



**West Midlands Academic Health Science Network
Board Meeting
9 - 11am
Wednesday 27th May 2015
Main Conference Room, Health Education West Midlands, St Chads
Court, 213 Hagley Road, Birmingham
B16 9RG**

Minutes

Present: Michael Sheppard (MS) Chair, Christopher Parker (CP), Tony Davis (TD), Andy Taylor (AT), Mandy Shanahan (MS2), Jo Chambers (JC), Dame Julie Moore (JM), Gavin Russell (GR), Jeremy Kirk (JK), Peter Winstanley (PW), Andy Hardy (AH) and Blair Davis (BD)

Apologies: Peter Lewis, David Adams, Sue Ibbotson and Andy Garner

Agenda Item 1: Welcome/Opening remarks/Apologies

MS welcomed Board members and 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

Chair noted all actions of the last meeting had been completed and that GR will update on the item raised at the last Board meeting on the risk register.

Agenda Item 4: Executive team report

CP began the executive update with the Smith/Levy review, explaining that nothing had changed since the last Board meeting due to purdah, and there has also been a further delay after the election. CP voiced concern at the last MD's meeting on performance management and taking on NHSIQ staff, and other MDs also appear to be concerned. MS asked for input from the rest of the group, to which TD indicated that NHS England (NHSE) are not averse to merging AHSNs.

CP went on to update that the first patient has been recruited for the 100,000 Genome project. CP indicated that there is a need to chase up the ambassador roles to ensure people are in post and there is a start date in place.

Continued liaison with regional partners has been useful.

While there has been a delayed role out of the Patient Safety Collaborative (PSC), Pete

Improving health and creating wealth

Jeffries has now started two days a week and will be attending the Patient Safety Congress in early July (just after he starts full time on 1st July). CP is confident that Pete Jeffries will be able to take this forward, and having him on the executive team will ensure patient safety permeates through all we do.

The Annual Stakeholder Event on the 28th April was a huge success and the speakers brought to life all we have done. The Annual Report for 2014/15 was published that day and copies were given to all 200+ delegates. The Opportunities for Innovation process is being refined as a result of feedback received, and the concept of membership was also broached. Unsurprisingly, people heard what they wanted to hear with regards to money. However, there has been good feedback and the message will be refined to make it clearer that everyone will be members but that there will be a separate, additional, enhanced service offer available to those who wish to partake; the latter will commence in January 2016.

One of our Heads of Programmes (HoPs), Dr Andrew Rose, is leaving at the end of June which has given us the opportunity to look at how we currently operate and take pressure off those who are overly burdened.

In addition, Marie Moore has been offered a national role with Health Education England and so will also be leaving us. However, the utility and benefits of this post have been clear to both the AHSN and HEWM. The intent is therefore to jointly appoint a successor and Marie will return to complete a handover to that person once they are able to take up the post.

CP and TD would like to work closer with the Spoke Councils (AH, JC and GR) and use the Theme Directors' meeting slightly differently. The desire is to use that forum as a source of operational direction and enhanced co-ordination, working subordinately to the overall strategic direction of the main Board. This had been proposed to the Theme Directors at their meeting the day before and was well received by those in attendance. TD then went on to elaborate on aspects of the membership offer, the proposed, revised staff structure and on finances.

On 1st June everyone will be contacted to let them know they are now members at no cost, since membership is effectively subsidised by NHSE as part of the five year licence for the AHSN.

Communications will also go to partner organisations, as well as industry outside of the West Midlands. Industry outside of the West Midlands will not be 'members' per se; however, there will be no change and we will continue to work with them in the same way we have always done. Members will also be contacted in coming months regarding an enhanced service offer which will be introduced in January 2016. There will be different communications going to academic institutions, NHS organisations and industry, each tailored to suit the respective audience.

PW agreed that an increased fee should be paid by academic institutions with a medical school compared with those without.

MS2 highlighted that we also need to think about newer organisations and their ability to pay for the enhanced services.

PW reflected on the Business Plan in general and queried that there is currently no mention of the CLAHRC. CP informed the group that this had been previously noted and there are plans to add this missing information in to the Business Plan.

AT identified that there are questions from industry as to where all of this is going; this was echoed by GR in that there are also similar questions coming from NHS trusts. TD indicated that some AHSNs are more advanced with membership than others due to already having established Academic Health Sciences Centres before their AHSNs were licensed.

