



**West Midlands Academic Health Science Network
Board Meeting
held from 9 - 11am
on Wednesday 22 July 2015
Room 0.79, David Weatherall Building, Keele University**

Minutes

Present: Michael Sheppard (MS), Christopher Parker (CP), Tony Davis (TD), Andy Taylor (AT), Peter Winstanley (PW), Andy Garner (AG) and Blair Davis (BD)

Apologies: Peter Lewis (PL), David Adams (DA), Sue Ibbotson (SI) and Mandy Shanahan (MS2), Jo Chambers (JC), Dame Julie Moore (JM), Gavin Russell (GR), Jeremy Kirk (JK), and Andy Hardy (AH).

Agenda Item 1: Welcome/opening remarks/apologies

MS welcomed board members. Apologies were received from those listed.

Agenda Item 2: Minutes of the last meeting

The minutes of the last Board meeting were accepted as a true and accurate record.

Agenda Item 3: Actions arising

CP confirmed that updates will be given within the executive report on PSC, Smith/Levy review, HEWM joint post and Spoke Councils.

PW highlighted that the Post CCT Fellowship for GPs seems to be going well and is spinning out to the south east. This may help solve the GP and A&E recruitment issue. CP agreed that this needs to be exploited through communications and will discuss further with Sarah Millard.

ACTION: CP to talk to Sarah Millard about publicising Post CCT Fellowship further.

TD informed the Board that the final action from last meeting is still outstanding, as TD has not managed to speak with Sudhesh Kumar as of yet.

ACTION: TD to speak to Sudhesh Kumar with regards to microbial genomics centre.

Agenda Item 4: Executive Update

CP went on to update the Board that the 2015/16 Business Plan is now complete and was submitted to the regional team, who recommended that NHS England (NHSE) release Q1

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funds. There had also been some delay with the Q4 payment from last year, but this has now been signed off.

12 out of the 22 CCGs are involved with the WMAHSN through a variety of routes including the making a difference to people with diabetes programme, medicines optimisation work and attendance at Spoke Councils. CP is due to meet with Kiran Patel next week to discuss further ways of improving working relationships. CP also spoke with RH and RC with regards to improving engagement with CCGs. They reinforced the need for the AHSN to better market its offers and the associated advantages to CCGs.

The move to the ITM has been delayed until the first week in September. However, TD confirmed all outstanding issues have been resolved with regards to the move. It should definitely go ahead in September.

CP updated that the Q1 assurance report is due on 13 August and NHSE have made recommendations for metrics based on the business plan.

The innovation and adoption (I&A) theme director job description is complete and will be ready to go out to advert soon. If any Board members know of suitable candidates for the post of two days a week, at senior management rate, they were invited to inform the Managing Director. PW suggested a candidate at UHCW, who is an enthusiastic and personable innovator and potentially a very good candidate. However, this person is extremely busy. The question will be whether he has the capacity to take this on.

CP stated that the I&A framework agreement has permitted further development of the planned service and that the mapping process is being used to build the platform. However, it needs testing with real life examples.

The survey conducted by Deloitte has been useful in identifying where organisations need to raise their game. CP reiterated this and commented that it will help to show people what the AHSN can offer. This again comes back to marketing.

The job descriptions and person specs for the new positions are complete and are currently with University Hospitals Birmingham NHS Foundation Trust (UHB). In addition, MS2 has a candidate in mind for the HEWM joint post. We hope to set up interviews as soon as possible. Marie Moore has offered to come back and brief the new person when they start.

The Smith/Levy review is yet to be released. It is thought that NHSIQ staff may go to Monitor/TDA. AHSNs are still being encouraged to work closely with SCNs and Senates, which the WMAHSN is already doing.

Pete Jeffries is now in place as the regional Patient Safety Programme Manager and working closely with GR. Having someone focused on patient safety is of benefit, but Pete may have to move to a Monitor/TDA location next year if the Patient Safety Collaborative (PSC) moves to NHS Improvement (NHSI). However, this has not yet been confirmed.

The WMAHSN carried forward an amount for patient safety from the last financial year (FY), plus it has an allocation against patient safety for this FY. The intention is to carry on plans for the collaborative until the end of the FY, when the patient safety function is expected to move to NHSI. TD proposed to the Board that the WMAHSN accelerates spend on safety through as many wide and varied initiatives as possible, across both clinical priorities and

enabling themes. The Board agreed that patient safety is an investible area and CP informed the Board that there would be an opportunity to inform the theme directors and clinical priority leads of this opportunity the following week.

