

**West Midlands Academic Health Science Network Board Meeting  
Wednesday 27 July 2016, 9:00 – 11:00  
Board Room, Institute of Translational Medicine**

**Present:** Michael Sheppard (MS), Christopher Parker (CP), Tony Davis (TD), Andy Hardy (AH), Peter Lewis (PL), Mandy Shanahan (MS2), Richard Lilford (RL), Gavin Russell (GR), Andy Garner (AG), Jeremy Kirk (JK) Richard Deveraux-Philips (RD-P) and Helen Carter (HC)

**Apologies:** Julie Moore (JM), Tim Jones (TJ), Sue Ibbotson (SI), David Adams (DA)

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

MS welcomed members, in particular Richard Lilford who was attending for the first time and Helen Carter, representing Sue Ibbotson. Apologies were given from those listed. RL gave a brief outline of his work as Director of the CLAHRC, with particular regard to service improvement, quality and/or safety enhancement and evaluation of interventions.

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

The minutes were reviewed and accepted as an accurate record.

AG provided further feedback on continuing discussions between Midlands' medical deans who come together as a common interest group. Ian Gillespie (ex Cabinet office) has been appointed as Midlands innovation audit lead. Ian brings considerable political understanding and had emphasised the importance of stressing what makes the Midlands stand out from elsewhere. The group recognised that the region has a strong focus on transport and energy; they identified potential connections between the former with health and life sciences, e.g. in areas such as return to work, road safety, maintaining mobility (with further associated health and well-being impacts).

It was proposed and agreed that should be a more formal update to the Board.

**Action:** AG/DA to advise when to schedule this. CP to include as an agenda item.

CP also gave a short update on the Q4 assurance visit, reiterating that it appeared to go well and that there had been no follow up concerns expressed by the NHSE Midlands and East regional team.

**Agenda Item 3: Actions arising**

All actions from the last meeting had been completed or were being covered as agenda items.

**Agenda Item 4: Executive team report**

CP spoke about matters in the update distributed prior to the meeting.

**WMAHSN Celebration of Innovation.**

This event received positive feedback. The model will be developed for next year.

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## Annual Report

The WMAHSN report for 2015/16 was launched at the Celebration event. The format has been refined from previous years to emphasise successes and use infographics. These will become a greater part of WMAHSN communications. (See item on Communications and Engagement strategy.) Board members were given hard copies of the annual report and the publication about the innovation awards winners.

## Re-licensing of AHSNs

As a precursor, CP updated the Board about personnel changes in NHSE and the relative turbulence that will exist during the AHSNs' stakeholder survey and the initial work on defining the re-licensing process. Current understanding is that it will entail a competitive tendering process to procure a future service, with evidence that STPs and outcomes of the Accelerated Access Review will be supported. An information note will be published in the autumn with more to follow.

Discussions took place regarding George Freeman MP becoming Chair of the PM's Policy Board and implications for the life sciences' agenda. RD-P spoke of the need to demonstrate collective impact and develop contingencies. MS2 asked about managing staff. TD responded that the response was likely to come from the wider AHSN network and that the WMAHSN is being transparent with its personnel. In addition, in terms of personnel management there is regular liaison with the host organisation. There was mention of the relative advantage of being hosted and also discussion about which organisation might ultimately have overall responsibility for AHSNs. Whatever the outcome, MS2 stressed the importance of arms length bodies coming together and the need for coherence between STPs, HEE, PHE etc.

## Annual AHSNs' Stakeholder Survey

CP confirmed that YouGov will be running this and outlined key dates:

Submit stakeholder contacts to NHSE	25 Jul
Circulation of pre-warning material (from YouGov)	03/04 Aug
Stakeholder survey live	08 Aug
Survey closes	16 Sep
Delivery of 15 draft site reports	30 Sep
Delivery of national final report	07 Oct
Publication of all reports	Oct – date tbc

He added that it had been deliberate to get the Head of Communications to lead on this task and stressed that nominated respondents will be actively encouraged to complete the survey through regular reminders and personal encouragement. RD-P emphasised the importance of outlining the collective impact and of achieving a high number of respondents to ensure the significance of the results.

**Action:** All WMAHSN Board members and executive team personnel to promote the survey and encourage responses during the period 8 August to 16 September.

## Membership Innovation Councils (MICs)

CP spoke of the success of the MIC (North) and of topics considered (AF, patient safety and antibiotic usage). These had been followed up with Mark Stone and a collective of 6 northern CCGs. In addition, CP and GR have subsequently met with John MacDonald, Chair of UHNM and lead for Staffordshire's Sustainability and Transformation Plan

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(STP). There are potentially 3 areas to explore with that STP: use of comparative data to inform plans; WMAHSN programmes of potential benefit (including those on human factors in primary care, care home harm avoidance and lessons from the mental health test bed and from vanguards); and brokerage and facilitation through Meridian as well as making use of the Pfizer offer of Excellence in Health events.

