



**Minutes of the
WMAHSN Board Meeting
held in the Board Room, Institute of Translational Medicine
on Wednesday 26th April 2017**

Present: Michael Sheppard (MS) Chair, Chris Parker (CP), Richard Devereaux-Phillips (RP), Pauline Walsh (PW) Tony Davis (TD), David Adams (DA), Sue Ibbotson (SI), Tim Jones (TJ), Richard Lilford (RL), Peter Lewis (PL), Mandy Shanahan (MS2), Laura Boddy (LB) minutes.

Apologies: Gavin Russell (GR), Jeremy Kirk (JK), Andy Hardy (AH)

Agenda Item 1: Welcome/opening remarks/apologies

MS welcomed all to the Board Meeting and apologies were given from those listed. Introductions were made to Pauline Walsh, who is a new member.

Agenda Item 2: Minutes of the last meeting

The minutes of the previous meeting were reviewed and agreed as accurate and correct.

Agenda Item 3: Actions arising

CP had emailed SI to confirm there were 5 preventive case studies earmarked for the Annual Report. He had also arranged for a slot to brief the Provider CEOs at their meeting on the 2nd Friday in June. The Board had received and therefore had a chance to review the revised version of the Business Plan. It is planned that GR will update the Board regarding potential risks to maintaining delivery of PSC objectives at a later meeting.

Agenda Item 4: Executive Team Update

Relicensing: The Academic Health Science Network (AHSN) Coordination Director has indicated that NHS England (NHSE) want to rollover the contract. CP outlined that in the future AHSNs would probably be expected to focus on innovation and improvement. It appears that NHSE would want activities to be 'highly standardised', which will be a challenge as all 15 networks are set up differently, but they can at least work towards 'flexible standardisation'.

The AHSNs also aim to seek more clarity from NHSE, especially as to what might be the perceived role of AHSNs in genomics, research, etc. as these and other areas are often within the primary remit of other organisations.

RL has already had a discussion with CP regarding the relationship between the Collaborations for Leadership in Applied Health Research and Care (CLAHRC) and the WMAHSN. Given the increased focus by NHSE on research and interagency cooperation, it would be prudent for the AHSN and CLAHRC to continue to march in step and reinforce each other with an aim of aligning even more closely.

Improving health and creating wealth



DA provided early intelligence regarding a Life Sciences grant around drug discovery, which is a £300 million pound package for a national programme. Oxford has a high chance of being funded for this, with Birmingham providing experimental medicine and trials expertise. TD noted that the WMAHSN is actively engaging with Oxford AHSN and another topic would be welcome. **ACTION:** DA to keep Board informed.

MIC: Feedback on Membership Innovation Council (MIC) North and Central meetings was provided. There has been a lot of enthusiasm emerging from these MICs. Gavin Russell and Andy Williams have done a great job chairing them. The MIC Central pushed through a lot of good proposals and the MIC Central chair made a commitment to help fund the proposals which galvanised the group to provide support. MIC South will sit in June. The group had wanted to look at diabetes prevention and it is hoped that by doing some preliminary work prior to the meeting that the MIC South will soon be as far advanced as its North and Central counterparts.

Meridian: An enclosure had been circulated to the Board. The most up-to-date agenda for the Celebration of Innovation event on 20th July was also circulated during the meeting. CP clarified that the event is split into two parts and asked that the Board members endeavour to attend one or the other, or ideally both parts if possible. CP also summarised Meridian LIVE feedback, which had been very positive.

SI raised the topic of Sustainability and Transformation Plans (STP) and how to support the next round of the five-year plan going forward. It was considered that there is a need for a collective conversation about innovation and evaluation, rounding it all together. The nature of the structures that have evolved over the years have become quite fragmented. It was noted that there was an appetite to bring it all together. PL had also just completed a complex piece of work for the Mental Health Strategy Board, which feeds into an STP, so there is an opportunity to get some traction.

The role of AHSN as a facilitator was discussed. AHSNs can act as a catalyst and coordinator, but there is a need to focus on what the role of the AHSN is and to be clear on what an AHSN offer should be. There is an opportunity to frame what is being done with the STPs, and it would be interesting to see what the STPs have mapped against the five-year plan.

EIT, Membership and the Business Plan: It now appears that linked 3rd parties will no longer be allowed to progress through the European Institute of Innovation Technology under the umbrella of WMAHSN. CP is following developments closely, but this affects the Premium membership offering planned by WMAHSN.

The Patient Safety Collaborative has been shortlisted for Health Service Journal awards for clinical excellence

Commercial Director

Due to the general election, timescales for working with Local Enterprise Partnerships, West Midlands Combined Authority, and Midlands Engine and also work on the Industrial Strategy, have slipped.

Accelerated Access Review (AAR): TD was in London carrying out negotiations. There was a discussion with National Institute for Health and Care Excellence (NICE), discussions and consultations about interfaces and who is responsible for which part of the pipeline. This was resolved in a meeting with NHSE, NHS Improvement (NHSI), NICE, etc. There is more clarity around what is needed from innovation exchanges. Again, due to general elections, AAR has now slowed.

Serendip: There are 3 categories of digital innovators associated with the Serendip digital health zone at iCentrum. The first group is incubator tenants that get free, hot-desking space for 6 months; the second group are accelerator tenants, still in the digital health zone but paying for their space (there are 3 of these, in all of which we have invested SME funds); the final group is other digital health companies associated with the accelerator but who are not housed within iCentrum.

