

Meeting of the West of England Academic Health Science Network Board



Held on Wednesday 4 March 2015
Commencing at 10:45am until 1:15pm in the
Conference Room, Jenner House, Langley Park
Estate, Chippenham, Wiltshire SN15 1GG

Minutes:

Present:

Steven West	Chair
James Scott	Vice Chair
Deborah Evans	Managing Director
Frank Harsent	Chief Executive, Gloucestershire Hospitals NHS Foundation Trust
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
Jane Millar	Pro Vice Chancellor, University of Bath
Ian Orpen	Chair, Bath and North East Somerset Clinical Commissioning Group

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
Stephen Falk	Clinical Director, National Institute for Health Research
Rachel Lucas	Board Secretary
Mark Pietroni	Interim Director of Public Health for South Gloucestershire and Chair of CLAHRC West

Agenda Item:

1. Apologies

Derek Sprague	Locality Director, Health Education South West
Jenny Donovan	Director, CLAHRC West

2. Chair's items

The Chair reported on the early work underway by the universities to link the expertise in the West of England around robotic living, medical technology and assisted living. The University of Bath designability group had been involved and this work would now be shared with the other universities and the Academic Health Science Network. If it was felt to be a valuable piece of work, a paper would come back to this Board.

During the Chair's discussions with the Chairs from the other Academic Health Science Network, it was very clear that all areas are undertaking different projects which may explain the difficulties NHS England had in gaining an understanding of the impact Academic Health Science Networks are having. Academic Health Science Networks may be asked to focus on, and develop plans for specific themes which can be scaled up and delivered across several networks.

The West of England Academic Health Science Network is seen as an Academic Health Science Network which is strong on delivery and work continues to build the networks profile.

Minutes of Meeting of 3 December 2014 and Matters Arising

Amendments to the minutes of the Board Meeting held on Wednesday 3 December 2014 were required. The amended copy will be presented at the next Board meeting as a true and accurate record.

Matters arising

At the Acute Trust Chief Executives meeting with the Clinical Senate on 8 January, the South West Acute Trust Chief Executives had a series of presentations and discussions with the Senate and the Strategic Clinical Network. This was helpful in clarifying future collaborative working opportunities. There were concerns that the Bath and North East Somerset, Gloucestershire and Swindon areas may become marginalised now they were in the Thames valley sub regional team catchment.

The configuration of Clinical Senates will unfold over the next few months and will require constructive discussions outside of the meeting.

3. Managing Director's Report

The Managing Director highlighted:

- At a national level, Deborah Evans explained that the fifteen Academic Health Science Networks work together as a network, supported by a secretariat and a joint communications group. The purpose of the group was to keep the profile of the Academic Health Science Networks high, focus directions of influence and ensure coherence in how the Academic Health Science Networks were working together. There is expectation that Academic Health Science Networks should now be demonstrating delivery and this would be discussed further in a meeting with Simon Stevens on 11 March 2015. Academic Health Science Networks would also be required to demonstrate how they would contribute to delivery of the Five Year Forward View.
- The Quarter 3 Report submission was discussed at a review meeting with Pat Haye and Nigel Acheson of NHS England. The meeting was constructive and supportive and confirmed that the West of England Academic Health Science Network was regarded as effective in delivering its business plan and engaging our member organisations and a wide range of stakeholders. NHS England were encouraging the West of England Academic Health Science Network to better publicise the work that is being done and the Enterprise and Translation team were working with a PR company to review how their messages were communicated. User testing with companies to get their views was also

underway in order to develop this approach which, if successful, would be extended more widely across all workstreams.