PW stated that the exec team would need to see what the proposed projects would be and to confirm that they are in line with patient safety.

All present were in agreement that if and when patient safety moves to the new organisation, the WMAHSN is to retain the original drug safety clinical theme. For the moment, the Board was content for it to remain within the PSC, but the funding for that would need to be moved out before the end of the FY. JC/GR to be briefed on this.

ACTION: CP and TD to brief JC and GR on proposals for PSC and DS.

New working practices are already being implemented. CP is chairing the clinical priority leads' and theme directors' forum. He explained to the Board his determination to use this forum as the focus for in-year delivery of operational objectives within the overall strategic intent of the Board. This will incorporate co-ordination of activity between clinical leads and theme directors. This had been agreed in principle at the last meeting of that grouping and revised ToRs will be discussed at next week's meeting. In addition, three members of the Board continue to chair the Spoke Councils, and CP and TD have met their commitment that one or both of them be present at those meetings (accompanied normally by one of the Business Managers). As a consequence, communication is better, both horizontally and vertically through the WMAHSN. It also provides stakeholders in the Councils, which are well attended, with connectivity to the main Board.

AG observed, however, that the main Board meetings are more sporadically attended which may be an issue, and also queried whether GR is to remain Chair of the North Spoke Council (AG has offered GR hot desk facilities). CP had not yet discussed this particular issue with GR, but does anticipate him remaining in this role, given that GR intends to continue with the WMAHSN in his capacity as clinical lead for the PSC. This was welcomed.

AG went on to discuss that there is a similar problem with LETBs and LETCs regarding consistent attendance and they overcame this with videoconferencing. This could be considered as an option for the Board. TD confirmed that this capability would be available at the ITM.

The membership letter went out on 1 June 2015 and since then the WMAHSN has been approached by several organisations, including Heart of England NHS Foundation Trust (HEFT) and Birmingham Children's Hospital NHS Foundation Trust, and there has been an invitation to brief the Royal Wolverhampton Hospitals NHS Trust management team. HEFT is interested in greater involvement in PSC work and also keen to use the opportunities process. There is also the possibility to address the NIHR stakeholders' meeting. These developments all present opportunities to spread awareness and understanding of WMAHSN capability and services.

Dion Morton, Hilary Fanning, CP and Neil Mortimer will go to the University Hospitals of North Midlands NHS Trust (UHNM) on 27 July to provide an update on the West Midlands

Genomics Medicine Centre (GMC). Technology, information and transformation are the areas to be covered as well as key timings, including the date for a UHNM member of staff (Chris Clowes) to assume the Ambassador role. The delegation will also seek to agree with UHNM the likely date for them to start patient recruitment. They will also seek to agree the best future liaison and communication channels. If this approach is successful, the plan is to conduct similar visits to other trusts. PW and AG observed that it would be helpful to have some sight of what is being proposed/discussed. CP went on to update the Board that there is a planned genomics labs redesign and restructuring, and GEL are proposing the development of new labs. Also, UHB feels that it will have a fuller financial picture regarding GMC work in September.

ACTION: CP to email PW and AG with information regarding roll out of GMC.

CP updated the Board that the study by Warwick Business School on networking of AHSNs is complete and they came to brief CP and MS last week. The network mapping didn't come as a surprise, but there was an unexpected level of regional connectivity. CP suggested the authors of the report brief the Board in September, as well as the Industry Reference Group. The Board agreed these proposals.

ACTION: CP to speak to Daniela D'Andreta with regards to briefing WMAHSN Board and Industry Reference Group.

TD went on to discuss the fact that the feedback to the membership letters has been very positive from all sides. The enhanced services offer is still being developed, and they are being unofficially tested with organisations. TD went to see the Black Country Alliance with Neil Mortimer this week. The models around the I&A service and the Digital Innovation Service for Health need refining but we are picking up interest, and patient-centred care is also getting a good reception.

There are five test bed proposals going forward from our region. They are in the areas of digital health, trauma, rare diseases, mental health and technology enabled care. Out of a total of 38 that have gone forward nationally, possibly four to six will succeed in the end so we may get one from the region. There will be a meeting in London on 29 July for test beds to meet with innovators. This is a fluid process. It is unknown what money is available but it is understood that it will only be awarded to the test beds and not the innovators. The Department of Business, Innovation and Skills has asked that AHSNs support hitherto unsuccessful bids that nonetheless still have potential for alternative funding, e.g from SBRI.

