UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST BOARD OF DIRECTORS THURSDAY 25 OCTOBER 2018

Title:	Master Services Agreement to Relicense the West Midlands Academic Health Science Network (WMAHSN)	
Responsible Director:	Tim Jones, Executive Director of Workforce and Innovation	
Contact:	Chris Parker, Managing Director WMAHSN, Ext 18054	

Purpose:	The purpose of this paper is to update the West Midlands Academic Health S request approval for continued hosting authorise renewal of its licence.	Science Network, to			
Confidentiality Level & Reason:	N/A				
Annual Plan Ref:	quality	be recognised for the highest levels of B is recognised as a leader in research			
Key Issues Summary:	 The Trust has hosted the WMA The AHSN is firmly established the objectives of the first 5 year The WMAHSN has been invited the objectives of the next licence Services Agreement 	and delivered against licence d by NHSE to deliver			
Recommendations:	 The Board of Directors is requested to Consider the update report on t Approve continued hosting of th Delegate authority to the Executive Workforce & Innovation and the Corporate Affairs to further neg line with the legal advice provide execute the contract on behalf 	the WMAHSN. The WMAHSN. Itive Director of Director of otiate the contract in red and if acceptable			
Approved by:	Tim Jones	Date: 17 /10/18			

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS THURSDAY 25 OCTOBER 2018

RELICENSING OF THE WEST MIDLANDS ACADEMIC HEALTH SCIENCE NETWORK (WMAHSN)

PRESENTED BY THE EXECUTIVE DIRECTOR OF WORKFORCE AND INNOVATION

1. Introduction

The WMAHSN is hosted by the University Hospitals Birmingham NHS Foundation Trust. The WMAHSN has successfully navigated its way through its initial licence from NHS England and met the original objectives. Alongside the other 14 national AHSNs, WMAHSN has been invited to deliver against new, revised terms of licence for a further 5 years (potentially extendable by another five). The terms will be laid out in a Master Services Agreement (MSA) with NHS England.

1.1 AHSN Objectives During the First Licence

The core objectives for all AHSNs during the first licence were to:

- Focus on the needs of patients and local populations
- Build a culture of partnership and collaboration
- Speed up adoption of innovation into practice to improve clinical outcomes and patient experience
- Create wealth

In addition, each AHSN subsequently developed and assumed responsibility for a Patient Safety Collaborative (PSC) to work across the same geographical area of responsibility.

1.2 WMAHSN Highlights During the First Licence

- The WMAHSN hosted over 70 campaigns for new innovations on its on-line Meridian health innovation exchange. This attracted over 470 innovation proposals.
- The AHSN supported 111 programmes of work and spread innovations to 770 sites in the region, impacting positively on 70,000 patients and 20,000 staff.

- Fourteen of those innovations have been spread to and adopted outside the region. Four innovations from other AHSNs have been imported into the region.
- The WMAHSN provided 10,600 hours of support to 3,000 companies and leveraged £24.4M of investment into the region.
- WMAHSN supported the role out of the WM Genomic Medicine Centre 100k Genome Project across the Region. As a consequence the WMAHSN has been asked to lead an Innovation National Network across the 15 AHSNs that will bring coherence to their contribution to developments in Genomics, Diagnostics and Personalised Medicine.

1.3 Key Developments and Requirements of the Next Licence

The first licence was initially a commission from NHS England. It then incorporated elements from NHS Improvement following the creation of PSCs. The future licence is to be served through an MSA, led by NHS England but incorporating tasks from NHS Improvement (principally for the PSC) and from the Office of Life Sciences (for the economic impact and associated innovation exchange activity).

One of the key distinctions between the old and new licence is a shift in emphasis. Instead of focusing primarily on the perceived or articulated needs of their own regional stakeholders, all AHSNs will collaborate on the spread and adoption (on a fair share basis) of a certain number of innovations that have been agreed as suitable and desirable for national spread. Notwithstanding this emphasis, the AHSNs are also required to maintain robust collaboration with regional stakeholders in order to generate new, local calls for innovation as well as creating the conditions for development and refinement of new solutions for regional or wider spread.