- Sir Bruce Keogh attended an industry meeting in the South of England and was very positive and continued to be supportive of the work undertaken by Academic Health Science Networks. Deborah Evans will liaise with Sir Bruce's office to arrange another visit to the West of England.
- Weekly 'Friday Note' from Rob Webster has indicated that Rob was keen to visit organisations. Arrangements are being made for him to visit the West of England.
- NHS England has decided the Academic Health Science Networks are the vehicle for producing local roadshows on Medicines Optimisation. Each Academic Health Science Network is required to co-produce a workshop at which NHS England would facilitate the morning session of the roadshow and Academic Health Science Networks would facilitate the afternoon session. Natasha Swinscoe explained that medicines optimisation had already been included within the patient safety priorities for the West of England Academic Health Science Network so pharmacists in member organisations have identified areas to be addressed. The workshop would take place on Thursday 7 May 2015.

The Board:

4.1 Noted the Managing Director's Report.

5 Matters for Decision

5.1 Genomic Medicine Centres Wave 2 Bid

NHS England is aspiring to secure the UK's position as the foremost country for genetic medicine and the "100,000 Genomes" scheme has been developed to take this forward. It was intended there would be universal coverage across England for Genomic Medicine Centres who would recruit patients with cancers and rare diseases for genetic sampling. Clinicians would also require further education in order to incorporate genetics into their practice. The bid that was submitted for Wave 1 was not successful and a 2nd wave of applications has been invited.

Engagement across the West of England has improved since the first bid was submitted and a fully worked up proposal is to be developed during Quarter 2015-16. The bid will be led by one of the Bristol Trusts. The Academic Health Science Network has been asked to support the bid which has to be clinically led by those who would be providing the service.

The feedback received from the first bid showed the areas where it fell down, all of which are recoverable. The bid will be led by a Partnership Board to ensure engagement from all parties.

There are some sensitivities around the lead organisation and University Hospitals Bristol NHS Foundation Trust would be better placed to lead the bid as they already host the national genetics service but working collaboratively with North Bristol NHS Trust would make for a stronger bid. Expressions of interest for bids are due in April so a speedy resolution on the lead is of paramount importance. It was agreed that Steven West and Robert Woolley would discuss this outside of the meeting.

Public contributors will need to be involved but their role was not yet clear as yet. The Wave 2 centres might be given a ready-made model from the Wave 1 centres,

but shaping how it would be implemented would need public contributor involvement.

The Academic Health Science Network was asked to support the development of a Wave 2 Genomics Medical Centre bid.

The Board:

5.1.1 Supported the development of a Wave 2 Genomics Medical Centre bid from the West of England.

5.2 Business Planning 2015-16

Conversations have continued with member organisations and other Academic Health Science Networks in order to pull together the Business Plan for 2015/16 and obtain support for the priorities identified for the coming year. It has been recognised that Patient Safety was gathering momentum and the associated work programme is complex. A substantial proportion of the Business Plan was to continue to deliver the projects and priorities from 2014/15. There was a discussion at the last Board meeting with regards the commencement of one more large project and one area for consideration was Discharge to Assess. The Academic Health Science Network has secured Jane Jones an Associate Director with the Health Foundation on a secondment who will develop an offer around Patient Flow as the next workstream. A number of member organisations are currently using Discharge to Assess and the proposal will be developed with health communities to help them progress the work they are already doing in this area.

Having the national expert for this initiative would provide an excellent opportunity to run learning sets to discuss obstacles / barriers, measurements etc. This work would also enable the Academic Health Science Network's Quality Improvement team to help organisations create knowledge of how to get the best out of their clinical teams, help spread the knowledge about the programme and upskill community staff.

Health communities, voluntary organisations and mental health services would also be included in the work that would be undertaken. It was agreed that good evaluation measures would be required in order to measure success.

With regards the Business Plan, the question was posed as to whether the Academic Health Science Network was focussing on areas that are important to the member organisation. In addition, was the 'flagship' project of Atrial Fibrillation being rolled out fast enough and it was acknowledged that further work was required for the complete rollout, and that there had been a great deal of clinical and industry input into the project.

Engagement with the LEPs had been challenging. With regards to Swindon and Wiltshire, progress had been slow but Swindon and Wiltshire LEP was now engaging well and beginning to ask for help to take their business plans forward.

