west midlands
ACADEMIC HEALTH SCIENCE NETWORK

Minutes of the
Clinical Priorities Leads' Forum
held in the Board Room, Institute of Translational Medicine
on Wednesday14th September 2016

Present: Christopher Parker (CP), Peter Lewis (PL), Aoife Donnelly (AD), Dion Morton (DM), Paddie Murphy (PM), Gavin Russell (GR), Tim Jones (TJ), Tony Davis (TD), Neil Mortimer (NM), Tammy Holmes (TH), Amy Boulton (AB), Pete Jeffries (PJ), Sarah Millard (SM),

Apologies: Ruth Chambers (RC)

Agenda Item 1: Welcome/opening remarks/apologies

Apologies were extended on behalf of RC, noting that AD was representing her. Apologies were also relayed on behalf of DM who would be joining the meeting part way through.

Agenda Item 2: Minutes of the last meeting and actions arising

Minutes of the last meeting showed PM as having given her apologies when in fact she had been present. Subject to this correction, the minutes were accepted as a true record. Feedback on action items was as follows:

ACTION: CP reinforced the importance of clinical priority leads providing feedback on any challenges or innovations within their areas on Meridian. **Ongoing.**

ACTION: TH to provide one to one training to DM. (Action complete for all other Clinical Priority Leads.) TH has also made alternative arrangements to present Meridian to the CRN leads.

ACTION: It was believed that Jeremy Kirk and RC had discussed TiTCH and that RC had also connected with Paul Patterson regarding a youth advisory group.

ACTION: To clarify the role of the WMAHSN in regard to the development of the Institute for Mental Health Crisis Care, NM confirmed that the proposal was not for the AHSN to establish the centre itself, but to explore a coalition of academic, NHS and industry partners who wish to develop an institute with AHSN support. TJ expressed himself satisfied from the viewpoint of the host trust.

All other actions were recorded as complete.

Agenda Item 3: Executive team update

CP confirmed 24 October as the start date for Kevin Dunn (KD) as operations officer and he informed the meeting that KD would also be part of the interview panel for a new Officer Supervisor on Tuesday 20 September.

CP thanked those involved for promoting the AHSNs' stakeholder survey and encouraging responses. He mentioned the good response rate from the West Midlands, acknowledging in the process that the

Office 12 > Ground Floor > Institute of Translational Medicine > Heritage Building
(Queen Elizabeth Hospital) > Mindelsohn Way > Edgbaston > Birmingham > B15 2TH
+44 (0)121 371 8061 > info@wmahsn.org > www.wmahsn.org > @wmahsn

region is one of the larger ones and was therefore expected to generate a larger number of responses.

CP reported that the Q1 assurance had gone well and that he expected NHSE Regional staff to take an even greater interest in the Q2, 3 and 4 returns.

With regard to re-licensing CP briefed on the turbulence and resultant loss of continuity and corporate memory within Ian Dodge's team in NHSE. He passed on that the latest understanding is that relicensing is likely to see AHSNs considered for a research consultancy role. This would exempt this from being a procurement exercise.

With regard to STPs and WMAHSN engagement with them, CP informed TH that Worcestershire Health and Care NHS Trust would like a presentation on Meridian; he informed AD that he had let RC know by email that their clinical lead, Carl Ellson, was keen to learn from whatever experience RC had accrued on frailty, as this is a priority area for them. CP mentioned the forthcoming MIC (S) on 10 October and that the executive needed to liaise with its chair, Andy Hardy; the objective should be to harness as much alignment as possible between the 2 southern STPs. CP observed that GR and CP should soon resume discussions with the lead of the Staffordshire STP, noting that it had still not proved possible to meet with Simon Wright, lead of the other northern STP for Shropshire and Telford and Wrekin. In regard to the 2 central STPs there is good engagement with Andy Williams, lead for the Black Country STP but that once CP had spoken to John Wilderspin (JW), the ground would be prepared for TD and TJ to open discussions with him. This should be possible about a week after the meeting as this is when JW is expected to return from leave. It was also noted that the MIC (C) is due to sit on 13 October. GR will fix a date for the next MIC (N).

CP mentioned that whilst there are no innovations currently due to go to Board for approval, there were others in the pipeline.

Agenda Item 4a: Future reporting mechanisms and Matrix of Metrics

Amy Boulton briefed on the 15 AHSN Impact metrics that all AHSNs are collecting each Quarter. These get consolidated into a pan-AHSN return to NHSE. AB has developed a template and is liaising regularly with Priority Leads' staffs to enable the process and make it as simple as possible. There was considerable concern about the unnecessarily short timeframes for reporting, which require NHS partners to provide data before it is available, and do not allow sufficient time for the AHSN to collate and quality assure responses. CP assured the meeting that he would take this up.

Action: CP to challenge proposed timelines

[After meeting note: this was done at the AHSNs MDs' meeting on 20 September and it was agreed by the AHSN CEOs/MDs that better and more realistic timeframes must be agreed with NHSE. NB, it was also agreed that national metric 3 (number of paying and other organisations with a significant agreement or relationship with an AHSN) would no longer be collected as the nature of AHSN models is so varied as to make this a meaningless return.]

It was also stressed how important it is to maintain the master copy of the Matrix of Metrics.

Action: All Priority/Network Leads to provide timely updates and details of any new programmes to AB

Agenda Item 4b: Network updates

Wellness, Prevention and Active Ageing. PM briefed on an active and successful Quarter. European funds are coming in to successful bidders. The Matrix of Metrics

needs updating with details about work with the Karolinska Institute, Coventry University etc.

