West Midlands Academic Health Science Network Clinical Priority Leads' and Enabling Theme Directors' Forum
29 September 14:00-16:00

Minutes

Present:	Christopher Parker (CP), Neil Mortimer (NM), Peter Jeffries (PJ), Katie Saunders (KS), Jamie Coleman (JC), Tim Jones (TJ), Rhian Hughes (RH), Jeremy Kirk (JK), Ruth Chambers (RC) and Blair Davis (BD)
Dialing in:	Theo Arvanitis (TA) and Gavin Russell (GR)
Apologies:	Tony Davis (TD), Lucy Chatwin (LC), Peter Lewis (PL), and Paddie Murphy (PM)

Agenda Item 1: Welcome/opening remarks/apologies

CP welcomed members and apologies were given by those listed.

It was confirmed that the ToR were agreed at the last meeting and are to be accepted as final. The draft watermark can therefore be removed.

CP reiterated the importance for us to link with FYFV. Enabling themes remain the same, however IC has been renamed as PCC.

Agenda Item 2: Minutes of the last meeting

The minutes of the last meeting were accepted as a true and accurate record.

Agenda Item 3: Actions arising

CP ran through the actions of the last meeting.

TA updated the group that the sharepoint has been set up and people should receive an invite this afternoon or tomorrow. TA is happy to discuss how this is organised.

The ToRs were updated and circulated.

NM/PJ/TA were actioned to meet. PJ has spoken with George Despotou at Warwick and believes it would be beneficial to involve him for his expertise with safety cases. TA has also had a conversation with George and reiterated that it is important to look at safety cases in relation to DISH. TA confirmed that he is happy to discuss further and if PJ and GR are happy TA suggested meeting.

ACTION: George to set meeting with TA, GR and PJ.

RH queried whether proposals that tie in to PS should be sent to GR and what the process is for this. After some discussion it was confirmed that proposals should be sent to GR and PJ.

ACTION: RH to send proposals to PJ and he will bring to reference group next week for further discussion.

TJ queried the opportunities process as all felt they required further clarification.

NM informed the group that the process will be reviewed as to how it might look once the I&A platform/service comes in to play. There are currently various routes, a proposal may come in through the Business Managers or the info@wmahsn.org inbox. These are then filtered and taken to the respective Theme Director or Clinical priority Lead. It is then a judgement call as to whether the proposal then goes on to the advisory board or reference group. If it gets through this stage it then moves on to the opportunities panel. If it meets the criteria at this stage it will then go to the Board.

JC queried the criteria for a proposal to get to the opportunities panel. NM confirmed that this process needs to tighten up and Business Managers need to communicate at what stage proposals are at with Theme Directors and Clinical Leads. CP suggested that bringing it to this forum would help make a decision as to how viable the proposal is.

JC felt that the criteria have changed and there is a new strategic direction. He made it clear that we do not want to lose the goodwill of stakeholders, but we will if we do not maintain communication with them with regards to their proposals.

RC queried the implications with regards to PS. GR said that there is a need to set this up properly so that there is a smooth transition to NHS Improvement. CP confirmed that the outputs of the Smith review were taken differently by different AHSNs. It seems as though PSC's are not to move to NHS Improvement, only the policy function but not the delivery, which will stay with AHSNs.

RH felt unsure how to manage expectations to stakeholders with regards to proposals and feels that the process is too complex which is having an effect on stakeholders.

CP asked the group how they would like to make a change with regards to this, to which RC queried whether there are any underspends on themes that can be used for things that do not come directly under a particular theme as the Theme Directors and Clinical Leads already have an allocated budget.

NM went on to explain that the I&A service will be a transparent process where this is reviewed. As previously agreed it was confirmed that communication to Theme Directors must be tightened up so that they are aware as to what stage proposals are at. It is NM's understanding that there is an envelope for the year for opportunities, and felt uncomfortable with using the word 'bid'. There needs to be discussions had with TD to clarify this.

