

Minutes of the Board Meeting

Wednesday 23rd November 2016

Board Room, Institute of Translational Medicine

Present: Michael Shepherd (Chair – MS), Dave Adams (DA), Andy Hardy (AH), Chris Parker (CP), Tony Davis (TD), Sue Ibbotson (SI), Gavin Russell (GR), Andy Garner (AG), Peter Lewis (PL), Neil Mortimer (NM), Peter Jeffries (PJ), Tammy Holmes (TH), Jeremy Kirk (JK), Kevin Dunn (KD), Paddie Murphy (PM), Ruth Chambers (RC), Dion Morton (DM).

Apologies: Julie Moore (JM), Tim Jones (TJ), Richard Devereaux-Phillips (RDP), Richard Lilford (RL), Andy Williams (AW), Mandy Shanahan (MS2)

Agenda Item 1: Welcome / opening remarks / apologies

Michael Shepherd welcomed all to the WMAHSN Board Meeting. Apologies were noted as above. Chris Parker introduced Kevin Dunn, the new WMAHSN Operations Officer who started in post on 24th October 2016. The Board welcomed Kevin who gave a brief overview of his experience in research and innovation.

Agenda Item 2: Minutes of the previous meeting

The minutes of the previous meeting were reviewed and agreed as a true record.

Agenda Item 3: Actions arising

All actions from the previous minutes were completed with the exception of the executive team to arrange for Ruth Chambers to make contact with Mandy Shanahan.

Action: The Executive Team to ensure RC makes contact with MS2.

Agenda Item 4: Executive Team Report

CP gave an update on relicensing. A paper will go to the NHS England Board Meeting in December and a longer term funding model may be proposed. Regarding the Accelerated Access Review (AAR) it was thought that the WMAHSN is well situated, particularly with its digital connections, the Serendip Smart City incubator, its particularly strong health innovation exchange and the work that the network is doing around Genomics. MS discussed the positive work of the AHSNs and the challenges around stakeholders and other decision makers not fully understanding the role of the AHSNs and the benefits to overcoming some of the problems that the NHS is facing nationally. CP confirmed that a national response is being prepared between all 15 AHSNs. AH suggested that the Treasury should continue to invest in the AHSNs and also discussed the importance of ensuring that the work and benefits that the networks are bringing should be well promoted. TD discussed the analysis

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that had been conducted which showed the AHSNs contributed to a £96M return on investment. The Board suggested that the AHSN should promote the return on investment specifically for the West Midlands region.

Action: TD to provide further details around return on investment for the West Midlands region for the next meeting.

DA discussed examples of other projects across the West Midlands that contribute to the work of the AHSN, such as the Trials Acceleration programme and the work that is done in rare diseases. The Board agreed that there are many opportunities to promote the region and felt that it was important that such exemplar projects, and the good work of the WMAHSN does not get diluted within the national picture.

SI queried how the AHSN can support the implementation of the Sustainability and Transformation Plans (STPs), particularly around the prevention agenda. A full discussion was held around this topic and it was suggested that the network needs to align itself with the combined authority to develop a collective narrative on the return of investment. CP discussed the membership innovation councils' role and how they are tasked with taking ownership for their localities and agreeing their own local priorities. GR supported this and talked about the benefits of working within networks. It was acknowledged that there are variations within the patch and some areas and organisations are much more connected and engaged with the work of the AHSN and its networks than others. AG talked about The Robert Jones and Agnes Hunt (Orthopaedic) NHS Trust in Oswestry and its modern research facilities and its close links with universities such as Keele, but it is disappointing that it does not engage with AHSN activities to the extent it could.

AH updated the board regarding the work that he had been involved with for the Warwick and Worcester STP and that he and colleagues within the south of the region would welcome the support of the AHSN to help implement that particular STP.

CP then gave an update and a summary regarding the results of the recently published YouGov stakeholder survey. The Board were pleased to learn that the WMAHSN had improved in all areas compared to last year's survey and that the West Midlands region had received the highest response rate. CP confirmed that at the recent assurance meeting with NHS England, they too were pleased with the findings.

