



**West Midlands Academic Health Science Network Board meeting  
held on Wednesday 25 November 2015  
09:00-11:00 the Board Room, The Royal Orthopaedic Hospital**

**Present:** Michael Sheppard (MS), Christopher Parker (CP), Tony Davis (TD), Jo Chambers (JC), Sue Ibbotson (SI), Mandy Shanahan (MS2), Gavin Russell (GR), Andy Taylor (AT), David Adams (DA) and Blair Davis (BD).

**Apologies:** Andy Hardy (AH), Peter Winstanley (PW), Dame Julie Moore (JM), Andy Garner (AG), Jeremy Kirk (JK) and Peter Lewis (PL).

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

MS welcomed Board members and apologies were given from those listed. MS then formally thanked JM for chairing the last meeting on his behalf. JM had asked that Tim Jones represent her at this meeting but unfortunately he was unable to attend due to illness.

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

MS went through the minutes of the last meeting and updated that there was a slight alteration on page 4 with the update given by Professor Theo Arvanitis. The minutes of the last Board meeting were then accepted as a true and accurate record.

**Agenda Item 3: Matters arising**

All actions from the last meeting had been completed.

**Agenda Item 4: Executive team report**

CP had previously interpreted that the PSC would move to NHSI but this is not the case. It will only be the policy side of it that moves but the function will stay with the AHSN.

GR feels it is still very unclear. AHSNs are generally focusing on AKI, MH and Medicines Optimisation. NHSI is supposed to be supporting PSC but so far there has been little input. The WM may struggle as a region as we have not aligned improvement faculties, culture, leadership and bringing together a WM network. GR was unsure where Warwick stands with regards to improvement agencies. Over the next 6 months there is a need to get up to speed with what needs to be achieved. Some AHSNs have an improvement element; these tend to be ones that had an AHSC in the past.

CP updated the Board that all AHSNs were asked at very short notice to pull together information for the NHSE accelerated business planning timetable. This was consolidated with the other 14 AHSNs, however the WMAHSN executive's views is that there was not enough emphasis in the final consolidated report on the overall economic outputs and benefits. That said, it is hoped that the AHSN budget will drop only by 10% rather than 40% in the next financial year. AHSNs are looking to work together on sharing and spreading innovations. WMAHSN will RAID, StarTback and Flo, and

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look at innovations from other regions (as suggested at the last Board meeting).

The spread of beneficial innovation is key and getting good innovation to land is still a problem that other AHSNs are experiencing. CP is meeting with CCGs to encourage them to work with spoke councils. CP met with SI to see how PHE can similarly engage.

'Meridian' is currently going through testing, and Lucy Chatwin is happy to provide demonstrations.

Recruitment for Genomics has mainly been for rare diseases over cancer at the moment. CP and Dion Morton have been meeting with acute provider trust CEs and teams of phase 2 and 3 trusts to bring them on board.

WMAHSN hosted a strategy day on behalf of Sue Hill at NHSE to look at personalised medicine. It was requested at short notice but went well. CP thanked all for their support.

The Q2 assurance for GMC went well and all is on track. The AHSN Q2 assurance visit was also successful. The WMAHSN team briefed David Levy and Genevieve Dalton who were very impressed with what they heard.

It was announced last week in London that John Stewart is moving to a new position. He is to be replaced by John Holden and the overall responsibility for AHSNs will move from Bruce Keogh's remit to that of Ian Dodge. This appears to be positive as AHSNs feature as being key in the evolving Accelerated Access Review. Hence CP and TD are hopeful for the next budget round.

The WMAHSN will be going out to advert for the Executive team roles and an I&A Theme Director. The E&T joint post has worked well and is a vital connection. Louise Stewart is looking at how this can be taken this forward. The question was raised as to whether an E&T Theme Director should be invested in. It was concluded that this might be too much and we should wait and see. MS2 felt that something different might be needed. It will be useful to see Louise's report and make recommendations based on that. It was acknowledged that education must be considered for all programmes.

GR indicated that it may be more about understanding what each organisation is doing. DA was in agreement and reiterated the importance of joining up.

TD updated the board that the WMAHSN has been supporting testbed bids through the process. WM proposals included BSMHFT emergency response in MH, UHB on rare disease and a Staffordshire and Shropshire combined bid regarding TECs.

The MH testbed submission was successful through the 1st stage and has been asked to attend the interview stage. Final decisions will be made in January. The Staffordshire/Shropshire bid is not being taken forward to interview but WMAHSN will look at how to support them going forward regardless. There is no news yet on whether the UHB testbed was successful but it is likely to have gone through. The WMAHSN will work with teams going to interview to help them to prepare.

We are starting to work with Vanguards around Education and Workforce, and Digital.