TA felt that there needs to be background and foreground IP and that we should be very clear on these things. TA felt uncomfortable that there is a vague understanding of budget.

The consensus was that it needs to be clearer as to where the resource for opportunities comes from.

TJ raised the issue that the WMAHSN may face issues with NHS procurement rules.

CP confirmed that the Business Plan needs to be clarified as to what the £800k for innovation is to be used for. [After meeting note: this is ring-fenced MidTECH money that has been brought in as part of the establishment of the Commercial Hub.]

TJ was in agreement with TA with regards to IP and that we must have a clear understanding as to how we go forward and where IP lies.

CP agreed that this needs clarifying and will work up paper with options and share with the group to gain a preferred option as to how we operate.

TA reiterated that UHB and IDH have experience in this area and offered assistance with regards to IP.

ACTION: CP to produce paper on this and to clarify if the £800k is available for proposals.

CP moved on to the next action from the previous meeting regarding the papers TA was to send to CP, TD and NM.

ACTION: TA agreed to send the papers to CP, TD and NM.

All other actions were completed.

Louise Stewart is to replace Marie Moore as E&T Lead, however this will only be for three months and Louise has gained a position at HEFT.

JC felt it may be worth looking outside of HEWM for the E&T position. All were in agreement.

KS informed the group that there are three areas where BSMHFT has required support from HEWM, however the infrastructure is lacking. There are gaps in alignment of the AHSN and HEWM agenda, and HEWM need to be more flexible in commissioning training.

Concerns were raised from all present.

ACTION: CP to meet with Mandy Shanahan and discuss concerns.

Agenda Item 4: Executive team update

CP updated that the WMAHSN team have now moved in to the ITM, and are now in the centre of the commercial hub along with MidTech and MedilinkWM. CP maintained that the WMAHSN is very firmly a regional asset but there have already been many benefits of being on the doorstep of the host organisation already. CP felt that it is important to support the FYFV to ensure longevity.

CP briefly provided 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. TJ confirmed that the Birmingham as a Digital Health City testbed has been withdrawn from the process and there are now plans to apply for an ERDF bid instead. The 4th of November is the deadline for testbeds.

This week the results of the YouGov survey were received. CP thanked those who took the time to complete the survey. It is very difficult to compare AHSNs as they are all so

different. Ours is one of the largest and most diverse, and others have or have had AHSC's. The results are set out so that you have your own result next to the collated result, and it is planned that the survey will be published next week. WMAHSN had fewer healthcare and social sector responses, but more industry and academia responses, and fell in to the middle and lower third in most cases, however these results were unsurprising. WMAHSN could improve on relationships with commissioners and providers. We did however do better on quality of advice, speeding up adoption and wealth creation and the ability to work with us. CP feels that it is inevitable that the HSJ will produce some form of league table as a result of this. CP is working with Sarah Millard to produce some words around this for when the results are to be published next week.

Agenda Item 5: Networks and Services updates

RH was first to provide an update. The focus has shifted from IC to PCC, and a Manifesto has been produced for discussion later. RC is developing a communication and engagement strategy, and they have developed an infrastructure which is working well.

STarTback has been extended, and RC went on to outline the delivery plan which has been shared for input. RC and RH are also trying to work with Midlands and Lancashire CSU, and there is work being undertaken on Stratified and Technology Enabled Care to do with upskilling the workforce.

ACTION: NM and LC to meet with RH and RC to discuss I&A service.

TJ queried how much work is being undertaken around PPI. RH informed all present that the PCC theme has PPI embedded into it, and there is AHSN alignment/CLAHRC joint post and PILAR.

ACTION: Re-energise PPI

KS felt it would be helpful to know the expectations of the Themes with regards to the I&A service. The MH team have been working on a variety of areas, and have been named as one of acute care vanguards. They are working together in a chain to share best practice with City hospital, Dudley hospital, Walsall, Black Country Partnership Trust and BSMHFT. All trusts in the chain will use the same systems, which will make collaborations much easier.

