

## Meeting of the West of England Academic Health Science Network Board



Held on Wednesday 3 December 2014  
Commencing at 10:45am in the Boardroom, Edward Jenner Court, Gloucester Business Park, Pioneer Avenue, Brockworth, Gloucestershire GL3 4AW

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### Minutes:

#### Present:

Steven West	Chair
James Scott	Vice Chair
Deborah Evans	Managing Director
Frank Harsent	Chief Executive, Gloucestershire Hospitals NHS Foundation Trust
Mark Pietroni	Interim Director of Public Health for South Gloucestershire and Chair of CLAHRCwest
Heather Mitchell	Chief Executive, SEQOL
Mary Backhouse	Chief Clinical Officer, North Somerset Clinical Commissioning Group
Robert Woolley	Chief Executive, University Hospitals Bristol NHS Foundation Trust
Iain Tulley	Chief Executive, Avon and Wiltshire Mental Health Partnership Trust

#### In Attendance:

Natasha Swinscoe	Director of Development
Anna Burhouse	Director of Quality
Lars Sundstrom	Director of Enterprise and Translation
Adele Webb	Public Contributor
Nick Leggett	Public Contributor
Hildegard Dumper	Patient and Public Involvement Manager
Stephen Falk	Clinical Director, National Institute for Health Research
Jenny Donovan	Director, CLAHRCwest
Rachel Lucas	Board Secretary

#### Agenda Item:

##### 1. Apologies

Jane Millar	Pro Vice Chancellor, University of Bath
Ian Orpen	Chair, Bath and North East Somerset Clinical Commissioning Group
Derek Sprague	LETB Director South West, Health Education South West

##### 2. Chair's items

It was reported that the Patient and Public Involvement representatives would now be known as Public Contributors to the Academic Health Science Network Board; and would continue to engage with and comment on the work of the Academic Health Science Network.

Over the previous twelve months, collaboration between health organisations and universities had developed, and increasingly with industry sectors who had previously found it difficult to make the connections. It was important to identify opportunities and encourage NHS organisations and universities to use the Academic Health Science Network as a broker in these instances; to facilitate engagement with industry and each other.

The Chair also reported that he would be joining the West of England Local Economic Partnership Board, following the retirement of Sir Eric Thomas. His attendance would be primarily to represent the universities but could also represent the Academic Health Science Network as some progress, albeit slow, had already been made. The Chair continues to work to identify links into the CBI and Business West as a number of companies the Academic Health Science Network is trying to forge links with are members of one or both of those organisations.

### **3. Minutes of meeting of 11 September 2014 and Matters Arising**

The minutes of the Board meeting held on Thursday 11 September 2014 were signed following agreement from the Board that they were an accurate record.

#### **Matters Arising**

The Board would continue to review any risks recorded on the Risk Register with a score over 16 or over. At present, there are no risks with this classification.

#### **The Board:**

##### **3.1 Agreed the Risks classified 16 or over will be brought to the Board for review.**

The amended minutes of the Board meeting held on 11 June 2014 were signed off as accurate following amendment.

### **4. Managing Directors Report**

#### **The Managing Director highlighted:**

- The main item for the Board to discuss at the meeting would be the Business Plan for 2015/16. Many projects from 2014/15 would require a further year for delivery. A great number of approaches were made to the Academic Health Science Network and agreeing what can be progressed was a challenge. The 'NHS Priorities Guidance' which would be published prior to Christmas would inform the business plan for next year.
- The Executive Team have all worked with Nick Leggett, Adele Webb and Hildegard Dumper regarding the public contribution to the Academic Health Science Network workstreams. Nick Leggett thanked the Executive Team for their efforts to make it easier for the Public Contributors to contribute, as they had raised questions as to how they could make a difference and be useful.
- The Academic Health Science Network Board submitted a commentary to NHS England in response to the Improvement Architecture review of Strategic Clinical Networks and Academic Health Science Networks. A number of member organisations also made submissions. Discussions continue and two national workshops have been arranged for mid-December to review the consultation outcome.