The same approach had been made in Gloucestershire, where this had been welcomed. Their spending plans from 2016 have been reviewed and it was hoped the Academic Health Science Network would be involved in that process. The suggestion had been made to create a reference group for each of the three LEPs and that had been welcomed.

It was felt that the Business Plan required more weight with regards making a meaningful contribution to the economy and that the reference to SETSquared within the Business Plan should also be strengthened.

Further to the 15% decrease in funding, the question was asked as to how the funding gap would be met. The Quality Improvement and Enterprise and Translation workstreams have been able to obtain “services in kind” payments and whilst these are healthy numbers and help our member organisations, they do not add monetary value.

Natasha Swinscoe explained that the Academic Health Science Network was about to commence budget setting for each of the workstreams and they would be asked how they intend to deliver, taking into account the funding reduction. The Academic Health Science Network would be able to use the £1.5m deferred income from 2014/15 to help push the projects to deliver as quickly as possible. The budget setting work would also use some of the monies to source new income streams.

Over the last few months, the Academic Health Science Network had built its capacity to support the Patient Safety Collaborative which would be fully operational by April 2015.

The recommendations from the covering report included a request for the Board to sign off the Business Plan. It was agreed that the Business Plan was not yet ready to be signed off in its current form. Feedback from the first draft is awaited from NHS England and it was agreed that a revised version will be circulated to all Board members for sign off / amendment before submission to NHS England at the end of March.

The Academic Health Science Network has been successful in bidding for additional funds, examples include:

- £100,000 RIF funding which supported the Academy;
- Funding from Monitor to support the Mental Health toolkit;
- £250,000 from Health Education South West for Human Factors training

The Board:

5.2.1 Noted and discussed the amendments to the Business Plan High Level Deliverables for 2015/16.

5.2.2 Agreed to receive a revised Business Plan for 2015/16 via e-mail for sign off / agreement.

5.2.3 Noted the submission to NHS England is 31 March 2015/16.

5.2.4 Acknowledged the plan may have to change once the financial allocation is known and subject to any new requirements which NHS England may wish to make.

5.3 Governance Report

Natasha Swinscoe highlighted:

- The internal monitoring metrics table; there was nothing untoward to report. The only ‘red’ areas related to the proportion of contractors employed by the Academic Health Science Network who do not have an agreed contract. The number of contractors with an agreed contract in place had increased from 8% to 80% and relates to a small group of people.

- A meeting had taken place with Professor Christine Harland regarding the Academic Health Science Network's five year evaluation project. The projects for focus have been scoped, a Task and Finish Group has been set up which would report back to the Board with progress updates.
- The Risk Register; the Board were asked if they wished to receive the risk register when there were no high scores. It was agreed that it was good practice to receive it at every Board meeting.
- The VAT return had been submitted.
- The audit report from Mazars to be received and noted.
- The year-end financial forecast to be discussed and noted.

Further to receipt of the Mazars Audit report, there was discussion as to whether it would be appropriate for the Academic Health Science Network to charge membership fees in either for 2014/15 or for 2015/16. The Academic Health Science Network recognised the pressures on member organisations for 2015/16 and agreed to suspend the fee in 2015/16.

The Board:

5.3.1 Noted the progress made since December 2014.

5.3.2 Noted the submission of the initial VAT return at the end of January 2015.

5.3.3 Noted the Mazars Audit report and approved the 2013/14 accounts of the West of England Academic Health Science Network.

5.3.4 Noted the year-end financial forecast and the associated impact on business plans and workforce plans for 2015/16.

5.3.5 Noted the likelihood of a 15% reduction in NHS England financial allocation for 2015/16.

5.3.6 Noted the Risk Register update and agreed for the Board to continue to receive this report.

5.3.7 Agreed not to charge membership fees for 2015/16.

5.4 Terms of Reference for Industry Advisory Group

The West of England Academic Health Science Network is now one of the few Academic Health Science Networks which does not have an Industry Advisory Group. The Terms of Reference were discussed and agreed for the group noting that Public Contributors will also be invited to be members of the group.