CP updated the Board on the recent Q2 Assurance Meeting at which the representatives of NHS England were pleased with the progress that the WMAHSN is making. The Board members agreed that the network should continue to build upon its successes and maximise its impact both across the region and more widely.

CP gave an update on Meridian and its current and planned activities for the Innovation and Adoption Service. A paper had been prepared and circulated regarding Issues and Responses that had been requested at the previous Board Meeting. CP also updated on membership and recruitment to the WMAHSN core team with a particular focus on Operations and Administration.

TD provided the Commercial Director's update which included a summary of the work being undertaken with Local Enterprise Partnerships (LEPs), the West Midlands Combined Authority (WMCA) and the Midlands Engine. TD also discussed the two successfully led EIT innovation programmes which equate to over two million euros of investment. Other updates from TD

included work around the European Regional Development Fund (EDRF), a recent mission to Texas and a planned promotional event in January 2017 at the UK pavilion at Arab Health.

TD updated the Board on developing links with Oxford AHSN, East Midlands and Cambridge to explore synergies and combining initiatives, including a possible joint response to the publication of the AAR. Other updates from TD included The Employment and Skills Commission for WMCA, Health for Occupation, workforce productivity, sustainability and energy cost savings, the WMAHN's STP support offer, the SME innovation fund and the Serendip digital health accelerator at Innovation Birmingham. A full report of all these activities were circulated with the papers for the Board Meeting.

DA discussed the local growth fund. He confirmed that the University of Birmingham had completed purchase of Battery Park which will be developed to support the life sciences market, including a magnet facility. The desire is that this will attract industry partners, focusing particularly on diagnostics and trials. This work contributes to and complements the work of the WMAHSN, which will also provide further opportunities. The Board agreed that there were a lot of activities and that it is important that the WMAHSN successfully promotes these regional benefits to demonstrate why networking is important and how organisations can profit from these activities.

Agenda Item 5: Update on Midlands Health Innovation

**Note - this item was discussed within agenda item 5, in between the Mental Health and EIT Wellness & Prevention Updates.*

DA gave an update to the Board on The Midlands Engine Science and Innovation Audit, particularly around the healthcare, life sciences and translational medicine theme. It was thought that this would be a good opportunity for public health, particularly with collaborations between the biomedical research centres and the NIHR/Wellcome Trust Clinical Research Facilities (CRF). Funding has recently been awarded to University Hospitals Birmingham and University Hospitals Coventry & Warwickshire NHS Trusts to support the CRFs from 2017 - 2022, with funding also being granted to Nottingham, Leicester and Oxford. This allows the East and West Midland regions to work more closely together. AG discussed a joint academic medical sciences meeting that was planned to take place in Warwick in March 2017.

The Board were pleased with these updates and were keen ensure that the West Midlands region continues to collaborate further afield and avoid working purely within the current structures and boundaries that are in place.

Agenda Item 6: Mid year update by Clinical Priority and PSC Leads

**The full presentation slides from the clinical priority updates are to be circulated with the minutes.*

Mental Health: Recovery, Crisis and Prevention - Dr Peter Lewis

Dr Peter Lewis delivered a presentation updating the WMAHSN Board on the Mental Health Innovation Network, Medically Unexplained Conditions, Merit Vanguard, RAID Plus Test Bed, RAID Adoption, Youthspace and the Prevention Strategy for Birmingham. Additional updates included Workforce Projects for HEE, Individual Placement and Support, Share to Care EIT and Programme Support.

GR commented that the new models of care continued to be supported and that there was an opportunity to engage with the STPs. AH informed the Board that the STP mental health strand for the Coventry and Warwickshire locality was rather weak and any support with this from the AHSN would be welcomed. The Board were pleased with the progress and encouraged the spread and adoption across the region.