Heather Mitchell enquired as to the recent changes to the Local Area Teams and how it would affect organisations located in and around Swindon. The Academic Health Science Network's submission to the Improvement Architecture review had acknowledged the Swindon position but otherwise expressed the view that South West Strategic Clinical Network's geographical footprint made sense for patient flows, with the main exception being Cancer patients in Gloucestershire, who are part of the three Counties Cancer Network. Anthony Farnsworth has been confirmed for the role of Director for the Cornwall, Devon, Somerset, Bristol, North Somerset and South Gloucestershire Area Team but there was no appointment yet for the Thames Valley. The dangers of fragmentation have been highlighted and this was a very real risk. Anna Burhouse reported that the Senior Executive Team would be meeting with Oxford Academic Health Science Network on 8 December.

- The Academic Health Science Network, in collaboration with the West of England Local Clinical Research Network, held a very successful and well evaluated Annual Conference in October.
- Over the next few weeks, the Academic Health Science Network Senior Executive Team would be working to solicit feedback from Chief Executives / Accountable Officers as to whether they are being kept adequately involved. The Academic Health Science Network have had a series of review meetings with the three member universities and with one in particular having identified a number of new opportunities for working together.
- The Managing Director noted that a number of Academic Health Science Networks in the South of England are working collaboratively on joint projects in order to achieve greater impact.

## **The Board:**

### **4.1 Noted the Managing Director's Report.**

## **5. Matters for Decision**

### **5.1 Business Plan**

Natasha Swinscoe introduced the draft Business Plan for 2015/16. A great deal of the Business Plan for 2015/16 would continue with work that was started in 2014/15 as some of the projects were too large to be completed in one year.

Feedback was welcomed from Board members on areas annotated by a question for 2015/16 to help ensure a balanced programme. The PreCEpt project would be completed this financial year so could give way to another project to commence. Discussions were also underway with CLAHRC *west* to identify where they can contribute; one discussion had focussed on a project on post-diagnosis dementia patients.

A number of areas would be picked up by the Academy and the Patient Safety Collaborative but feedback from the Board would provide some areas that could be investigated further and populated into a final draft to be brought back to the Board in March for sign off. Projects put forward needed to add maximum value and impact, not duplicating existing work and be priorities for member organisations.

Discussions identified the following:

- **End of life care** – affects every organisation and historically, crossing organisational boundaries has proved difficult in this area. A project for end of life care would also obtain good public engagement and would also fit very well with other offers that are coming through to the Academic Health Science Network via the Academy as there had already been discussions with the NHS England Lead for End of Life Care and the Clinical Director for End of Life Care.
- **Dementia** – this was one of the original priority areas for the Academic Health Science Network. Steve West explained that a few years previously, South West SHA invested in a Dementia review from which the report is now available. The offer had been made that the Academic Health Science Network hold the report until the right time comes for it to be progressed. Jenny Donovan referred to a discussion at a previous Board meeting regarding this and explained that there was currently a cluster of calls around dementia and it was likely there would be one or two large programmes arising from it which would involve drawing the evidence together. The South of England Dementia Review report could form part of the review of evidence.

End of life care is a CQUIN for SEQOL and Heather Mitchell asked whether a piece of work could be done to bring end of life together with dementia as there is currently not a joined up approach to this.

- **Liver disease / alcohol related deaths** – deaths from liver disease are on the increase and there were a number interesting pieces of work being undertaken at present but not progressed. It was also reported that for 95% of patients who die from Liver Disease, it was a preventable death so a future project could focus on prevention and the long-term health benefits for the local population.
- It was noted that Identifying areas that other Academic Health Science Networks are working on would be of huge benefit and Deborah Evans explained there had been dialogue between Academic Health Science Networks who are working on common topics. To this end, a proposal had been drafted for Academic Health Science Network to create 'learning clusters' whereby all Academic Health Science Network working on the same topic have a forum where they could come together and share. Next year, there could be a number of learning events whereby all Academic Health Science Networks working on the same topic could share their work and progress made.