SME Innovation Fund: Things are moving along well and some loans are being paid back. TD hopes to report further in a few months' time

Economic Impact Report: Raising the profile of the economic impact of the NHS in England. Tim Jones and Andy Hardy were copied into the Black Country Consortium Economic Impact Report, but it was pointed out that this didn't cover work in collaboration with industry and the economic impact produced. TD is going back to the authors of the report to see if they could provide a report covering this, as well as a punchy, shorter, infographic based economic impact statement. **ACTION:** TD to report back at the next meeting.

The latest issue of BQ2 magazine was handed to Board members. This edition has focused very much on the regional life sciences and the role that the WMAHSN and others play and includes much positive coverage of the AHSN.

Agenda Item 5: Items Tabled for Discussion

A. WMAHSN 2017/18 Business Plan Q4

The Board had helped shape the Business Plan (BP) in its current format with their useful comments from the last meeting. The Board now had an opportunity to provide comments on any further amendments that could be made. CP did note a few amendments made to the circulated draft (4.4), whereas he is currently working from 4.5.

MS thought that the BP had a different feeling to the annual report. It was noted that this was for NHSE/NHSI/OLS and external stakeholders as well as for internal use; hence acronyms were spelt out when first used. Even so, MS2 suggested an index of abbreviations would be helpful. **ACTION:** CP to arrange for a glossary of terms in the BP

TJ observed that some phrases could be better articulated e.g. 'matured' rather than 'discontinued priorities'. MS noted that the authors had been asked to be a bit more upfront about successes and agreed with this point.

B. Matrix of Metrics

A one page summary of the Matrix of Metrics was handed out with red and amber projects covered and some of these were discussed. MS2 noted that HEE are doing some work on how many people have accessed SCRIPT and it was agreed that there could be areas that could be targeted jointly. It would therefore be useful to share intelligence. **ACTION:** TD to ask WMAHSN exec team to contact MS2. In addition, CP informed the Board that he would press to have the remarks column of the Matrix of Metrics strengthened so that each entry essentially had a 'stand alone' account that would be enough to bring any reader up to date. **ACTION:** CP to speak with Amy Boulton.

C. WMAHSN 2016/17 Annual Report

The Annual Report (AR) was circulated to give an idea of what is intended to be included. There is an opportunity for the Board to steer direction for a fairly finalised version to be circulated for the May Board (although adjustments could still be made). There will be two versions, a hard copy in the square format circulated, and an electronic version with gifographics (moving infographics). Some aspects have featured in the previous AR, but have been included in this report with successful updates e.g. a programme from last year has become international, so although at an initial glance it looks as if the WMAHSN is reusing information, a closer reading indicates why. Points noted:

- SI noted that the bullet points for “Our Region” do not tell a story for her. SI is happy to help reframe that if useful. By framing in a slightly different way, it can push buttons for combined authorities and STP work. **ACTION:** Exec team to contact SI for help framing “Our Region”
- In a similar vein, PL offered to help with the section on RAID. **ACTION:** CP to discuss with PL.
- With regard to finances, the Board fed back that this could be relegated to an appendix and that there should be a narrative to explain the carry forward. Also, it was suggested that the AR refer to ‘non-core staff’ rather than ‘consultancy’.
- TJ thought that the report was much better and more visual. There was a sense of it being more geared towards the audience than the BP. Regarding the 3 pages about who makes up the WMAHSN, It may be more suitable to place this in an infographic.
- MS noted one factual error. It states 1 LETB under ‘our NHS’, but these are actually 6 Local Workforce Action Boards

ACTION: CP to approach members who have offered to help with sections. **ACTION:** Board to approach CP if they feel they can help with sections

Agenda Item 6: Risks and Issues

RN002: Title “Spread of programmes outside of spoke”. This needs to be ‘MICs’ rather than ‘spoke’.

TDCL006: States “Approach needs to be inclusive”, but WMAHSN feels that the relationship is fine and that this risk could be retired. This was agreed. **ACTION:** TDCL006 to be retired.

R012 + R013: With regard to R012 and IR35 compliance. Now there are various SLAs and contracts in place and WMAHSN feel that a way has been found to move forward and the risk has been mitigated. Post-Mitigation box has now been completed “Should permit priorities to continue as planned”. It has been agreed with GR that WMAHSN will review the situation in two to three months. **ACTION:** GR to update at July Board re patient safety collaborative issues

Agenda Item 7: Any Other Business

Association of British Pharmaceutical Industry (ABPI) and Association of British Healthcare Industries

Su Jones is the new representative for East Midlands ABPI, replacing Andy Riley who was previously on the Board. Currently the chair of the ABPI Regional Board attends the Central MIC meeting. There had been a discussion about whether Su would be interested in being part of the WMAHSN Board and whether she would provide some of her members for the South and North MICs? The Board felt it would be useful to go back to the agreement that

MICs had previously. In addition RDP has arranged for 3 ABHI members to attend MICs. They are Sharron Tansey for MIC Central, Paul Hodge for MIC North, and Nicki Dill for MIC South. ACTION: On behalf of the Chair, CP to invite Su Jones to join Board.

Agenda Item 8: Date and venue of next meeting

Wednesday 31st May 2017, 09:00 – 11:00 in the Board Room, ITM.