West Midlands Academic Health Science Network Board meeting held on Wednesday 23 September 2015 09:00-12:00 in the Board Room, Trust HQ, University Hospital Birmingham, NHS Foundation Trust

Present: Dame Julie Moore (JM) (acting Chair), Christopher Parker (CP), Tony Davis (TD), Andy Taylor (AT), Sue Ibbotson (SI), Jo Chambers (JC), Gavin Russell (GR), Jeremy Kirk, Andy Hardy (AH), Peter Lewis (PL), Ruth Chambers (RC), Jamie Coleman (JC2), Rhian Hughes (RH), Theo Arvanitis (TA), Tim Jones (TJ), Neil Mortimer (NM), Lucy Chatwin (LC) Davide Nicolini (DN), and Blair Davis (BD)

Apologies: Michael Sheppard (MS), Andy Garner (AG), David Adams (DA), Mandy Shanahan (MS2), Peter Winstanley (PW)

Agenda Item 1: Welcome/opening remarks/apologies

JM 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: Matters arising

There is one outstanding action, CP is planning on liaising with PW with regards to this. All other actions complete.

Agenda Item 4: Executive team report

CP went on to provide the Executive team update. WMAHSN has now moved in to the new offices at the ITM along with MidTech and Medilink. This has already been beneficial for us and will also be beneficial for the region.

A PCC manifesto is being developed but this will be discussed later on in the meeting by RC.

The YouGov survey on AHSNs is meant to be released this week but there has been some delay with this.

The Smith review confirmed what we had anticipated with regards to the PSC. CP has a meeting this afternoon with NHSE for clarification as to whether the PSC will move to NHS Improvement or stay with AHSNs.

CP then went on to provide an update on Genomics. Recruitment is increasing with patients. Chris Clowes has been appointed as Ambassador at UHNM, and RWT have appointed a previous theatre sister to the post, who will oversee two phase two Trusts. UHCW are yet to recruit. CP and Dion Morton will be visiting AH at UHCW JC at ROH.

NHSE have asked the WMAHSN to host a Personalised Medicines Strategy Conference on the 30th October. NWCAHSN, Imperial and ourselves are to host these events to gather early thoughts from people to feed back for the NHSE Board meeting in November.

Louise Stewart has been appointed to the joint post with HEWM as the Education and Training Theme Lead and will start on the 1st October.

TD went on to provide an update on Vanguards. There have been exploratory discussions with Dudley and initial discussions with the urgent care vanguard in Solihull.

The testbeds process is still quite fraught. There were five Testbeds proposed in the West Midlands, and forty one submissions in total. NHSE are looking for two types of testbed. The Internet of things testbed is supported by NHSE and Innovate UK, as well as a solely NHSE backed testbed. Three testbeds were proposed by UHB, these being Trauma, Rare Diseases and Birmingham as a digital health city. Birmingham as a digital health city and the Trauma testbeds have been withdrawn, however the digital testbed is looking for funding from elsewhere despite pulling out of the testbed process. The rare disease, TECs and BSMHFT crisis care for mental health testbeds are still in the process and have had multiple discussions with innovators. The application is due in October/November, and a decision will be made in December for commencement in January.

Agenda Item 5: Updates from Clinical Priority Leads and Theme Directors

PL began the presentations with an update on Mental Health.

PL discussed priorities in 2015 and how they are maximising current work to deliver on AHSN supported activity.

The MH advisory group is developing into a MH network and PL has been visiting members to ascertain what it is they want out of the MH network.

MUS has had external funding, and PL is engaging clinicians and working with City Hospital on a specific clinical project on GI, and the Crisis Care testbed application is underway.

RAID has an established network countrywide. The last meeting held in Birmingham was well attended, and there are variations of RAID being modelled and adopted across the country.

The work being undertaken on Crisis Care is building on work already done. The NHS Test Beds expression of interest has been submitted and accepted, and they are on to the second stage of the Bid

PL is already engaged with a number of organisations including GE Finnamore, and are building on well-established partnerships with WM police and Ambulance service.

PL felt positive that another vanguard will be awarded, and BSMHFT, Dudley hospital, Walsall hospital, City hospital and Black Country Partnership Trust are working together in a chain to share best practice. All trusts in the chain will use the same systems which will make collaborations much easier.

SI felt there are a number of potential overlaps with getting people back in to work, and there is a new MH commission that PHE can help with.

JM commended the work on RAID and reiterated the positive impact it is having on A&E at UHB and is supportive of further development.

RH then went on to provide an update on Person-Centred Care.

A Manifesto on PCC has been developed as a set of principles for working. RH outlined the Manifesto including the vision for PCC and its core components.

There has been a deliberate merging of LTC and PCC, and RH and RC are ensuring all are engaged in their network. RH then went on to discuss workstreams.

RH and RC have been mapping out everyone in the region who has been driving the project, known as their network of champions, and they are also trying to be innovative with events and sharing information i.e. Webinars/blogs/twitter. They are also developing audit/evaluation toolkits to support CCGs.