James Scott enquired as to whether the draft Business Plan met NHS England's needs. He reinforced the importance of completing work that had been started. The Academic Health Science Network must take into account lessons learned from the Business Plan for 2014/15; PreCEpt was a niche piece of evidence which could be delivered quickly. The anti-coagulation project required a large scale adoption and spread but could demonstrate significant impact.

The Business Plan would be signed off by the NHS England Regional Team. NHS England want to meet the 15 Academic Health Science Networks in January and March 2015 to discuss 2015/16 funding and Business Plans.

## **The Board:**

### **5.1.1 Noted the three potential areas for inclusion in the Business Plan for 2015/16.**

**5.1.2 Agreed the timeline and proposal for developing and finalising the Business Plan for 2015/16.**

**5.1.3 Would expect to receive a final Business Plan at the March 2015 Board meeting for sign off.**

**5.2 Governance Report**

Natasha Swinscoe reported no change on the VAT position and was taking further specific advice for VAT liabilities. The Academic Health Science Network's appointed auditors were not able to present a draft set of accounts until the VAT issue has been resolved. The Academic Health Science Network Audit Committee will be convened once the first set of accounts are received. Work is underway with the Finance Department at the Royal United Hospitals Bath to complete the VAT return within the next month.

Advice is also being taken from the auditors with regards Corporation Tax.

A detailed financial forecast for each of the workstreams had been produced for the current financial year, and of the £1.6m deferred income that was carried forward into 2014/15, just under £1m will have been spent this year. An underspend of approximately £870k was reported on recurring income, as some of the workstreams became active in the middle of the year. It was anticipated that approximately £1.5m would be carried forward into 2015/16. In 2015/16, the Academic Health Science Network expected to progress activity earlier in the financial year and therefore, spend all the committed budget as planned. The Academic Health Science Network had also received additional funding from the Regional Innovation Fund which would be used for the Quality Improvement initiatives, including the Mental Health Quality Improvement toolkit. The funding cannot be carried forward.

A benchmarking exercise is also being completed for all Academic Health Science Networks who are Companies Limited by Guarantee with regards Directors' salaries; a Remuneration Committee will be convened once the outcome was known.

Internal performance metrics for the Academic Health Science Network were also presented, for information.

A workforce plan was being developed against the current set of business planning priorities and would be used to identify any new roles that may be required.

**The Board noted:**

**5.2.1 The progress made since September 2014.**

**5.2.2 The uncertainty with regards the VAT position.**

**5.2.3 The Year-end financial forecast and the associated impact on business plans and workforce plans for 2015/16.**

**5.2.4 The new Internal Metrics report**

**6. Matters for Discussion**

**6.1 Enterprise and Translation**

The team had reached an optimal staffing level which had enabled senior members of the team to undertake further work on national issues. Work continues with the

Academic Health Science Network Commercial Directors, to raise awareness about the Academic Health Science Network's role with industry. Lars Sundstrom also attended a meeting with George Freeman, Minister for Life Sciences, at which case studies were presented. The Academic Health Science Network is receiving recognition at a national level and is also working with the national group for procurement for all the Academic Health Science Networks.

At a recent away day, the team strategy was agreed, along with priorities for the next six months

SBRI continues to progress well. Two local companies are currently in Phase two of the SBRI process and have each received £1m funding. The latest SBRI call focusses on Child and Adolescent Mental Health Services, the deadline for which is 9 December. A national SBRI showcase is also planned for 10 December and the West of England Academic Health Science Network has been identified as an exemplar for this event.

The recent Healthcare Modelling event on 10 November went very well and was over-subscribed. The next event, scheduled for 12 March 2015, will focus on exercise and nutrition and will be held in conjunction with Gloucester Local Economic Partnership.

Engagement with the Local Economic Partnerships had been difficult and required a great deal of engagement. Good progress had been made with Swindon and Wiltshire and more time would be spent with Gloucestershire, as a priority area during 2015/16.

In order to develop a culture of enterprise; the four Academic Health Science Networks in the South (West of England, Wessex, South West and Kent, Surrey and Sussex) have launched a collaboration with Setsquared, the universities' business incubator. Training and mentorship would be offered to entrepreneurs in the form of three day "boot camps", with member organisations asked to nominate people to attend. It was stressed that this was a personal development course, to help people progress their ideas into a business case. Discussions for a healthcare innovation alliance across the South of England were also underway.

