



West Midlands Academic Health Science Network Theme Directors and Clinical Priorities Meeting

2pm until 4pm
Tuesday 29th July 2014

4 Greenfield Crescent, Edgbaston, Birmingham, B15 3BE

Minutes

Present: Christopher Parker (CP), Tony Davis (TD), Neil Mortimer (NM), Andrew Rose (AR), Peter Lewis (PL), Ruth Chambers (RC), Richard Lilford (RL), Jeremy Kirk (JK), Theo Arvanitis (TA) and Blair Davis (BD)

Apologies: Peter Winstanley (PW), Tim Jones (TJ), Rhian Hughes (RH), Jamie Coleman (JC) and Lucy Chatwin (LC)

Agenda Item 1: Welcome and Apologies

CP welcomed members and apologies were received from those listed.

CP went on to update the group that there are further developments coming forward from NHSE for AHSNs to support, e.g. Delivering services 7 days a week, Patient Safety Collaborations and Genomics centres. CP has sensed a lot of support for AHSNs and that we are now on the map and our utility is noted, and wherever we can develop projects that could provide high delivery we should.

After a query regarding allocated money for this year from RL, CP explained that the budget was confirmed but then NHSE had requested a contract variation. CP went on to explain that the Board were uncomfortable with the new terms stipulated by NHSE. After some amendments the Board agreed the variation last week and hence Q1 payment should soon follow. When asked, CP informed the group that there has been approximately a 10% reduction in the budget for this year compared to last year and all money must be allocated within this financial year.

Agenda Item 2: Operations Update

TD informed the group that the operations plan was approved by the Board last week and will be communicated by Sarah Millard, the new WM AHSN Head of Communications and Engagement.

TD gave an overview of the Operations plan, the aim of which is to get a series of messages out as to how people can interact with WM

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AHSN with regards to innovation. With regards to responses to innovation “push”, key questions within the flow chart are: does it meet key criteria of priorities and themes? Is it fit for purpose? Is it market ready?

The plan going forward is to build a whole series of communications around this.

TD made it clear that there is not going to be rounds/calls for funding. If someone has an innovation that fits the flowchart and benefits the region then it is highly likely to enjoy the support of the AHSN. Equally important, if a proposal does not meet all of the criteria or does not meet them sufficiently well, the AHSN will endeavour to point the applicant to sources of support that will enable them to further develop or refine their idea.

TD then went on to outline the innovation “pull” flowchart. This is where there is a need or opportunity for innovation that is not currently being catered for. If there is something we are not meeting we will go out into the region to see if anyone is doing this, and try to develop programmes against them.

RC asked whether it is possible as Theme Directors they could be in competition with each other for funding bids. TD felt that as long as a proposal for a bid aligns with our themes etc and fits the flowcharts then of course the AHSN will support it. CP assured that Theme Directors will get a letter of support if it meets all criteria, and it is possible to come in to the flow chart at a later stage.

RC stated that there could still be competition for bids between Theme Directors but CP suggested that a collaborative bid may be the answer if it is a regional approach. It was suggested that the Operations Plan document is mainly to help our external audience understand how we operate and how they can interact with us.

TD then went on to outline the flow diagrams on programme management, including how the initial programmes were identified and got to where they are for 2013/14.

RC queried whether there would be a fee for providing this service to stakeholders/members. TD explained that this is provided for free but the intent is to develop a plan for membership whereby the annual fee will include this service.

Agenda Item 3: Programme Updates

CP invited the Theme Directors to provide brief updates on their programmes of work.

TA updated the group that the programmes are running to target. On the 11th August programme managers have been asked to provide TJ and TA with an update including a summary timeline and deliverables. On the 13th August this will be discussed further between TJ and TA. TA informed that they are planning to resolve any risks/issues at the Theme Director level but if they cannot be resolved then they will be raised to the MD.

Ops issues that have been encountered have been ironed out.

Advisory groups have not been formed yet but this should be complete by the end of August.

NM mentioned that TJ had questioned what the appetite for risk is i.e. failure. TJ and TA are to discuss further the topic of making calculated risks.

TA also updated that he had been approached by other AHSNs with regards to collaboration.

CP queried whether the theme directors are adhering to the template of the risk register.

PL then went on to update that all of his programmes are up and running and at different stages. There have been 3 advisory group meetings so far, one of which was last week, and there seems to be a good representation within the group across the region. There has also been the strategy meeting which aimed to identify areas to look at going forward for Mental Health, and PL felt that the flowcharts will be very helpful for this.

JK informed the group that Query Workbench and CURE are the main programmes at the moment working with TA and the Digital theme. TA felt that getting vendors on board will be key for this. JK feels that there is fantastic potential but they need to see outputs by the end of the year. JK updated that they have a good broad representation in their advisory group, and a mapping exercise will be done over the summer to avoid duplication of work.

RL commenced his brief by referring back to Patient Safety Collaboratives. He made reference to the need for a close link with I&A as well as to the evidence that has been built up through research into organisational behavioural change. AR responded and mentioned that the AHSN Board had received and supported an initial paper on the way forward. RL went on to advise that Louise Bentham has been appointed to work with LC. Her remit is to develop a plan for wider WM stakeholder engagement with the aim of improving uptake of NICE guidelines. RL also raised the matter of other collaborations that often overlap with CLAHRC work. A meeting with all of the CLAHRCs has been suggested; there will be 3 people from each CLAHRC and RL proposed that it would be beneficial to take along an AHSN rep as well. RL also made reference to his own regular CLAHRC blogs. These make frequent reference to AHSN activity and there is much opportunity for each organisation to promote the others affairs via their communications channels.

RC provided updates on IC (on behalf of RH) as well as LTC.

With regards to IC for Flo telehealth 3 clusters have been set up, the North of which has been more successful, and StartBack is pushing on very well.

LTC projects are going well and they have just had the first advisory group meeting.

Agenda Item 4: Discussion paper on future development of IC Enabling Theme and LTC Clinical Priority

AR briefly ran through the discussion paper and the aim was to think about the implementation of projects and work on alignment with other enabling themes and broader evaluation. This initial paper was to help shape the board's vision for 14/15.

AR also updated that there has been some work done with the CLAHRC

JK questioned RC as to whether there has been any resistance from healthcare professionals with technology i.e. with Flo telehealth. RC said that there has been some resistance with healthcare professionals but surprisingly not as much with the older population as you would think.

Agenda Item 5: AHSN Board Screening 24th September

CP informed the group that the Board has asked for an update from the Theme Directors and Priority Leads at the next Board meeting which is scheduled for 24th September, 9-11am, at St Chads Court. With the need for the board to take other papers as well, the timings will be necessarily tight. Briefs will have to be carefully prepared to convey highlights, exceptions, interactions, and any red flags or points that require board level attention. Briefs must be strictly constrained to 5 minutes each, thereby allowing a further 5 minutes for questions. CP highlighted that the Board and Executive team accept that there are projects at different stages; however projects that are further behind than others can produce milestones. [MEETING AFTER NOTE: Clinical and Theme directors may care to draft a short Issue Note in support of their brief; these should be prepared in advance so that they can be sent out to board members with the agenda and other documents one week before the meeting, i.e. they must be with BD by no later than 16th September. A template for an AHSN board Issue Note is attached.]

AOB

TD gave a brief update as Wealth Creation Theme Director and informed the group that there will be a Health and Wealth Economic Summit on the 21st October. Its aims are to discuss job creation, apprenticeships and NHS as a lead customer.

Date and venue of the next meeting

30th September 10am-12pm

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