The value of the licence for the first 2 years of the Licence is £4.7m per annum (NHSE contribution: £3,223m, Patient Safety Collaborative contribution: $\pm 0.518m$ and the Office for Life Science contribution: $\pm 0.961m$.)

1.4 <u>WMAHSN Business plan for 2018-2020 and the Master Services</u> <u>Agreement</u>

The WMAHSN Business plan to deliver against these requirements for the initial 2 years of the next licence has been approved and signed off by NHS England and its key activities and financial projections for the first 2 years of the licence are shown at Appendix 1. The outstanding requirement is for the MSA to be agreed and signed. The MSA and the conditions this places on UHBFT have been reviewed by Corporate Affairs and an Advice Note provided by Bevan Brittan LLP which has identified a number of clauses which require clarification with NHS England. It is proposed that delegate authority is provided by the Board of Directors to the Executive Director of Workforce & Innovation and the Director of Corporate Affairs to further negotiate the contract in line with the legal advice provided and if acceptable execute the contract on behalf of the Trust

2. **Risks and Mitigation**

The Trust, as the legal entity is accountable for the performance of the WMAHSN as a regional asset and for related risks. This arrangement is managed through formal governance including close supervision on behalf of the Trust by the Executive Director of Workforce and Innovation who acts as the Senior Responsible Officer (SRO) for the WMAHSN, assisted by the Director of Research, Development and Innovation. This includes HR responsibility for all directly employed WMAHSN personnel who are required to abide by Trust standing instructions and of AHSN activity, including that effected through procurement, contracts and seconded personnel.

2.1 <u>Governance</u>

The switch to a new licence provides an opportunity to reinforce and strengthen governance arrangements and to develop the senior leadership and structure of the WMAHSN whilst still maintaining a cap on the overall size of the WMAHSN executive structure. This will now comprise an academic director (0.4wte), an innovation and adoption director (0.4wte) and an innovation and economic development director (1.0 wte). These 3 principal officers will be accountable to the Executive Director of Workforce and Innovation (as the SRO) and they will be supported by a chief operating officer who will be responsible for the transactional elements of the contract.

2.2 Potential Personnel Costs and Mitigation

Throughout the first licence and the next, all UHBFT managed posts within the AHSN are subject to matching panels to ensure the appropriate seniority and banding of staff. In addition, a contingency reserve has been and will continue to be maintained with agreement from NHS England. This is to cover the costs, including redundancies, that might be associated with any decision to discontinue the AHSN function. The future structure is at Appendix 2.

3. Benefits

As outlined above WMAHSN has delivered during the first licence. In terms of future benefits, the Board of Directors will wish to note:

3.1 Improved Health and Patient Care

WMAHSN will continue to develop innovation and attract funding for improving health and direct patient care. This will include improved use of digital health/data, medical devices and personalised medicine. Its innovation exchange service and implementation, adoption and spread capacity will support innovation adoption into service for the benefit of patients in many clinical settings.

3.2 Birmingham Health Partners (BHP)

Building on collaboration to date, the WMAHSN will have a more synergistic relationship with the health partnership, supporting continued and enhanced engagement with the regional and national, NHS, academic and industrial stakeholders.

3.3 The Institute of Translational Medicine

Located within the ITM, the WMAHSN brings additional 'footfall' and business into the facility and has synergistic and productive relationships with research infrastructure hosted by BHP.

3.4 West Midlands Genomic Medicine Centre/Genomics Medicine Service

The AHSN will work with the emerging NHS England regional genomics service (aligned with the genomic laboratory hubs laydown), to assist the establishment of a sustainable, holistic genomics medicine service within the West Midlands.

