

**Minutes of the  
WMAHSN Board Meeting  
held in the Board Room, Institute of Translational Medicine  
on Wednesday 31<sup>st</sup> May**

**Present:** Michael Sheppard (MS) Chair, Chris Parker (CP), Tony Davis (TD), Gavin Russell (GR), Helen Carter (HC) on behalf of Sue Ibbotson, Su Jones (SJ), Jeremy Kirk (JK), Richard Lilford (RL) Laura Boddy (LB) minutes.

**Apologies:** Andy Williams (AW), Andy Hardy (AH), Peter Lewis (PL), Helen Duffy (HD), Pauline Walsh (PW), Mandy Shanahan (MaS), Sue Ibbotson (SI), Richard Phillips (RP), Tim Jones (TJ), Julie Moore (JM), David Adams (DA)

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

MS welcomed all to the Board meeting and apologies were given from those listed. Su Jones (SJ), a new member, provided an introduction for herself and her role within the Associate of British Pharmaceutical Industries (ABPI). Introductions were made by those present to SJ.

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

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

SJ noted that regarding Agenda Item 7, APBI would be delighted to provide representation for South and North Membership Innovation Councils (MIC). **ACTION:** CP to send SJ Terms of Reference (ToR) for MICs.

**Agenda Item 3: Actions arising**

All actions from the previous meeting were noted to be complete.

GR is to update the July Board regarding Patient Safety Collaborative (PSC) issues in July, but did provide a brief summary of current concerns regarding WAFs and PSC jobs.

**Agenda Item 4: Executive Team Update**

CP provided the Executive Team Update.

An update was provided for relicensing. The latest document provided is a strawman paper. **ACTION:** CP to send out the strawman paper via email for the Board to review and provide comments. It was asked that the Board do not disseminate the document further at this point. MS noted that it was quite difficult to do a spot analysis if aims and objectives for relicensing keep changing.

Ian Dodge has visited a number of AHSNs, it is expected that a date will be arranged to visit WMAHSN at some point.

**Improving health and creating wealth**



---

CP highlighted the plan to have an Innovation and Adoption Fellowship for Meridian for premium members.

The Board was briefed on recent issues regarding European Institute of Technology (EIT) funding. Historic linked 3<sup>rd</sup> parties such as Aston and Keele University can keep their status, but going forward it is unlikely that this will continue for new parties. The outcome is that bodies we are trying to get funding for will be viewed as subcontractors rather than linked 3<sup>rd</sup> parties, meaning that funding is limited to 50,000 euros. It was noted that this has caused an issue with recent CityNet funding to Coventry University.

The start date for Elaine Russell, Joint Public Health England/WMAHSN Self-Care Lead, was confirmed as 3<sup>rd</sup> July.

Referring back to enclosure 4, Q4 Key Performance Indicators, RL raised the issue of accuracy of metrics. It was discussed that metrics had always been an issue, especially with regard to variation between AHSNs and the lack of comparability. WMAHSN have always been very careful to ensure that their metrics re success are as accurate as possible. Due to recent improvements and at the request of NHS England (NHSE), going forward these are expected to become more accurate and uniform.

TD provided the Commercial Director Update.

Regarding the proposal for GBS Health Care and Life Science skills hub, this has now been completed and is due to be taken to the GBSLEP Employment and Skills Board.

It was noted that with regard to Small to Medium Business Enterprises (SME), the network is currently just managing its portfolio. **ACTION:** TD to provide update on how investments are progressing.

GR queried West Midlands Combined Authority engagement and wondered if there are missed opportunities. TD explained how regions are split geographically and the effects on WMAHSN strategy. It was noted that the WMAHSN needs to be aware of the relationship between various groups e.g. Combined Authority, Midlands Engine etc.

## **Agenda Item 5: Items Tabled for Discussion**

### **A. Board Terms of Reference**

The updated ToR had been circulated to the Board. Updates to the ToR mainly involved terminology e.g. Spoke councils changed to Membership Innovation Councils. Comments were invited from those present. No comments or objections were raised. **ACTION:** The ToR to be updated on WMAHSN google drive.

### **B. WMAHSN 2016/17 Annual Report**

CP had included recommendations from the last Board into the most recent version of the Annual Report (AR). As there was not enough room to incorporate all suggestions, the most relevant ones were addressed. It was noted that on page 59 of the AR the recommendations by TJ to simplify the finances diagram had not yet been implemented, but this will be done.

Prior to the meeting RDP had suggested a bit more granularity with industry impact. **ACTION:** SM to work on.

---

MS invited any further comment on the AR. Need to ensure that the AR is complete and ready to be issued at the Celebration of Innovation Event on 20<sup>th</sup> July. **ACTION:** RL to provide comment for CLAHRC. No further suggestions were provided by the Board. MS noted that it looked very professional and WMAHSN was to be complimented.

### C. Meridian submissions 2366, 2314, 2322

2314 Post Graduate Certificate in Healthcare Management for Innovation and Improvement and 2322 VSE (Value Stream Experts) Innovative Management within Healthcare (ILM Level 5) were discussed first. 2314 had provided supporting paperwork; 2322 was asked to do likewise to strengthen its claim, but had not done so. These submissions are for developing a course, which would be run as a pilot and if successful then be spread by the network.

There was some discussion about how relevant the course could be to ongoing programmes e.g. Q programme, and whether there are already courses available that could fulfil the needs identified in the Meridian challenge. It was noted that there would be a need to negotiate with someone with regard to proof of concepts, which would include looking at competing courses and the need for this course.

It was agreed that 2314 was the stronger proposal for the innovation and improvement challenge but that the views of the Board and the questions raised should be fed back and a reworked proposal could be considered. **ACTION:** Exec team to feed back to the respective parties.

2366 - Genomic MDT coordinator/validation scientist. WMAHSN are keen to support this as it would benefit the transformation agenda. The Birmingham Women's and Children's NHS Foundation Trust (BWCFT) have agreed to take the job on and fund it after one year. The West Midlands Genomic MDT coordinator will work across the region, not just the Women's Hospital, which is important to make the job work. This submission was approved by the Board. **ACTION:** Exec team to progress with BWCFT.

### **Agenda Item 6: Risks and Issues**

R012: Discussed. Nothing changed and to be reviewed again at the July Board.

R013: Discussed. It was noted that this risk is tied in to R012. CP and GR are looking at this risk on monthly basis. The Host Trust have indicated that funding for PSC will not be allowed to carry forward for a second year in a row. This would not include funding that has been committed. Potentially, this funding would be returned back to NHSE.

### **Agenda Item 7: Any Other Business**

Nothing further to discuss.

### **Agenda Item 8: Date and venue of next meeting**

Wednesday 26<sup>th</sup> July 2017, 09:00 – 11:00 in the Board Room, ITM.