The NHS is starting to pick up STarTback, and EMIS and the CSU are supporting the roll-out of the screening tool. STarTback has been rolled out across four AHSNs and RH and RC are working with PHE and DWP.

RH is hoping to roll out the MSK patient reported outcome measure regionally and nationally, and would like to gain external funding for this.

Supported self-management for OA is a patient centric research innovation and has been ranked A1 by EIT. JM praised RH in scoring an A1 as this is notoriously difficult to obtain.

RC was next to update on Long Term Conditions and informed the Board that there have been interactions with all Themes and Priorities, and they are building on the work already completed in the previous year. There have been publications of the Flo exemplar, and they are building on their Advisory network to strengthen collaborations, and are also bidding for external grants and sponsorship.

RC then went on to discuss the external collaborations that are underway, and that they are trying to work with social enterprises.

RC wants to raise the awareness of the range of TECs available and how they can be used to aid PCC. RC wants to know what can be offered freely and easily to merge TECs in to care pathway. RC had a meeting with TA on how to interface with DISH, and have completed CCG intelligence packs to show CCGs where their gaps are and how help can be offered with technology.

RC plans on holding five sub-regional events in October, and three regional events in February/March 2016. This will be discussed with the Theme Directors next week as to what help can be exchanged.

JM queried how this work is fed up nationally, to which CP suggested it may be beneficial to invite a visit to showcase the work. JM suggested it should be brought up at national AHSN meetings, and that perhaps we should have an AHSN conference/national event. TD informed that there have been talks of AHSNs taking over the next NHS Expo. RC went on to discuss how much of this information is available on the website at Keele, however JM reiterated that people need to know to look for it, and questioned how people know it’s there. JM suggested that it may be beneficial to approach NHS providers.

RC informed the Board that SM has been extremely helpful with regards to communications around meetings and events for PCC/LTC.

JK asked how likely older people are to use apps, to which RC confirmed that younger members of families are likely to provide assistance to older family members, and that they have had positive feedback from older people with regards to the pain app.

SI felt that it was encouraging to see a focus on this area and wanted to know what else PHE can do to support it.

ACTION: RC to email SI to work together.

JK proceeded to provide an update on Clinical Trials.

There were originally fifteen networks in the region which have now merged into one CRN, and we have the largest and most complex region. The CRN and AHSN are adding value to each other, and study development is being undertaken to avoid duplication.

Study development is a joint initiative between the AHSN and CRN. The way forward is for us to be driving the agenda rather than waiting for things to come off portfolio. Signposting and mapping will be done via the portal, and work on this is being provided by Chris Dyke of MedilinkWM and Louise Jones of the CRN. This should hopefully be completed by Christmas.

Work is also being carried out with Lorraine Harper in developing people to bring up to Masters and PhD level. The aim is to target people at the early stages of their career. JK then went on to talk about the exemplar West Midlands Paediatric Research Group (WeMPaRG) which provides a level of mentorship for paediatric trainees, and the principle is applicable nationally. Once E&T is up and running with the new Theme Lead there will be close working on this.

It has been a slow process and has taken eighteen months for the CRN to have everything in hand. JK wanted to highlight to the Board that he has received feedback that there have been frustrations with communications of proposals to the opportunities process with regards to feedback once proposals have been submitted. This was duly noted by CP and TD.

LC updated the Board that the WMAHSN has been creating an I&A network and service. Work has been underway with Deloitte, MedilinkWM and GE Finnamore, who have subcontracted to Q Markets and Pilot Light Ventures.

An advisory group was created to ensure that it meets the regions needs and wants. The platform is to soft launch at the Economic Health and Wealth Summit on the 13th October, and Clinical Trials mapping is being undertaken to signpost people.

There is a risk that we need to make sure that the value proposition is addressed from all aspects.

JK queried how much interaction LC had had with the CLAHRC. LC has been liaising with Paul Bird and HEWM to bring together a list of people so that they are not duplicating efforts.

TA and TJ were next to provide an update on Digital Health.

Digital is an overarching theme, and there is a great deal of integration between UHB and IDH. TA have discussed the current progress on CURe updates for imaging and the completion of the diabetes database. An extended vocabulary service, based on bioportal facilities, has been created and it is available on the Web for inspection (URL: http://137.205.175.61/).

ACTION: TA to send URL to Board.

TA has discussed the issue of deployment of the Query Tool. He explained that for deployment in primary care and secondary/acute care, APIs are required through existing systems (e.g. EMIS, TPP, Lorenzo, etc.) and appropriate IG and data sharing agreements need to be in place. TA has confirmed that this will be discussed at the Clinical Leads and Enabling Themes Directors meeting; he requested support from the AHSN business managers on this issue.

TA discussed the new DISH service and its components, with a timetable of delivery around April 2016. Issues of IP have been also discussed and referred for further discussion with the COO and the next Clinical Leads and Enabling Themes Directors meeting.