With regards the Chair of the Group, it was agreed that the Academic Health Science Network would chair initially and would be reviewed at a later date; some Academic Health Science Network's Industry Advisory Groups are chaired either by their own Chair, their Managing Director or an industry representative. It was suggested to identify a Chair as soon as possible, in addition to a Co-Chair from industry. The membership must ensure members are from industries mapped across the West of England in order to show a fair representation. It was agreed to ask the Chief Executives in the three areas to nominate a representative amongst themselves.

The Board discussed reporting arrangements for the group and agreed that as it was advisory, its minutes should be received by the Board, but it should not become a formal subcommittee.

The Board:

- 5.4.1 Agreed the formation of an Industry Advisory Group as described in the paper;**
- 5.4.2 Agreed that the Academic Health Science Network Chairs initially but a Chair and co-Chair (from industry) are to be identified;**
- 5.4.3 Agreed the Terms of Reference;**
- 5.4.4 Advised on industry and Chief Executive membership.**
- 5.4.5 Agreed that the minutes of the Industry Advisory Group would come to the Board for noting.**

6 Matters for Discussion

6.1 Enterprise and Translation Update

The team had commenced work with JBP, a PR company, in order to increase public awareness of the Academic Health Science Network. Lars Sundstrom gave an update on the contacts made by companies and also on the business assists provided. Companies had also been asked to provide feedback on the impact made by the Academic Health Science Network and it was reported that approximately 20 Small and Medium Enterprise companies received funding from working with the Academic Health Science Network so far.

Medical Technology was a main area of focus and engagement was progressing. Work also continues to draw innovation from the grass roots; this work had been helped by SETSquared. The Board was thanked for their help with encouraging employees to attend the event held on 4 March which launched the entrepreneurship boot camps. The taster course proved so popular that applicants had to be turned away. Board members would be invited at a later date to be part of the panel to review business propositions developed by those who attended the first entrepreneurship course in April 2015.

The Board:

6.1.1 Noted the report.

6.2 Evidence into Practice and Commissioning Evidence Based Care Programmes Update

Anna Burhouse reported that the PReCePT project uptake had reached 89% and had been administered to 64 eligible women. This meant that at least one baby had been prevented from developing Cerebral Palsy and the health economy had saved £1m as a result. All Chief Executives who helped to implement the project were thanked for making it happen. The team were still working towards the 95% target and once this was reached, maintain a steady state and ensure the system was reliable. Midwives involved had requested additional Quality Improvement training which was a legacy the team had hoped would materialise. One proposal made was to maintain funding for the project in order for the midwives to ensure the practice was embedded and sustained.

Wessex Academic Health Science Network had also been working on medicines safety and could procure the magnesium sulphate prepared in the required dose. A meeting had been arranged with Wessex Academic Health Science Network to take this forward.

With regards to Atrial Fibrillation, this was now live in the 11 “innovator” GP practices and the team had received positive feedback from the GPs. NICE had given positive feedback on the quality of the project documentation. The team would also be working with the University of Bath to develop healthcare modelling for Atrial Fibrillation.

Bayer have invited the Academic Health Science Network to speak at a national conference and a meeting had also been arranged with a number of pharma partners to review the detailed project plan to ascertain whether they could provide further support. It was hoped that as many Clinical Commissioning Groups as possible would be able to take up the offer of the rollout next year.

Work continued on the development of the Mental Health Quality Improvement toolkit which had received backing from NHS IQ, Monitor and East London NHS Foundation Trust. Once agreed, the toolkit would be rolled out nationally.

A successful induction session for the Public Contributors had also taken place.

It was clarified that the work being undertaken with pharmaceutical companies was centred solely around their Quality Improvement function, and not sales. The Academic Health Science Network must be mindful of how this could be perceived.

