west midlands
ACADEMIC HEALTH SCIENCE NETWORK

Minutes of the Clinical Priority Leads' Forum held in The Board Room, Institute of Translational Medicine on Wednesday 9th November 2016

Present: Christopher Parker (CP), Paddie Murphy (PM), Ruth Chambers (RC) Peter Lewis (PL), Gavin Russell (GR), Neil Mortimer (NM), Amy Boulton (AB), Kevin Dunn (KD)

Apologies: Jeremy Kirk (JK), Tim Jones (TJ), Dion Morton (DM)

Agenda Item 1: Welcome, Opening remarks, Introductions

CP welcomed all to the clinical priority leads forum. CP then introduced Kevin Dunn, the new Operations Officer for the WMAHSN, who started in post on 24th October 2016. CP commented that with the arrival of Kevin, the successful appointment of the new office supervisor who is due to start in January 2017 and with interviews planned for the replacement Administrator in January 2017, this should rectify the issues that the network has been experiencing with administrative support. RC queried whether fixed term contracts were a possible cause of some of the problems. CP confirmed that the issues were with previous staff leaving, and these were individual reasons for their resignations as opposed to any organisational reasons or employment contracts, which was unfortunate.

Agenda Item 2: Minutes of the previous meeting and action points

The minutes of the previous meeting were reviewed agreed as a true record. Feedback on action items were as follows:

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

ACTION: Dion Morton remains the only clinical priority lead not to have been briefed personally on Meridian. Action complete for all other clinical priority leads. TH has also made alternative arrangements to present Meridian to the CRN leads. **Outstanding**

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

NOTE: It was understood that the JK group focused on research. It was queried whether the youth advisory board could be reenergised. The forum members were not sure on the parameters and how this could fit into paediatrics and maternity as opposed to young persons. RC suggested that she could possibly do something on children's asthma. It was queried whether something could be done with Louise Stewart and the maternity clinical network.

The problem of challenging timelines in relation to collating the national level of the Matrix of Metrics was discussed at the previous meeting. CP confirmed that he had raised this at the AHSN network meeting in London with the other AHSN chief officers. He will continue to challenge unrealistic and unnecessarily short timeframes for completing returns as these prevent appropriate quality assurance of the metrics.

ACTION: CP to maintain pressure to achieve realistic timeframes for Matrix of Metrics returns.

RC also requested a copy of the latest metrics. AB confirmed that a meeting was scheduled for tomorrow (10th November 2016) to look at the new metrics.

ACTION: AB agreed to circulate to the clinical priority leads following this meeting, to support them with providing an update on the metrics to the WMAHSN board.

CP reminded those present of the need to be vigilant in recording/collating hours supporting life science companies. It was noted that no comments or further suggestions had been received regarding the Communications and Engagement strategy. CP confirmed that Sarah Millard had completed all necessary actions. Item closed and all other actions had been completed.

Agenda Item 3: Executive team update

Relicensing. CP confirmed that there was still a lot of uncertainty around licensing. It was understood that Ian Dodge at NHS England was looking into this but had little manpower supporting him. CP mentioned that it is now unlikely that re-licensing would be a procurement exercise.

It was confirmed that a paper on AHSNs that was to be taken at NHSE Board at the end of October had been withdrawn at the last minute due to publication of the Accelerated Access Review (AAR) and therefore the need to consider its implications for re-licensing.

CP informed the forum that the open letter from Simon Stevens in the AAR was encouraging, as is the growing, wider realisation and acceptance that AHSNs can support the strategic intent in a number of ways. However, the reality is that funding continues to be challenging and it remains to be seen what resources will be allocated.

CP mentioned on-going work with East Midland and Eastern AHSNs to form a Midlands and East AHSN alliance to support the sharing of best practice, shared learning and exporting and sharing innovations and improvements that are going well locally.

Q2 assurance. The Quarter 2 assurance visit went well. The assurance team was satisfied with the AHSN work streams and commended the WMAHSN on its many successes. CP also informed the forum of two innovation audits that were carried out. These were for the 100,000 Genomes Project and for RAID. The conclusions and feedback following the audits were excellent and there were 8 unique innovations within genomics and 5 within RAID.

Stakeholder survey. The annual stakeholder survey has been reported and almost every area showed an improvement on last year's results. However, the results are embargoed until 21st November 2016. CP confirmed that the WMAHSN will circulate results on that date.

Accelerated Access Review (AAR). This includes many recommendations for greater involvement of 'a reinvigorated AHSN network' to pull high value, transformative innovation into service. It advocates AHSNs learning from testbeds and being more integrated with local health economies through STP footprints. It sees AHSNs helping to identify NHS needs and working with tertiary academic teaching hospitals and clinical leaders to drive and support evaluation and diffusion of innovative solutions. AHSNs will be expected to facilitate local evidence collection and adoption of innovation to meet clinical challenges. The review recognises that whilst some innovations may be suitable and appropriate for truly national adoption, in many instances the regional requirements will predominate and determine the actual uptake. There is emphasis on the role of the AHSNs post CE-marking and NICE assessment and a desire to see AHSNs also offering routes to secondary and primary care for incremental (as opposed to truly transformative) products.

Of particular relevance to WMAHSN, the review talks about AHSNs running local innovation exchanges and supporting the formation of partnerships that share risks and costs. These exchanges will be expected to generate digital development and be mandated to identify, test and disseminate digital technologies. Given that Meridian is considerably more advanced than any other AHSN exchanges, that we have experience of supporting digital start-ups at iCentrum and that UHBFT should be able to support the WMAHSN in its new role as a global digital exemplar, the WMAHSN is well placed to build on its current platforms and deliver what will be expected.