WIN has been a success story of bringing professionals together. TA is hoping to have a show and tell for WIN on the 16th November as well as Annual conference on the 26th January 2016. So far £612k has been spent, which is 43% to date between UHB and IDH.

GR was next to update on the Patient Safety Collaborative.

There has been a lack of direction from NHSIQ. As previously discussed there is a possible move to NHS Improvement, however it is also possible that the PSC will stay with the AHSN but reporting will be to NHS Improvement. This is still unclear.

The WM is finally getting some structure with Peter Jeffries in post, and the Q initiative fellows are developing course. The Q fellows come from a range of organisations which is extremely beneficial and they have been developed into a reference group.

GR feels we should be working in Carehomes to prevent pressure ulcers, falls and AKI's, and wants to put together collaboratives to look at improving safety culture. GR would like to work with JC2 on medicines optimisation with regards to this.

A Birmingham based collaborative is being created for a Paediatric sepsis model. GR has been linking with LC and I&A platform and how this will be beneficial. GR highlighted that the AHSN still needs to improve links with CCG's.

GR and PJ have already been talking to TDA/Monitor with regards to the current work that they have been carrying out on the PSC and they are very happy with the work to date.

SI asked a question around the work on antimicrobial resistance, of which GR was unaware. JC2 said this may come under some work that he is trying to do. SI highlighted that there are links in to sepsis with this.

JC2 followed on with his update on Drug Safety.

There were no new monies for this FY, JC2 and his team have been working on legacy projects and linking in with Medicines Optimisation.

JC2 has been working with HEWM on SCRIPT e-Learning for those who use medicines. There will be a formal launch in October but this work has been ongoing for five years now.

Work is continuing on SPaCE; this is for continued professional development for non-medical prescribers. There is also continued work being undertaken with regards to the Green-bag scheme bringing patients medicines to hospital. This was designed and

developed with HEFT and Pfizer, and a successful stakeholder event was had in April 2015 around this.

The 50th anniversary of the Yellow card event was held in February 2015. This was a successful event and attendance was high.

Finally TD provided his update on Wealth Creation.

The 7 point growth plan was launched last year to which WMAHSN has been working to, and there has been continued work with the LEPs especially GBSLEP as they have a strong focus on life sciences.

WMAHSN has been instrumental in the development of the Greater Birmingham Life Science Commission and the publication of the Silk Report. We have seconded Richard Deveraux Phillips from ABHI in to the LEP to help embed the recommendations made in the report.

Discussions on testbeds are underway, and they will continue to develop even if the testbeds are unsuccessful.

There is to be a BQ magazine roundtable leadership debate on lifesciences in November and a report on this will be produced in the New Year.

We have the Economic Health and Wealth Summit on October 13th at which the I&A platform will be launched and TD encouraged all present to attend.

WMAHSN are part of the Commercial hub for the ITM/region, and are bringing together industry gateway.

Agenda Item 6: Presentation by Davide Nicolini on the dynamics of knowledge exchange, leadership and networking in the early evolution of AHSNs

ACTION: BD to send presentation to all present.

DN discussed the study and the areas of interest. A number of surveys were sent out which were then passed on (snowball sampling). DN reiterated that the data he was presenting was from last year.

There is a great deal of variation in the AHSNs as some are rural, some urban and some have AHSC's, however DN and his colleagues did not expect to find as much difference as they have, and it appears that different AHSN's have understood the mandate differently.

In comparison to the other four AHSN's included in this study the WMAHSN has the most industry nodes, and the majority of conversations had are in close clusters and are Board level connections.

GR queried whether the Spoke model has had the opposite of the desired effect.

JC asked what the added value of the Spokes is as many of the central spoke meetings have irregular and/or low attendance.

AH expressed the concern that there is the danger that themes stay within spokes. GR informed the Board that the North spoke invites Theme Directors to talk about what they are doing to avoid this.

CP reiterated that the spokes give people a platform and an in-road to discuss what is going on across the patch, and there is the need to develop spokes to being receptive.

AH raised that it is still hard to engage CCG's

JK highlighted that the size of our network is larger than most, which also means that with a larger geography attendance at meetings is more difficult. Therefore we need to embrace the use of technology in meetings.

DN and colleagues will be running a second survey and the results of which can then be compared to last year to deduce progress. DN reiterated that this is not an evaluation, and asked the Board whether the results match their expectations. TD was unsurprised by the results and informed DN that he may find it difficult to get answers to some of the questions he is proposing from all of the AHSNs, as some are unlikely to respond.

DN is happy to come back next year to discuss the findings of the second survey.

Agenda Item 7: Risks and Issues

CP is meeting with NHSE later today to gain clarification on the PSC move to NHS Improvement.

Agenda Item 8: Any other business

TD informed the Board that the WMAHSN has block booked Board room at the ITM on a Wednesday. It was proposed that the majority of Board meetings for 2016 should be held at the ITM. All were in agreement on this.

Agenda Item 9: Date and venue of next meeting

Wednesday 25th November 9-11am, Board room, ROH.