AHSNs are well referenced in the Accelerated Access Review and are mentioned as being key to delivering parts of this. There is the possibility that AHSNs may be asked to manage an innovation fund, however it is early days. George Freeman recently visited the region and visited BCH, UoB and the ITM as well as attending a WMAHSN sponsored dinner on devolution which came after the Health and Wealth Economic Summit, and was supported by BQ magazine. This will be covered in the spring 2016 issue of the magazine. At the dinner there was an interesting debate and discussions on supporting LEPs, as well as strong guidance from George Freeman on what USP and capabilities the region could stress.

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A paper from the Industry Reference group (IRG) is not yet ready for the Board, however it is taking stock of the current situation and provides recommendations. Refreshment of the IRG is needed as it is rarely the same people that attend. Once the paper is finalised consideration can be given to how IRG can function better and feed in to the Board. IT was mentioned that the WMAHSN should not vary from the core mission of getting innovations adopted and to help drive national adoption.

AT felt that there is a measureable gap with regards to attendance which has as yet not been bridged. AT felt that important questions are where is the WMAHSN going to be in 6 months, and in which case does the IRG need to re-group. These things need to be discussed at next week's IRG meeting.

TD went on to update the Board that the Health and Wealth Summit was well attended. An update was given on the 7 point growth plan and the secondments were announced, as well as the SME Innovation fund which will be launching soon along with Meridian I&A service. Health KIC held an event at Warwick University which was a success, and the following day there was an event on living labs work. This resulted in lots of opportunities of joint working across Europe. There is the potential for three successful innovation bids which will bring €500k in to the region.

Papers were brought for the Board to look at opportunities for innovation, however these will also be sent to the Board members as pdf documents. Previously opportunities went out through communications via the push and pull model, but in future will go through Meridian. This has presented an opportunity to test Meridian. The process is extremely transparent and it is possible to see at what stages opportunities are at all times.

**ACTION:** BD to send out to Board members for comments.

TD and CP will be touring the region during December 2015 and January 2016 to discuss the membership offering with Stakeholders. TD and CP should be able to provide an update on progress at the next Board meeting.

**ACTION:** BD to send out the spreadsheet sent to NHSE to Theme Directors now that the Board has seen it.

SI discussed how a collaborative voice will help with the prevention agenda. There is a significant innovation piece on how to implement this and how it can be collectively promoted (PHE). It would be useful to have a common narrative on what all WM agencies are doing. This will aid CP's conversations with CCGs. There is a need to establish a collective narrative on prevention and innovation.

JC highlighted that this is a complex system with lots going on so it is difficult to see if we have gaps/overlaps/tensions. JC queried how confident we can be that members understand opportunities, and are we at risk of the same people getting involved?

GR felt that it is not necessary to wait until the next spoke meeting to provide people with updates. There is a need to communicate between meetings so that opportunities are not missed, e.g. members of the North Spoke may not be aware of North testbed etc.

SI highlighted that all present are part of other networks use should be made of them to share information.

JC commented that everyone is moving in partial circles as there is not always full attendance at other meetings, and it is difficult to get 'air time' on agendas where key people are present. JC queried whether there is a more effective way and that the agendas are usually full at these meetings. GR felt that waiting for agendas and meetings is not quick enough.

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CP wants to focus on adoption and the spread of innovation, and team meetings are to be used to think about what the Board needs updating on.

The question of infrastructure was raised. TD highlighted that there are many different models of AHSNs. Some have more staff. These AHSNs that invested in infrastructure tend to have less outputs/impact and impacts are what NHSE ask for. The I&A platform gives opportunities to keep people informed and develop communities. Lucy Chatwin has also developed an advisory group which is co-chaired by Tammy Holmes and Vicki Ensor. In next year's business plan there will be a secondment to manage these 'innovation scouts'. The current four WMASHN priorities will be the focus of key messages.

JC stated that although NHSE want metrics this may not be the expectation of members. There is a need to question how to judge success whilst balancing this with NHSE requirements.

MS queried whether there had been any feedback on the Personalised Medicine event, to which CP responded that he was waiting to see what is minuted regarding this at the December NHSE Board meeting.

#### **Agenda Item 5: Items tabled for discussion**

There were no items tabled for discussion

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

It was noted that there was no change to risks R006 and R007.

**ACTION:** Risk ETR001 to be retired.

Risk RN001 is still ongoing.

Risk RN002, there is now greater CCG involvement and Meridian will help to monitor this. There has been no change to Risk TDCL001

**ACTION:** Risk TDCL002 to be retired.

Risk TDCL003 is to be continually monitored.

Risk TDCL004 was raised as people seemed to be confusing the Warwick Business School survey with the National Survey.

**ACTION:** CP to speak to them - maintain this risk.

**ACTION:** Risk TDCL005 to be removed as feedback has shown people do not want another PPI group and we should make the most of existing groups. This risk can be reopened if people identify concern.

**ACTION:** Risk TDCL006 needs to be redrafted.

#### **Agenda Item 7: Any other business**

No other business was discussed.

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

Wednesday 27<sup>th</sup> January 9-11am, ITM Board room.