Business plan 2017.CP confirmed that the executive team is starting to look at the business plan for the next financial year. The plan is to take the outline/framework to the AHSN board in January, with a plan to sign off a completed plan at the Board meeting in March 2017. RC stated that it was difficult to update the business plan, particularly without an indication of the funding.

The group discussed the difficulties experienced with member organisations disseminating and adopting innovation. It was thought that this was a risk and should be added to the risk register as a reputation issue.

ACTION: Issue to be added to the risk register.

Meridian was considered as the platform to help overcome this. It was noted that Meridian is not being utilised to its full potential. PM and GR discussed some of the difficulties with using Meridian, particularly around understanding its key benefits and what should, or what shouldn't be put onto Meridian. PM queried her role as a 'reviewer' and whether the reviews that were left would be endorsing the innovation on behalf of the AHSN/her employer.

The group decided that it would be a good idea to invite Tammy Holmes to the next meeting to have a discussion. Chris suggested that Neil could get together with both Lucy Chatwin and Tammy prior to the meeting to put something together that will give users the confidence to use Meridian and become more familiar with it.

Action: NM to work with Tammy Holmes and Lucy Chatwin to develop a suitable package for the group. This could then be rolled out to the Membership Innovation Councils (MICs).

Agenda Item 4:Briefs for WMAHSN Board

CP confirmed that the next Board meeting will include an update presentation from the priority leads. Each priority lead will have a 15 minute slot to discuss where they are against the current business plan.

ACTION: Presentations should be sent to Greg Johnson at Gregory.johnson@uhb.nhs.uk by 15:00 on Monday 21st November 2016.

Agenda Item 5: Priority leads updates v Matrix of Metrics

West Midlands Patient Safety Collaborative. The PSC received a visit from Mike Durkin on the 27th October. Mike Durkin noted that progress had accelerated within the last 12 months. The visit was supported by Cathy Rhodes, Clinical Director for maternity at HEFT, Ron Daniels, CEO of the Sepsis Trust, and Sarah Pontefract from UoB. Mike Durkin confirmed that the WMPSC is doing very well. GR and Pete Jeffries were encouraged to keep up the good work. GR does not expect formal feedback following the visit.

There is a care home conference scheduled for 29th November 2016 with over 120 delegates coming from care homes across the West Midlands region.

Other highlights include developing a sepsis network in collaboration with Ron Daniels, Sepsis UK. A meeting is scheduled for 10 November 2016 with the AF advisory board, looking at why the region isn't doing better at reducing strokes associated with AF

GR updated the forum on the MIC (N) and that they are still waiting to hear about the STPs.

Wellness and Prevention of Illness. The EIT health business plan 2017 was finalised at the end of September. This will now be submitted to EIT, with a response due in December. PM confirmed that the budget has doubled from the 2016 plan with 95 activities planned. The WMAHSN is well represented

within the plan. Sinead is planning an event and could potentially tap into 95,000 euros to do other projects within the West Midlands Region. Plans are progressing well for 3 wellness festivals across the region.

Citizen education is also developing with the KIC. A reference group met recently and a workshop is planned for January.

Long Term Conditions There have been several successful publications. Once of the studies involved interviewing people about technology. Two TSA conferences attended, one regional, one national and WMAHSN was represented. RC would like to do a regional event, possibly in March 2017.

Agreement to do a quality improvement piece of work for Primary Care has been obtained. This will go in parallel with what Gavin is doing in relation to 'learning from excellence'. RC is also doing STP pack with assistance from medical students. RC informed the group about a few interactions with NICE and University of Oxford to support patients to adopt best practice to help them to manage their conditions.

Mental Health, Recovery, Crisis and Prevention Working with Public Health England, had a number of meetings with further meetings planned for December. The meeting with Norman Lamb MP went well. He was keen to get WMAHSN involved in taking things forward. There is now a new Implementation Director whom they have met with and jointly identified 3-4 areas of collaboration.

The mental health team have also met with Adrian Philips, Director of Public Health.

MHIN – AHSN invested in that, appointing 2 people to support this work as it's really taking off. Three meetings held to date, one on IPS, one on crisis care and one with the dementia team. Another meeting is planned for next week about dementia.

Funding secured for a mental health board in Birmingham. Possibly able to do an improvement project from March 17.

The RAID plus project is going well and on target. A new patient portal has been developed.

Meetings are currently going ahead with share to care regarding funding EIT and NM is working with IBM in Ireland.

Agenda Item 6: Risks and Issues

The current risk and issues log was reviewed. CP mentioned the results of the YouGov and also that staff within NHS England and NHS Improvement appear not to be fully understanding role and purpose of AHSNs.

ACTION: CP to discuss with other chief officers at the National AHSN meeting.

NM also suggested that NHS Digital also appear not to fully understand the role of the AHSNs. NM requested that this organisation should also be added to the list.

ACTION: NHS Digital to be added to the list

Agenda Item 7: AOB

AB confirmed that there was now a new template for success stories. It was agreed that highlights and success stories should be included in the annual report.

ACTION: AB/KD to circulate with the minutes.

PM informed the group that a new EIT health update was scheduled for the 30th November @ I centrum.

Agenda Item 8: Date and time of next meeting

11th January 2017, ITM Boardroom

Enclosure: Atlas Case Study Template