CP confirmed that Andy Williams, AO at Sandwell and West Birmingham CCG, will chair the central MIC. With AH chairing the MIC (South) 2 of our 3 MICs are chaired by STP leads. In addition, CP and TD have met with John Wilderspin (Birmingham and Solihull STP). Efforts continue to be made to meet Simon Wright (the other northern STP) and CP will visit Sarah Dugan (Herefordshire and Worcestershire STP) on 30 August. AH mentioned there is already common ground between the 2 southern STPs. CP said this could be very helpful since finding common ground would make it easier for the AHSN to support multiple STPs rather than being pulled in potentially 6 directions and having to prioritise and sequence support.

MS proposed Andy Williams is invited to join the Board. This would mean all 3 MIC chairs would be members as well as bringing welcome CCG experience, knowledge and understanding to the table. This was agreed unanimously.

**Action:** MS to invite Andy Williams to join the WMAHSN Board.

### **Membership, Recruiting and Executive Away Day**

CP confirmed that there are 8 enhanced members, with applications being progressed for 6 other organisations. The WMAHSN recruited Kevin Dunn, R&D manager at the ROH to take up the post of operations officer. CP commended him to the Board as being highly suitable and JK endorsed this view from his own knowledge of him. CP added that Kevin had taken leave to join the recent WMAHSN Executive team Away Day, an event that helped to further integrate new members as well as identify a number of tasks/ways in which the team could improve performance (such as rhythm and scheduling of events, improving internal communications, building resilience etc). Notably, there is determination to create a WMAHSN Handbook that will assist executive staff and stakeholders. These actions will be completed by the executive team.

### **Commercial Director's update**

TD updated regarding LEPs. The WMAHSN contribution has included emphasis on the skills agenda; with respect to the West Midlands Combined Authority the skills agenda was again to the fore and TD is contributing on the innovation board. The WMAHSN has supported a bid to Government on intelligent systems (primarily addressing the productivity gap). In regard to the 'Midlands Engine', TD briefed on work with East Midlands (David Williams at Loughborough University) with the Royal Centre for Defence Medicine and ABHI plus others regarding the Defence medicine incubator. In terms of support to industry, this includes bringing in 7 tenants to iCentrum; the WMAHSN is there on 1 day per week, with WIN due to make up another 2 days presence per week. Three companies have been helped with early stage start up. On the global agenda TD spoke about planned trips to Texas (following up Defence contacts and learning from enterprise development programme); also about the potential ROH/Stryker collaboration regarding future robotic technologies. There are also likely to be opportunities in the Middle East via the Arab Health event in February. Finally, TD spoke about the EU referendum outcome's impact on WMAHSN activity – 2 bids in the system are 'safe' as they will be completed with respective partners within the next 2 years. There is no risk to our current programme. As to the service provided hitherto to the KIC, this has now been passed back to Imperial. It was in any case slow to pay for services provided. PL enquired about connections between the mental health test bed and the WMCA. TD

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responded, commenting on the importance of bridging across both initiatives. AH spoke about understanding the value of linking LAs with STPs. PL also asked about EIT funding with the lead being in Ireland. TD explained that it is still possible to work with them but one cannot expect funding. RL said CLAHRC experience is similar.

At the conclusion of the brief, MS2 asked about learning to use Meridian and the numbers using this exchange.

**Action:** CP to arrange brief and demo for HEE

**Action:** Executive to ensure Meridian facts and figures are a regular part of the update.

### **Agenda Item 5: Industry Focus Group**

TD introduced the paper on the proposed Industry Focus Group. There was general support for this as well as that expressed by the industry rep, RD-P. TD asked that any detailed comments be emailed to him; otherwise the proposal was agreed that Medilink WM implement the approved approach.

**Action:** Board members to email any comments to TD.

### **Agenda Item 6: Matrix of Metrics and Quarter 1 Report**

MS and CP introduced this item. The Chair stressed the importance of the Board reviewing this carefully as part of the governance and assurance process and stressed that the Board must maintain ownership of this.

CP explained the nature of the Objectives, Impacts and Deliverables columns as well as the Progress reports and colour-coded Progress status. Members also made suggestions as to how to further improve the utility and process.

All acknowledged the challenges of working with such a lengthy and comprehensive worksheet. RD-P, citing similar experience with another AHSN, recommended exploring whether any 'best practice' had been arrived at by any of the 15 networks.

MS2 was not clear on whether the matrix shows potential or agreed deliverables.

**Action:** All Board members to exercise vigilance in reviewing the Matrix and take ownership of this.

**Action:** Executive team to clarify matter of 'potential or agreed'.

**Action:** Subsequent reports to highlight the previous as well as current progress status.

**Action:** Where progress status deserves a colour other than Green, the reasons for this to be explicit in the text, rather than Board members having to deduce the cause.

