West Midlands Academic Health Science Network Board meeting held on Wednesday 23 March 2016 9 – 11am Board Room, Institute of Translational Medicine

Present: Michael Sheppard (MS), Christopher Parker (CP), Tony Davis (TD), Jo Chambers (JC), Andy Hardy (AH), David Adams (DA), Peter Lewis (PL), Mandy Shanahan (MS2), Gavin Russell (GR), Andy Taylor (AT), Tim Jones (TJ) on behalf of Dame Julie Moore and Sarah Millard (SM)

Apologies: Sue Ibbotson (SI), Peter Winstanley (PW), Dame Julie Moore (JM), Andy Garner (AG) and Jeremy Kirk (JK)

Agenda Item 1: Welcome/opening remarks/apologies

MS welcomed Board members and apologies were given from those listed.

Agenda Item 2: Minutes of the last meeting

MS identified that many of the action points will be addressed in the Executive update and suggested going through the minutes for corrections and alterations.

TD updated on membership key leader engagement. There had been a meeting at Royal Wolverhampton Hospital NHS Trust with the R&D Manager to explore Meridian and the trust is now much clearer on the membership offer.

Regarding industry engagement, TD said that he had requested Medilink to put together a paper regarding industry reference group models and that discussions were ongoing with AT and Andy Riley of ABPI. AT highlighted that while the plans were not as far forward as he would have liked to be, there were examples of less formal reference groups elsewhere which look promising as a model. The gulf between the AHSN and industry would be mitigated by Meridian and the Accelerated Access Review (AAR).

TD said that there could be engagement between commissioning and procurement functions through a surgery model, and that there may be a couple of engagement events for 40-50 SMEs and clinicians throughout the year.

Regarding the personalised medicine strategy, CP said that he had been asked to attend a Healthcare UK meeting in Sussex. The feeling was that while Healthcare UK were keen to pitch personalised medicine to the overseas audience, that audience has other priorities at the moment. The AHSN and WM GMC are stepping away from this approach at the moment.

GR noted that the comment attributed to him on page 3 was in isolation from a larger discussion around the importance of Public Health England (PHE) both locally and on the prevention agenda, the need to engage PHE in the spoke councils and the close working on a number of issues. AH

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suggested bringing them into the work on Sustainability and Transformation Plans (STPs).

CP noted that WMAHSN has submitted nine case studies, both to the AHSN Network for inclusion in the Impact Report and to NHS England (NHSE) for information.

CP noted that there was no longer a need to engage with John Holden as he has now moved on from his role, but his replacement would be engaged.

Agenda Item 3: Actions arising

All actions from the last meeting had been completed.

Agenda Item 4: Executive team report

CP discussed the executive team report. Regarding recruiting, it was a matter of urgency to recruit the Operations Officer. All other positions had been recruited, except the Innovation and Adoption Theme Director. There was a discussion around the need for this role, as the environment has changed with the introduction of tools such as Meridian, and finding the right person was proving problematic. JC asked what the risks were in not recruiting; CP replied that the recent round of visits to CEs/Deans/Vice-Chancellors had mitigated the challenge around key leader engagement, as would the reinvigorated Spoke Councils as Membership Innovation Councils (MICs).

RECOMMENDATION: The Board recommended that the appointment of the Innovation and Adoption Theme Director be paused.

PL asked if MICs would take on the task of commissioner engagement. CP replied that they would, and that a letter would be drafted for MIC Chairs to top and tail and distribute to CCG leaders.

ACTION: CP to draft letter and send to MIC Chairs.

It was also noted that with the standing down of JC from the Central Spoke Chair, a CCG leader would be sought as the Central MIC Chair (and by extension, a Board Member). A note of caution was sounded around commissioners' schedules. AH suggested that tying MICs to STP work would make them more attractive to commissioners.

CP noted that he is attending an STP clinical workshop on 24 March, so there is a clear opportunity to engage. He also noted that MICs were being scheduled for once per term, which would help facilitate scheduling conflicts for commissioners.

TD also pointed out that the MICs' role is to appoint task and finish groups, the one of first would be to embed innovation and adoption into the STPs.

GR questioned if there was still a role required to specifically engage commissioners and general practice.

MS2 requested that the Board bear in mind the footprint of work such as the Five Year Forward View and STPs, which had impact for all workforce, not just education. She suggested that these spaces were useful to get the right people around the table. There is also a growing move towards the four patches across the country, so the AHSN should ensure that it also works at that level as well as locally.

DA noted that the medical schools in the M6 corridor of the West and Est Midlands were meeting as a Midlands Health Innovation group. There is an opportunity for NHS and the AHSNs to tap in.