EIT Health: Wellness and Prevention – Dr Paddie Murphy

Dr Paddie Murphy presented an update on EIT Health, which included updates on the pan-European partnership, the annual business planning cycle, six CLCs, Themes and Pillars. PM confirmed that during 2016 there had been a high profile for the West Midlands, particularly the WM region being granted lead for two innovation projects and a key partner in a further one. In addition to this, two WM SMEs were awarded HeadStart funds and the region had the leading role for Living Labs and citizen engagement.

PM then gave an update in relation to the 2017 Business Plan.

SI queried whether there are links to other areas of Public Health, as SI confirmed that she can help with this.

Action: SI to liaise with PM to explore links between WMAHSN wellness and prevention priority and Public Health.

Long Term Conditions Network – Dr Ruth Chambers OBE

Dr Ruth Chambers discussed the aims of the LTC network and the approaches to collaborative working. RC also presented a new book titled '*Digital Healthcare: The Essential Guide*' which had recently been published, and an App to '*manage your health*' which is now available to download via various platforms. RC also discussed the levels of innovation within the LTC network and links to the national AHSN network.

The Board explored how Public Health England could support the spread and adoption of these innovations. It was suggested that the innovation tariff may help and the Healthcare Quality Improvement Partnership (HQIP). CP confirmed that the WMAHSN Meridian health innovation exchange platform is the ideal place to promote and spread innovations both within the region and across the nation.

100k Genomes Project – Professor Dion Morton

Prof Dion Morton delivered an update on the 100k Genomes project, which included recruitment into the rare disease and cancer categories. Although it was acknowledged that the recruitment and collecting of fresh tissue within the cancer category did have its challenges, the WM are the 2nd highest recruiting region for this category. Genie (the data and information system) had been successfully rolled out across 18 hospitals, which the Board agreed was a great success. Other highlights within the presentation included the Birmingham surgical centre, the Midlands surgical centre and NHS Transformation. CP suggested that a paper should be developed to share best practice across the nation, specifically around the Genomics Ambassador roles and the Genie platform rollout.

[Board after notes: this initiative was highlighted in a piece that CP wrote for the relicensing work on AHSNs' core offer and support to all GMCs. In addition, the GE Finnermore independent audit of the WMAHSN's support to the WMGMC found the ambassador initiative to be a key, unique, truly innovative development. This report has been sent to the NHSE M&E medical director.]

Patient Safety Collaborative – Professor Gavin Russell

Prof Gavin Russell delivered a presentation updating the Board on the West Midlands Patient Safety Collaborative (PSC). Highlights included the WM patient safety network, PSC programmes including culture and leadership, developing capability and evidence and evaluation. Key achievements included a network of 612 colleagues across the region developed, 131 human factors champions have been trained and 160 colleagues attended events on Learning from Excellence. A recent visit from Mike Durkin, Director of Patient Safety at NHS Improvement went well and the PSC team had received some very positive feedback. The Board were very impressed and supportive of the excellent work of the PSC and discussed how these programmes of work could support the delivery of the regional STPs.

Agenda Item 7: Meridian - Live Demonstration

Due to the number of Board Members present, it was agreed that the Meridian live demonstration would be postponed until the January 2017 meeting.

Agenda Item 8: Risk and Issues

The Board members reviewed the Risk and Issues Register. CP made a particular reference to Risk Number TDCL004, regarding the perceived and continued lack of understanding of AHSNs including amongst central staff within organisations such as NHSE and NHSI. He also highlighted a new risk [R010], the innovation and adoption programme manager post as this is a key position within the network but is currently filled via a fixed term secondment.

Agenda Item 9: Any other business

CP circulated copies of the stakeholder survey results to the Board Members.

It was agreed that this would also be circulated with the minutes.

Action: KD to circulate the YouGov survey results with the minutes of the meeting.

The Board requested an update on the Centre for Digital Excellence. TD confirmed that he would discuss this with Tim Jones and provide an update at the next meeting.

Action; TD to discuss with TJ and provide an update at the January Board meeting.

Date and Time of Next Meeting

Wednesday 25th January 2017 9am – 11am.

Enclosures:

1. Priority Leads Presentation Slides.
2. 2016 YouGov Survey Results.