The Board:

6.2.1 Noted the progress on the projects.

6.2.2 Noted the change of plan with the cemented hips project.

6.3 Capacity and Capability Update

Work was progressing well in this area with a large spread of events having taken place during the previous three months. Regional Innovation Fund monies are to be spent by the end of March and it was agreed that this will fund a selection of events. After the Easter break, the team would establish a strategic steering group to identify what should be taken forward in terms of developing a strategy for building capacity and capability for quality improvement and patient safety across the West of England. The membership for the steering group had been confirmed and early learning from the evaluation was that people prefer attending an event where there is a clinical issue that needs resolution; Quality Improvement would then be woven into the discussions around a theme. The expertise could be adapted accordingly for each member organisation.

The Board:

6.3.1 Supported the evaluation of the work programme and development of a proposal for the West of England that provides access to a range of supportive resources for our member organisations and supports delivery of the Academic Health Science Network annual Business Plan.

6.3.2 Noted that there will be continued and ongoing dialogue with member organisations to better understand how the network approach to capacity and capability building supports individual organisation development strategies and complements existing training packages.

6.3.3 Agreed to receive a proposal for embedding a sustainable approach to the development of capacity and capability in June 2015.

6.4 Patient Safety Programme Update

Following the appointment of the clinical team in Autumn 2014, the managerial team who would support progress of the work programme had now been appointed.

The launch event for the Early Warning Score scheduled for 5 March had 120 confirmed delegates with the key note speech being given by the Scottish Early Warning Score Lead, Colin Crookston.

In collaboration with Wessex and Kent, Surrey and Sussex Academic Health Science Networks, the West of England Academic Health Science Network had been awarded £500,000 from the Health Foundation for emergency laparotomy. A launch event would take place in September.

The Primary and Community Care Sub-Group held a workshop on 4 February which identified the following key priorities:

- Medicines management;
- Motivation;
- Communication;
- Learning and sharing standardisation;
- Team working.

Support was also being provided to the Mental Health Collaborative following agreement at a meeting in January from Kent, Surrey and Sussex, South West and Wessex and West of England Academic Health Science Networks. Since the meeting, Oxford Academic Health Science Network had also agreed to support the ongoing work. A work programme would be devised and signed off by the Patient Safety Collaborative Board in due course.

The sepsis workstream, led by Lindsey Scott, was also being supported. This large piece of work was running across the South West and also the Bath, Gloucester, Swindon and Wiltshire Area Team footprint.

The Board:

6.4.1 Noted the progress on the development of the Patient Safety Collaborative.

6.5 Informatics Update

The focus of the workstream was connecting data for patients at point of care in all health systems; Bath and North East Somerset Clinical Commissioning Group had completed an option appraisal for consideration by their Partnership Board.

Work in Gloucestershire was progressing well. The main issue to address would be how to work with the replacement hospital clinical information system

In Swindon, there had been various changes in the health community which had stimulated more community-wide working. Great Western Hospitals and Swindon Clinical Commissioning Group had also discussed the possibility of employing a joint Chief Informatics Officer which would provide a different perspective.

Swindon, Wiltshire and Bath and North East Somerset were becoming increasingly interested in how their work links with each other, which was a positive development, in terms of interconnectivity across the West of England footprint.

NHS England have proposed a piece of work around digital maturity and how prepared organisation were to move on with their existing IT and clinical systems.

The agenda for the next Informatics workshop would focus principally on sharing ideas and models on how data could be connected. The workshop would include a session around strengthening citizen engagement with these programmes.

The Board:

6.5.1 Noted the report

6.5.2 Agreed to continue to support engagement in the interoperability programmes within their local communities.

7 Matters for Information

7.1 Patient Safety Board Minutes, 16 December 2014

The Board:

7.1.1 Noted the minutes

7.2 Collaboration for Leadership in Applied Health Research and Care West Board Minutes, 14 January 2015

The Board:

7.2.1 Noted the minutes

8 Any Other Business

David Flory, Chief Executive of the Trust Development Agency had announced he would be stepping down from the role.

9 Date of Next Meeting

Wednesday 10 June 2015 at 10:45am – 1:15pm

De Vere Hotel Swindon, Whitehill Way, Shaw Ridge Leisure Park, Swindon SN5 7DN