructuring takes place.

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

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

**Agenda Item 3: Actions arising**

**ACTION:** Speak to JK as to whether the action of the last Board meeting was undertaken.

**Improving health and creating wealth**

---

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

CP informed the group that there is an organisational review at NHS England (NHSE). NHS Improving Quality and leadership academy are to produce reports by February; Strategic Clinical Networks, Clinical Senates and AHSNs to report by Christmas.

CP updated that there is still a lot of debate around metrics at the Commercial Directors' meetings.

All of the programmes of work are operating well, and Marie Moore has commenced her joint post with Health Education West Midlands for two days a week as our Theme Lead for Education and Training, as well as Susannah Goh from Birmingham Science City, who has joined the team on secondment to pursue the healthy ageing initiative.

Dr Ruth Chambers was named as one of the HSJ Top Innovators for 2014, and Sarah Millard has been sending out the weekly media roundup, as well as the WMAHSN newsletter. Sarah has also organised a guest blog, the first of which was by Nick Smith. CP invited members to make any suggestions of others who may be interested.

CP then went on to discuss the Genomics Medicine Centre West Midlands. The WMAHSN have been keenly and critically involved in the first wave and all 18 acute trusts have signed up to support this. On 5 December there will be a site visit from NHSE. There will also be genomics medicine workshops in January and February, which we will be encouraging people to attend.

GR enquired as to whether the Acute Providers CEOs' meeting still happened, to which CP confirmed that it does. GR felt that chief executives should be engaged in this.

**ACTION:** CP to write a letter to Chair of the Acute Providers CEOs' meeting, Sarah-Jane Marsh, highlighting this.

TD then went on to provide his update. TD informed the Board that the updates provided on existing programmes at the last Board meeting was very beneficial and that the Heads of Programmes found it useful to hear what was going on with all of the programmes of work.

Marie Moore's start has accelerated work on Education and Training.

There is a risk with one of the Innovation and Adoption programmes of work; this will be covered in the risk register later on in the meeting, but essentially re-purposing the money has been considered.

TD thanked all who attended the Health and Wealth Economic Summit in October, and an output report has been provided for further details. The report highlighted the number of no-shows and a conversation was had as to whether there should be a minimum fee for tickets to try to minimise no-shows; it was decided that this needs to be discussed further. TD also reported that there had been very positive feedback from delegates that attended the event.

On the first day of the summit, the seven point growth plan was launched, and there was lots of opportunity in workshops for discussion to identify areas that need to be worked on. Productivity in the workforce (looking at re-enablement) was identified as an area that we need to emphasise most.

---

A supplement publication with BQ Magazine has come about as a result of the summit, highlighting healthcare and life sciences and their part in local economic growth.

We have support from industry and a group of 15 stakeholders (including local authority (LA), local enterprise partnership (LEP), university, public health, commissioning and provider representatives) looking at implementing the growth plan and identifying our impact on the economy.

Also as a result of the summit, a dinner chaired by CP and Gisela Stuart MP took place, “A strong life science city as part of a strong life science region”, to discuss how we get a joined up city region and identify key messages: what is special about our region? What would our ask be to government? How do we clearly articulate to government our life sciences strengths? “Homework” is to sit down with LEPs and LAs to clearly articulate this.

SI expressed an interest in having a further conversation with TD about this, ensuring that we have the correct PH voice.

**ACTION:** TD to meet with SI to discuss closer working with Public Health.

AG queried how severe are we going to be on those not delivering on their programmes of work. CP informed that a process is being put together and TD updated that discussions had been had about clawback in certain situations.

AR queried how the WMAHSN was ensuring that innovation was at the heart of commissioning, as this was discussed at the summit. TD responded that at the event in March there were many commissioners in attendance and feedback was that they were not sure how they saw their role. However, at the summit their views had changed and the WMAHSN is about to embark on several plans which have commissioning at their heart.

A discussion was had about how innovation is now coming from acute providers more so, but that there are also innovative CCG leads with some support and opportunity to engage.

GR highlighted that it is not just commissioners who we need to engage, but also acute providers, LAs etc. AR advised that specialised commissioning may be the way to go.

TD informed the Board that next year there will be a one day summit to present exemplars and show how the WMAHSN has been involved in these.

GR gave an update on the Patient Safety Symposium on 5th November. It has been a six month process, and they are still to get a team in place, but there has been a lot of support. The symposium was a very interactive day and six major areas people wanted to work on were identified.

Paddie Murphy has been working on this and has been having discussions with Graeme Currie.

GR is also going to the national care homes’ meeting to discuss what we can do to help people in care and residential homes. GR requested for this to be on the agenda for the next meeting.

---

GR also informed the Board that there is a plan to get all of the AHSNs with common themes to come together (cluster programme) to share information/best practice e.g. for pressure ulcers.

TD commented that there is an understanding of safety as the patient journey by empowering the patient as they go through their journey. SI felt that it was nice to see the emphasis on vulnerable patients and how they navigate the system.

### **Agenda Item 5: AHSN future paper**

TD then went on to present the future paper to the Board in which there are three proposals.

There are pros and cons of being hosted or a CLG. Some AHSNs have Academic Health Science Centres (AHSCs) and some don't.

Our most important discussions should be about what our stakeholders want.

**Membership model** - There are AHSNs which already have this, mainly due to the fact that they already had AHSCs. The second reason is that some AHSNs were designated with conditions so they didn't receive all of their funding. There have been varied responses with regards to this, but there is an understanding that membership is an issue.

GR queried how you could convince a provider in deficit that they should invest? TD emphasised that we will need to identify return on investment.

Everyone we are currently engaged with will initially be classed as a basic member and there will be no cost. Full members will pay a fee and will have added value services. We need to be clearer on return on investment which drives their business forward. The basic membership will commence from April 2015, and the full membership will be from October 2015. We must be clear that membership will be additional offer, not taking away.

MS queried whether there is a model where everyone is a member and therefore everyone needs to contribute?

GR highlighted that it is not necessarily about the money and more about what is on offer, and queried whether there is a timing issue here? TD clarified that some might join in year 1, or 2 or 3.

**Commercial hub** - What are the advantages and disadvantages of a CLG as opposed to being a hosted organisation? With regards to being a CLG, there are taxation and cashflow issues, but it does provide independence and simplified approaches. It also gives the opportunity to bid in to additional funds e.g. EU or Technology Strategy Board.

There is also the option of a hybrid approach, where there is a commercially focused arm of the AHSN.

The general consensus is that we want to avoid being Birmingham-centric, although JK highlighted that it would be sensible to align with the forthcoming Institute of Translational Medicine, rather than to have two commercial hubs.

**Challenge process** - TD then went on to explain the process for continuation of programmes. TD requested comments from Board

---

**ACTION:** BD to schedule meetings for TD and absent Board members to discuss.

**Agenda item 6: Risks and issues**

CP briefly went through the risks and issues with the Board, all of which had been resolved that were previously posing a risk. Marie Moore has been appointed to the Education and Training joint post; there is now better CCG engagement; Clinical Trials and Integrated Care are in hand; a communications booklet is being produced by Sarah Millard; and TD is due to speak with Richard Lilford this afternoon.

**Agenda Item 7: AOB**

GR raised a query regarding red risks on his spoke risk register. CP clarified that as a spoke these need to be escalated to the Board.

MS suggested moving risks and issues higher up the agenda for future meetings to allow more discussion time.

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

Wednesday 28th January 9 -11am, Room 00050, Clinical Sciences Building, University Hospital, Coventry.