There are two primary care vanguards in the West Midlands, and there are competitions out for acute vanguards. Some trusts are interested, and the WMAHSN is supporting a bid for urgent care with Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT), which thus far is going well.

WMAHSN will be holding its Health and Wealth Economic Summit on 13 October and the Board was encouraged to bring this to the attention of as many people as possible. At this event it is intended to introduce the newly appointed industry secondments (ABPI for medicines optimisation and ABHI for Local Enterprise Partnership engagement), which will both be one day a week. The SME innovation fund should also be announced, as well as the I&A service and online platform.

PW recently became aware of 'Warwick Commission', being led by Sir Richard Lambert, Chancellor of the University of Warwick, which will explore the strengths and economic potential of the Midlands. Plans for the Commission had not included the health and life sciences sector. PW had, however, been able to bring this to the attention of the Chancellor, who was persuaded that this had been an oversight that he should correct.

TD briefly described the work that we are doing with *Business Quarterly* magazine to produce something for spring next year, looking at bioengineering and how life sciences can drive economic growth.

ACTION: CP and TD to email PW with details to enable PW to brief Sir Richard further.

TD informed the board that Alderley Park in Cheshire is to host a new centre in medicines technology. This announcement by the Chancellor of the Exchequer had not been foreseen. George Osborne had also announced that the headquarters of the precision medicines catapult will be in Cambridge and that there will be regional centres in Scotland and Northern Ireland, as well as in the north and south of England. The WMAHSN is maintaining contact with precision medicines catapult people.

Finally CP extended an invitation to Board members to attend the weekly executive team meeting.

Agenda Item 5: Items tabled for discussion:

Issue note on EIT Health KIC

TD provided a brief overview of the Issue note on EIT Health KIC provided by Paddie Murphy. The central EIT Health function is based in Germany. Interviews for the Chief Executive, Chief Operating Officer and Chief Financial Officer have taken place. The Business Plan is being developed to be submitted in September 2015. Some partners have withdrawn from membership due to the 30% budget cuts, and the money to support the UK and Ireland is very little. There is continuing support through Birmingham Science City and the University of Birmingham. There have been 45 submissions in the recent call for innovations proposal, seven of which were from the UK, and three of those were led by the WMAHSN. The outcome of this will be announced in late August.

Issue note on Secretary of State announcement

MS confirmed we are still awaiting the Smith/Levy review. However, the recent speech by the Secretary of State for Health announced that a new organisation that will be formed called NHS Improvement. It is understood this will be the combined operational arm of Monitor and the Trust Development Authority.

After further discussions it was concluded that not a lot of helpful information has been provided about the formation of NHS Improvement.

CP concluded that it appears that they are expecting much of the same from AHSNs regarding linking with regional partners, and that AHSNs need to be seen to support the Five Year Forward View. MS indicated that it will be important to revisit this next March as to how we have been delivering, and that we need to be showing that we can do things that can make a difference. All agreed that the WMAHSN must be able to demonstrate this.

AT also felt that the announcement is not the last on this topic and we will hear more.

TD mooted whether this may be an issue for AHSNs regarding consolidation, i.e. will there always be 15 AHSNs? Either before the licence ends, or going forward if the licence is extended, it is felt that there may in the end be less than 15 networks. MS confirmed that up to 2016 we should anticipate remaining as we are, since it will be in 2017 that our licence expires.

CP asked the Board for their views on how we should take this forward. PW highlighted that it would be better if slimming down is done by choice rather than force. TD has been having ongoing discussions with Oxford and Cambridge to ensure lines of communication are open. MS reiterated that there is no change in emphasis of our role, but we need to look to alliances with other AHSNs so there is a more natural merge if and when it becomes necessary.

Agenda Item 6: Risks and issues

CP recommended closure and removal of three risks that no longer apply and that the Board adopt a new candidate risk relating to engagement across the region apropos the GMC.

The Board was in agreement to remove the ones recommended and to adopt the candidate risk.

Agenda Item 7: Any other business

No other business was discussed.

Agenda item 8: Date and venue of the next meeting

Wednesday 23 September 9 -11am, Board Room, Trust HQ, UHB.