ACTION: DA to keep the Board informed of the remit and progress of this group.

MS suggested that the WMAHSN impacts report include the value of attending MICs.

ACTION: CP/TD to update report.

The Board agreed that it would be useful to have a new organisational chart, list of contacts of all staff and potted biographies of all new staff.

ACTION: SM to circulate chart, contact details and biographies.

There was then a discussion of how members were kept informed of achievements, and the Board agreed that these should be circulated that these be distributed prior to the commencement of the next Stakeholder Survey. SM informed the Board that this is currently pencilled in for September 2016.

ACTION: SM to disseminate annual report and infographics prior to Stakeholder Survey.

TD informed the Board that there are currently four proposals in the pipeline from Meridian, but owing to glitches in the scoring there has been delayed. These would be put to the Board when ready.

TD then updated the Board on the progress with commercial activity. It is clear that Meridian is an opportunity to further engage with industry. Furthermore, three or four companies are relocating to the West Midlands due to WMAHSN's commercial activity. MS said that the successes need to be captured and used proactively.

ACTION: TD and SM to add to suite of case studies/infographics.

MS extended his thanks to Blair Davis on behalf of the Board for all of her input into the WMAHSN and wished her well in her new role with Birmingham and Solihull Mental Health NHS Foundation Trust.

Agenda Item 5: Items tabled for discussion

The Board then discussed the draft business plan (BP) and the WMAHSN impacts report. MS noted that the submission deadline for the BP is before the next Board meeting so approval will have to be made outside the meeting.

WMAHSN impacts

TD pointed out that the report covered not just the AHSN's achievements since inception, but also projections going forward, which is important for stakeholders such as NHSE. MS questioned what format this information would be, and TD replied that an impact infographic has already been designed and used. DA asked how the information was evidenced, and TD assured the Board that a robust and evidence-based method had been used and which related solely to AHSN activity. The information was originally gathered as an exercise to compare AHSNs. It was noted that it was important to be able to evidence these impacts if requested.

RECOMMENDATION: The Board recommended that a suite of infographics be developed which include:

- Exemplars and snippets e.g. £X savings had come from X programme
- The patient experience and involvement element
- How impacts have responded to the AHSN's vision and values
- The dissemination and adoption at scale element e.g. STarT Back going from a North Staffordshire initiative to other AHSNs, and how this has changed patient experience
- Examples of what individual programmes have achieved, as well as aggregated figures
- Are aimed at different stakeholders – providers, commissioners, academia, industry, patients, carers and the public

RECOMMENDATION: The Board recommended that these infographics be included in the 2016/17 WMAHSN communications strategy.

ACTION: SM to include in 2016/17 communications strategy, to go to next Board

ACTION: SM to develop suite of infographics as recommended.

Business plan

CP gave an overview of the draft BP. TD discussed the figures and issued a note of caution, as they are based on projections at this stage. MS2 requested that it reflect wider workforce element, and PL requested that it reflect mental health prevention.

RECOMMENDATION: The Board recommended that the executive team roles be expanded to include how they meet WMAHSN objectives and add value, rather than just job descriptions.

RECOMMENDATION: The Board recommended that case studies be included in the BP.

ACTION: CP to meet with all executive team members and update BP as recommended.

ACTION: CP to create schematic of key events to be included in BP.

There was discussion around the metrics, especially the merits of 1. Number of publications achieved. DA agreed that a list of publications would be useful. GR suggested that this metric could give a push to dissemination. TJ said that we could be smarter about how we label what we do e.g. sponsorship of events. MS suggested that we use partner publications e.g. academia.

RECOMMENDATION: The Board recommended that a means of capturing this information be ready for 1 April.

ACTION: CP, TD and SM work on mechanism to capture publications.

Agenda Item 6: Risks and Issues

RECOMMENDATIONS: The Board made the following recommendations:

- R006 – retain and monitor, but will be adjusted as more clarity emerges.
- R007 – introduce commentary re: MICs and Chairmanship/Board membership. Adjust to amber.
- RN001 and RN002 – retain and monitor.
- TDCL001 – close.
- TDCL003 – retain and monitor.
- TDCL004 – change to amber.
- TDCL006 – retain and monitor, but update following discussions with Health Education England.

Agenda Item 7: Any other business

JC is standing down from the Board due to vanguard commitments. MS thanks JC on behalf of the Board for all of her input.

Agenda Item 8: Date and venue of next meeting

Wednesday 25 May 9 – 11am, ITM Board Room.