Action: PM to assist AB with updating Matrix of Metrics

Long Term Condition. AD briefed on behalf of RC. There are currently no issues anticipated. For the Matrix of Metrics patient numbers will be collated and passed to AB.

Mental Health. PL informed the meeting that issues with Accenture seem to be resolving. There have been 3 well attended and successful MHIN meetings and all programmes are at or exceeding expectations at this time.

Patient Safety Collaborative. GR reported that programmes are now starting to flow and the benefits of the last 6 months work are starting to be seen. The PSC is working closely with Modality on human factors. There is a group of GPs in the north of the region which is active. The PSC is pursuing Hereford. Work on sepsis is likely to deliver some even 'bigger bangs'. Some PSC funding will support Nursing SCRIPT for a further 12 months until it becomes self-sustaining; a similar approach will apply to the green bag and Prescriber SPACE projects. Early discussions are taking place regarding a potential innovation around using community pharmacists to support recently discharged, medicating mental health patients.

Wealth Creation. TD informed the meeting that greater accuracy will be needed in collating collective hours invested in supporting companies. The SME Innovation Fund is up and functioning. Three companies have benefitted; there are 5 more in train. He noted the cross over with EIT Health. Money from the Creative England Fund is being invested in digital start-ups. iCentrum is thriving with 7 digital health companies located there already and a good number of occupants. Our supported digital health companies are working with the finance, transport and Internet of Things contacts around contemporary societal challenges. TD mentioned that there are opportunities for mental health companies and brought this to the attention of PL. TD also covered:

1. A breakfast meeting on devolution/Combined Authority/LEPs to support life sciences.
2. Support for Arab Health. This will take place in February 2017 and is an opportunity to showcase recent NHS innovations.
3. The WMAHSN is supporting a local growth fund application with the ROH and Stryker collaboration.
4. The WMAHSN is also connecting/collaborating with Texas, building on the ABHI/Combined Authority work regarding a planned defence medicine accelerator.

Action: All to be vigilant in recording/collating hours supporting life science companies.

Advanced Diagnostics, Genomics and Personalised Medicine. DM commented favourably on WMAHSN support to the WMGMC and observed that both parties are constantly looking for synergies. There is one current issue regarding Worcester; whilst enthusiastic to be involved they are not in a position to contribute and are having to pull out from active participation in the 100k Genome project. There is also a country wide challenge with the cancer programme as overall the project has achieved less than 10% of target recruitment. Despite that other opportunities exist locally. There is potential to better employ the ambassadors. Informatics is a local success story and the process of linking patients with informatics through GENIE exploitation is attracting favourable comment and the strong political support creates the possibility of further funding. Whilst there will be governance and ethical challenges to be addressed, there is potential for region-wide studies (e.g. on intra-luminal stenting) and opportunities exist for companies

to get involved. TD also referred to an audit by GE Finnamore that has commented favourably on the innovative benchmarking in this field they have identified in the WMAHSN, characterised by the creation of the ambassador posts, the coming together of 18 Trusts and the GENIE work. Overall this presents a great opportunity on which the WMAHSN and the region can build.

Agenda Item 5: Communications and Engagement Strategy

SM informed the meeting that recommendations on the strategy made at the last WMAHSN Board meeting had been incorporated into the document. It is designed and drafted to ensure communications support our business plans, reflect our successes and complement the metrics. It has three main strands: Support network and service communications, recruitment and retention of enhanced members and dissemination of outcomes, successes and achievements. It promotes less use of narrative and greater use of infographics and will now be followed by case studies which "storify" and show the human face of our impacts. As sharing success is key, SM is working closely with the Membership Coordinator and the services and network leads in search of outcome-led stories. A copy of the strategy accompanies these minutes. SM would welcome any further comments or to be told of any perceived gaps.

DM felt that there is a lot of potential related to the WMGMC and 100k Genome project, with strong life stories emerging on a frequent and regular basis, e.g. regarding paediatric phlebotomy or the linking up of hospitals. He feels that this potential will endure. TD also referred SM to the GE Finnamore work as a potential overall 'menu' of ideas to exploit. TJ advocated strongly that it would be better to have a 2 page summary at the front and asked how the stories would be identified and captured? He also questioned the SWOT analysis within the strategy, asking in particular what justification there was for some of the claims.

Action: Forum members to offer any further comments/suggestions.

Action: SM to create a summary.

Action: SM to review SWOT analysis.

Agenda Item 6: Risks and issues

The updated risks and issue log was briefly considered. There were no points raised as this was unchanged from the previous meeting.

Agenda Item 7: Any other business

GR highlighted some other PSC work on human factors and updated on the Q safety fellows initiative. Some AHSNs are being fast tracked in a number of waves and WMAHSN PSC is in wave 2, a good reflection on the progress made by our PSC bearing in mind it started up and recruited personnel much later than any of the others. This initiative is likely to attract a further £35k. Circa 100 fellows overall will be recruited through the scheme.

On behalf of the meeting TD congratulated UHBFT on being nominated as one of the global digital exemplar sites as well as succeeding in their bid to host a biomedical research centre.

Agenda Item 7: Date and venue of next meeting

Wednesday 9th November, 2016 - ITM Board Room.

Enclosure: WMAHSN Communications and Engagement strategy.