**Action:** CP and TD to seek out any 'best practice' procedures.

NB Following a later discussion, Board members were briefed regarding the agreement and current development of national metrics for all AHSNs. These points were noted.

**Action:** Update at future meetings.

The Board then considered in turn all serials shaded other than Green:

*OrthOracle.* Slight delay with submission; also not yet known if bid will be supported.

*Clinical Trials Capacity.* Delayed as still awaiting responses from a few key trusts. JK however confirmed responses coming in. Should very soon revert to Green.

*Medical Device Evaluation Service.* This has been affected by EU issues. There is currently no capacity to sign contracts; effectively 'in limbo'. Alternative scenarios are being considered. An update should be possible by next Board.

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*DISH.* There have been practical challenges in progressing this quickly because of the amount and the need to adhere to OJEU rules. Also combination of procurement rules plus maternity leave partly contributory. However, proposal has now been received from a preferred public sector partner. Delays caused this to be marked Amber; expected to turn Green during Q2.

*PCC.* Amber for similar reasons to above. Network costs however fall below OJEU threshold. Small competition has been run and preferred organisation has agreed. Expected to become Green.

*Mental Health - MUS.* This is marginally behind schedule but not causing concern. Affirmed by PL. Should become Green.

*Patient Safety – AF.* It was not possible to convene relevant personnel in Q1. However, this workstream has now been initiated. It will centre on the 4 major components (detection, diagnosis, PCC driven decision on management, maintenance and follow up). Tools, techniques and models will be considered for the 4 parts of the pathway. Intention is to develop this initially with 6 x CCGs in the northern part of the region. GR commented on the challenges, that the intention is to take a road show approach, and to try to engage CCGs with improvement potential. It was agreed that the sustainability of good practice is variable and challenging. HC observed that in the East Midlands the learning had been determined very much by the extent of collaboration and also the presence or otherwise of a clinical champion to drive the agenda. RL mentioned that there would be interest in evaluating this.

*Healthy Living, Active Ageing and Wellness.* Both Amber because they have not yet been loaded onto Meridian. This is expected soon and this should correct matters.

*MIPACE.* The bid for this did not progress to interview. Hence Red. Possible alternative sources of funding will be explored.

### **Agenda Item 7: Programmes for Approval**

*Junior Doctors Medical Leadership and Innovation Fellowships.* CP updated the board on the proposal from UHBFT that had been taken out of Committee. The response from TJ had been well received. In his absence on leave, CP has informed Louise Banks at UHBFT of the Board's approval of this. In addition CP had relayed to her the comments made by AG (on evaluation and wider spread) and SI (re input to the programme and the potential for PH trainees to be considered). [Board after note: Louise has acknowledged these points and the need to incorporate suitable clauses into the contract.]

*OrthOracle.* The response to questions raised following consideration of this submission after the last Board had been reviewed by those present. However, Board members had struggled with the response. TD provided an update regarding the SME Innovation Fund Board's support for OrthOracle (as they felt it would offer a good return). However, the WMAHSN Board was not prepared to fund the backfills for which the submission had asked.

**Action:** MD to inform Mark Herron of Board's decision.

### **Agenda Item 8: Communications and Engagement Strategy**

CP presented this draft strategy to the Board. MS commented on the elegance of the approach, that it covers metrics and recognises the importance of timing to effective communications. Overall the draft was well received and helpful recommendations were made to finesse a good and otherwise accepted strategy. The amendments are listed for action by the Head of Communications:

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**Action:** Correction of fact –the final West Midlands LETB is this week. Thereafter there will be only one LETB for the Midlands and East. Amend text accordingly.

**Action:** The strategy will be enhanced by inclusion of the national context and reference to the importance of contributing to the national impact. Incorporate accordingly.

**Action:** The draft pays insufficient attention to patient safety. This must be added.

**Action:** Weight should be given to the WMAHSN’s particular strengths such as the digital agenda (an original ambition), commercialisation of opportunities (an established focus) and patient safety (a developing strength). The strategy should use opportunities to demonstrate how WMAHSN strengths complement those of other AHSNs. With so many patients struggling with a number of long-term conditions in a fragmented healthcare landscape there is an even greater need for AHSNs. This should be reflected and the narrative regarding improvement should be developed.

### **Agenda Item 9: Risks and Issues**

The Board concentrated mainly on the newest risk that has originated because of the EU referendum result. Members accepted that there is unlikely to be clarity regarding this risk for some time and were content that the Commercial Director is constantly reviewing this in the light of developments.

### **Agenda Item 10: Any Other Business**

Nil.

### **Agenda Item 11: Date, time and venue of next meeting**

28th September, 9:00 – 11:00am, ITM Board Room.

(Note the September meeting has been reduced from 3 to 2 hours; the November meeting will increase to 3 hours to incorporate updates from the Clinical Priority leads).