JK queried whether the enhanced services imply that there is a two tiered system and all were in agreement that it would have to be clearly communicated to all that this is not the case. As indicated by GR, the PSC would be available to all and as such is part of the membership and not the enhanced service offer.

All were in agreement that people will question what it is they are getting for their money and that it is not necessarily the principle of paying that is the problem, but more the amount to be paid. AH acknowledged that while the figure on the draft Business Plan is still a ballpark figure, it is still expensive. TD highlighted that there will be time until 1st January 2016 to further develop the value proposition. It was highlighted that the AHSN is also bringing in money from other sources, e.g. international funding. AH voiced that we will need to play out arguments that we will get back so that we are prepared.

A recent team away day had provided the opportunity to re-examine the executive structure. As indicated in the Business Plan, we will go out to recruit an Innovation and Adoption Theme Director; more of Paddie Murphy's time will be required for Healthy Living and there will also be a Local Enterprise Partnership (LEP) secondment from ABHI and a Medicines Optimisation secondment from ABPI. LC and NM are to become Business Managers rather than HoPs, and there is a plan to work with HEWM to replace Marie Moore for the Education and Training theme. With Susannah Goh also leaving, Claire Potter from Birmingham University will be taking on the EIT Health KIC co-ordinator role.

The Opportunities Director will work with the Business Managers to make sure programmes deliver, and the Membership Co-ordinator will support existing membership and act as a single point of contact for the enhanced services. Linked to the proposed move to the Institute of Translational Medicine (ITM), an office supervisor and admin assistant will also be required to support the executive team.

MS felt that the away day was very beneficial and that every member of the team was able to give their input so that there is a closer fit for individuals and their roles.

GR raised that the Theme Directors' roles will need to be clearer and that the HoPs' role within the Spokes has been very helpful and it would be a shame to lose that. CP reiterated that the Theme Directors' role will increase if anything and that the terms of reference will need to be revised, but there will be closer working.

JK warned that we will need to be cautious of having two tier Theme Directors as the 'haves and have nots' with regards to programmes.

AH reiterated the comments made by GR and stated that they can't afford to lose the support of the HoPs, so it is good that TD and CP will be taking a more active involvement in the Spokes.

PW queried why academic institutions do not seem very visible and CP confirmed that amendments are still to be made to the Business Plan. It is still in draft, so this can be added.

MS suggested that the September Board has support for the Spokes as an agenda item. TD went on to provide the financial update to the Board and discussed the assurance call that was held yesterday with NHSE.

£3.7million allocated for this year, of which £700K is for patient safety. £2.3million brought forward, allocated against patient safety, SME Innovation Fund and Innovation and Adoption Unit.

The SME Innovation Fund should be ready by the end of next month, and the Matrix of Metrics for NHSE will be circulated to the Board before the next meeting.

ACTIONS: CP to incorporate feedback from today and submit to NHSE as soon as possible. [Board afternote: the amended and updated Business Plan was submitted on 29th May.]

Agenda Item 5: Risks and Issues

GR addressed the issue raised by the North Spoke, but it was concluded that the new change in structure and responsibility of the HoPs and Theme directors may mitigate the risk.

The issue of horizon scanning was raised by PW; however, all agreed that until we have more information we cannot horizon scan.

MS asked the group whether they had any ideas to improve CCG engagement. CP indicated that the best route he was currently aware of was through Kiran Patel. JK suggested speaking to Ruth Chambers and MS2 queried whether there are routes through

federations. The question needs to be asked as to whether we are trying to get primary care or commissioners.

ACTION: CP to speak to Ruth Chambers and Rhian Hughes as to whom is best to approach with regards to CCG engagement.

Agenda Item 6: Any other business

Pending negotiations we are to move to the ITM in July. We will promulgate change of numbers once we have undertaken the move.

AH updated that he is meeting with Coventry and Warwickshire LEP.

PW remarked that the MRC Microbial Genomics Centre is now operational and advised TD to liaise with Sudhesh Kumar.

ACTION: TD to liaise with Sudhesh Kumar with regards to the Microbial Genomics Centre.

Agenda item 7: Date and venue of the next meeting

Wednesday 22nd July 9 - 11am, Room 0.79, David Weatherall Building, Keele University.