The MH advisory group is now a network, and PL has been visiting members to discuss what they need.

The Testbed process is on track.

The Clinical service for MUS went live on the first September at City Hospital, and is supported by the Health Foundation and WMAHSN. The Healthcare Finance Managers Association has picked up on MUS and has asked for a presentation in November. KS will know more of what the MH team need once they have met with stakeholders but may need to liaise with digital and RH and RC on LTC.

GR updated that it needs to be discussed how we move forward with the SU2S campaign. Large projects on pressure ulcers and sores is taking off.

JC updated that legacy projects are continuing, along with the DS steering group. JC queried whether there had been any feedback from the Board as to whether they were pleased with what they heard last week.

ACTION: CP to follow up feedback from Board

PM had provided a written update for the group.

CP went on to update that there has been a steady role out of Genomics with regards to recruitment. RH felt that this is a good example of lack of PPI, to which TJ informed the group that much of this was done centrally.

CP continued to update that Phase one trusts are recruiting, and that Phase two trusts are coming on board now. CP will speak to Chris Clowes (North Ambassador) to help with the passage of information between phase one and two trusts. This will be the same when phase three trusts come on board. UHCW are currently advertising for the Ambassador post, and UHNM have also just appointed along with RWT, and CP and Dion Morton have been visiting trusts.

WMAHSN have been asked to host Personalised Medicines Strategy study day on the 30th October. These will be held in the North, Central and South. Our focus will be Acute Providers. The aim is to gather information for NHSE Board in November.

TA went on to provide an update on CuRE and Queryworkbench, both are progressing on time. There will be a need to link with PCC and primary care in the near future.

On the 4th November there will be a planning session for the future of digital theme to which key stakeholders have been invited.

WIN will support I&A theme to gain access to network of experts. There will also be a show and tell exercise on the 16th November and an Annual Conference 26th January 2016 for WIN.

TA updated that he is trying to work with EMIS and will follow up with a contact provided by NM.

ACTION: TA to follow up with EMIS.

JK updated the group that there have been no new developments since the update given to the Board last week. A useful SME meeting was had in July, and JK met with LC and TD last Friday which was extremely beneficial.

Agenda Item 6: Opportunities

Agenda Item 7: Items tabled for discussion

The group then went on to discuss the Manifesto produced by RH and RC. RH informed the group that the ambition is to see this as a cross cutting theme. RH then gave the overall vision and key components of the Manifesto.

PJ highlighted that for PS there are some programmes that want to set up safe systems rather than reacting to harm and queried whether this could be included.

RH confirmed that this could included, and would like the Manifesto to be accepted across themes. All were in agreement that these could be a set of principles as to how each theme should be approached.

TJ felt it that it would be necessary to be clear with regards to terminology so as not to confuse it with personalised medicine. As of yet there is no map of how everything fits together around PCC, however JC felt we needed to be to be careful with mapping.

All were in agreement that the manifesto can be used as a checklist, and CP welcomed it as a helpful piece of work that will be beneficial to all.

Agenda Item 8: Risks and Issues

ACTION: PSC risk can be reduced/removed, and stakeholder survey and management of expectations of opportunities process and absence of WMAHSN PPI group, E&T issue and EMIS to be added.

Agenda Item 9: Any other business

The WMAHSN Health and Wealth Economic Summit is to be held on the 13th October and CP encouraged all to attend.

CP praised the Theme Directors and Clinical Leads and assured all that the Board members appreciate the work they are doing, and thanked them all for their support.

CP clarified actions and all were in agreement.

ACTION: BD to resend Spoke dates.

As the Board room at the ITM has been block booked for Wednesdays it was suggested that the Theme Directors and Clinical Priority Leads Forum move meetings to one of the first two Wednesdays of the month. This was agreed by all present.

Agenda Item 10: Date and venue of next meeting

Tuesday 24th November 14:00-16:00 Board room, ITM.