Steve West updated on an enterprise zone at the University of the West of England, funded through the Local Enterprise Partnership, which was designed to create incubator space. Currently co-located within the Bristol Robotics Laboratory, a bid was submitted for health technology environment funding, which would link the Bristol Robotics Laboratory with Healthtech and Assisted Living. This could be claimed by the Academic Health Science Network as a success story and would enable the Academic Health Science Network to be a driver to bring organisations together, whilst ensuring it was not Bristol centric.

## **The Board:**

### **6.1.1 Noted the report.**

## **6.2 Evidence into Practice**

Anna Burhouse reported that the PreCEpt project was now live in all five obstetric units. As a whole, the UK has a baseline of 12% of eligible cases in which Magnesium Sulphate was administered to mothers having babies at less than 30 weeks gestation, and the project would aim to increase the position in the West of England units to 95% by completion. Over 240 staff have been trained already and

the Research Midwives were commended for their involvement and enthusiasm in taking the project forward.

In recognition, a peer support group had been established for them to come together and learn from each other; and discuss other hot topics in their units. An application to the CLAHRC call for the evaluation of PreCEpt had been submitted; a decision was expected before Christmas. It was agreed that the training data would be identified by each maternity unit and circulated to the Chief Executives.

**Action: Anna Burhouse**

Data from the National Joint Registry had been received and was good piece of quality assurance for the Hips project. All units were above the national average in their use of cemented hips. The last step to take with the project would be to celebrate the good practice at the Quality Improvement event in April 2015.

Significant progress had been made with the Anti-coagulants since the Board last met; the consultation period had been extended and a Frequently Asked Questions pack for GPs in the use of Oral Anti-Coagulants had been completed. Partnerships had also been created with four different pharmaceutical companies and that resource was being used to pilot four innovative care models. This was a first for any of the Academic Health Science Networks.

The team had also been asked to present at the All Party Parliamentary Group on Atrial Fibrillation in the House of Commons; their work was very well received. Twelve 'innovator' practices had been identified to pilot a variety of models of using anti-coagulants. A piece of work would be undertaken in the New Year to identify lessons learned with the intention to scale up to 75 practices from March with further roll out in 2015/16.

A 'Red Flags for Autism' awareness event had also taken place with the Royal College of General Practitioners and this is to be a model that could be adopted elsewhere in the country. The Evidence Informed Commissioning workstream had also undertaken a big piece of work regarding mapping access the Clinical Commissioning Groups have to evaluation and evidence services. The work identified a significant variation across the West of England. One of the findings from the exercise was that training and practical toolkits on evaluation would be very much welcomed and funding from the next financial year has been allocated to this.

**Other points to note:**

- The six Evidence Fellows were now all in place.
- A knowledge mobilisation event to share and develop good practice had also been held.

With regards risk implications, only one was to be noted with regards the Atrial Fibrillation project. The work involved data sharing in complex way between GP practices, each with a different operating system therefore, a Level 1 Information Sharing Agreement had been agreed. Work towards a Level 2 agreement, which will include the sharing of data, is progressing

**The Board noted:**

**6.2.1 Progress on the projects.**

## **6.2.2 The cemented hips project will close in March/April.**

### **6.3 Capacity and Capability**

Anna Burhouse reported that the £100,000 Regional Innovation Fund award had resulted in significant outcomes for the Academy: £30,000 would be used to develop a Quality Improvement tool for Mental Health and work was underway with Geraldine Strathdee, National Clinical Director for Mental Health and NHS IQ to take this work forward. The remainder would be used to fund various training / events requested by member organisations. The challenge would be to find one event that is relevant for each member organisation but one that also had a wider appeal.

### **6.4 Patient Safety Programme**

The national Patient Safety Collaboratives were launched in London 14 October. Locally, the West of England Patient Safety Collaborative had been established and would hold its third Board meeting in December and would agree a draft work programme for 2015/16. The work programme had been built using the post programme review report of the Safer Care South West programme.

A number of appointments had been made, including the Clinical Director, two Associate Clinical Directors and a GP Clinical Lead, whose role it would be to lead the projects and foster clinical engagement. The West of England Academic Health Science Network had, in collaboration with Wessex and Kent, Surrey and Sussex Academic Health Science Networks, submitted a bid to the Health Foundation 'Scaling Up' programme for funding for work on Emergency Laparotomy. The outcome of the interview process would be known by 10 December. Human Factors initiatives, funded by Health Education South West had progressed and a steering group had been established to take the work forward. The Primary Care and Community Service sub-group would meet for the first time in January. An additional workstream for Patient Safety included Early Warning Scores and a Project Initiation Document was being worked through. An engagement event would be held on 5 March 2015 and representatives from all member organisations, patient contributors and other interested parties would be invited.

In addition, a Quality Improvement and Patient Safety conference would be held on 16 April 2015, in Swindon.

It was reported that the South West Clinical Senate had discussed emergency surgery and recommended Clinical Commissioning Groups authorised a review of emergency laparotomy. A further recommendation focussed around an operational delivery network around emergency surgery.

Vaughan Lewis, Chair of the South West Strategic Clinical Network and Senate would be attending the next meeting of the Acute Trust Chief Executives on 8 January to discuss the recommendations for emergency surgery as this area would have huge implications for reconfiguration of services. Deborah Evans agreed to provide a briefing for James Scott and the Chief Executives prior to the meeting.

**Action: Deborah Evans**

#### **The Board:**

##### **6.4.1 Noted the progress report on the Patient Safety Collaborative.**

## **6.5 Informatics**

Feasibility studies across the West of England were each at different stages of development.

Each health community had to set their own priorities for this work and the positive message from the Board and the Senior Leaders Seminar to the Academic Health Science Network was that Connecting Data at the Point of Care was seen as influential in improving care in areas such as seven day working and urgent care.

An Informatics event had been held on 10 October and brought together Chief Clinical Officers and IT Officers, representatives from Healthwatch and executives from member organisations. The focus of the event was to share good practice, discuss obstacles and how to overcome them. Following its success, it is planned to hold two such events every year and the Academic Health Science Network would also continue to support each community to strengthen citizen engagement in their programmes.

A number of Board members had also attended an event hosted by the Health and Social Care Information Centre which provided a good opportunity to influence that agenda.

The latest development in the Connecting Care programme was that the three local authorities had submitted a bid for £900k to develop connecting data for children's services, including areas such as safeguarding. If successful, this would be very useful and an encouraging development.

### **The Board:**

**6.5.1 Noted the report.**

**6.5.2 Approved the proposed actions**

**6.5.3 Acknowledged the risks set out in Appendix A of the report.**

## **7. Matters for Information**

**7.1 Patient Safety Board Minutes, 9 September 2014**

### **The Board:**

**7.1.1 Noted the minutes.**

**7.2 CLAHRC Board Minutes, 7 October 2014**

The launch of CLAHRC *west* was held on 26 November and Jenny Donovan thanked all supported the event.

### **The Board:**

**7.2.1 Noted the minutes.**

## **8. Any Other Business**

### **Royal United Hospitals Bath NHS Foundation Trust**

The Board congratulated Royal United Hospitals Bath NHS Foundation Trust on achieving Foundation Trust status.

### **University Hospitals Bristol NHS Foundation Trust – CQC Visit**

Robert Woolley provided an update further to the CQC visit to University Hospitals Bristol NHS Foundation Trust in that whilst the headline rating reported that the Trust required improvement, there had been positive support for the standards of care within the Trust. There had also been recognition that the issues centred around patient flows and the regulators and NHS England had requested an action plan that tied in social services and the Clinical Commissioning Groups. The Trust also received 'Good' and 'Excellent' scores in all domains.

### **Honorary Degree**

The Chair congratulated Deborah Evans who received an honorary degree from the University of the West of England on 26 November.

### **9. Date of Next Meeting**

Wednesday 4 March 2015 at 10.45am  
Conference Room, Jenner House, Langley Park Estate, Chippenham