3.5 Local Enterprise Partnerships (LEPs)

WMAHSN has provided locally based intelligence and support to a number of the region's LEPs, creating bids and opening up opportunities within the life science and healthcare sector for networking, investment and funding

3.6 Skills and employment

In the first five year licence WMAHSN sought to influence skills development and workforce of the future agendas. It will continue the work instigated with the LEPs and the Combined Authority to create continued investment in the regional life science academy approach.

3.7 <u>West Midlands Combined Authority (WMCA)</u>

WMAHSN has striven to embed life science and healthcare as a market growth opportunity at the heart of regional support and investment strategies, shining a light on the regional centres of excellence in innovation and R&D. WMAHSN has directly supported and invested in innovative life science and healthcare businesses and

over the next five years will work with the WMCA to realise the growth opportunity identified in the West Midlands science and innovation audit of this sector.

3.8 International Trade Inward Investment

Over the first licence period WMAHSN successfully leveraged national and global inward investment into both public and private sector healthcare settings. WMAHSN has worked closely with industry associations to attract global life science and healthcare companies to locate into the West Midlands.

4. Summary

The WMAHSN has successfully delivered against the initial licence. Since the NHS England Board approved continued funding of AHSNs, WMAHSN has been invited to deliver against the new, revised terms. As a hosted organisation, WMAHSN relies on UHBFT support to carry out its functions on behalf of the region. Risks associated with hosting the AHSN are mitigated by governance and a financial reserve and to complete the relicensing of the WMAHSN it needs the host Trust, as the legal entity, to formally agree to delivery of commissioned services through the signing of an MSA.

5. **Recommendation**

The Board of Directors is requested to:

- Consider the update report on the WMAHSN.
- Approve continued hosting of the WMAHSN.
- Delegate authority to the Executive Director of Workforce & Innovation and the Director of Corporate Affairs to further negotiate the contract in line with the legal advice provided and if acceptable execute the contract on behalf of the Trust.

Tim Jones Executive Director of Workforce & Innovation

Appendix 1. Key WMAHSN activities and financial projections for the first 2 years of the new licence:

	West Midlands AHSN "Plan o	na	Page"		
		21	12/2019	2	019/2020
	Innovation National Networks	E36	H + E7.6H	B	6M +E7.6M
1	Activity Innovation, Economic Growth	Natio	nai Fooding	Nati	ional Funding
-	Jobs Created		47	-	54
	Inward Investment	£	1,451,510	£	1,669,237
2	Innovation Exchange				
_	Jobs Created Inward Investment	FMA FMA		FMA FMA	
2	Medicines Optimisation	FIVIA		FIVIA	•
-	3.1 National Program mes				
	PINCER (NH5 Benefit)	£	156,214	£	160,660
	PINCER (Social Benefit)	£	1,135,000		1,168,000
_	Transfers of Care around Medicines Polypharmacy	£ FMA	1,023,146	£ FM	2,136,945
4	MedTech	FIVIA		E IVI	*
	4.1 National Programmes				
	4.2 Regional Programmes				
	Give Vision	£		£	
2	Digital & Artificial Intelligence 5.1 National Programmes			-	
	5.2 Regional Programmes				
	Health Centrified	£	-	£	-
	MedicallQ	£	-	£	
_	Mental Health Test Bed Keide – Methains electron	£	35,000	£	40,250
	Kaido – Wellbeing platform Orthoracle surgical atlas	£		£	-
-	Provicon	£	-	£	-
	MedStars	£	-	£	-
_	Lasso	£		£	-
6	Patient Safety				
_	6.1 National Programmes The Deteriorating Patient	FMA		FM	•
-	The Maternity and Neonatal Health Safety Collaborative	FMA		FM	
	Safety Culture	FMA		FM	A
	6.2 Regional Programmes				
	Learning from Excellence	£		£	
_	Human Factors and Ergonomics SPACE/SPACE2	£		£	
	GP Safety Toolbit	£	-	£	
7	Quality Improvement				
	7.1 National Programmes				
_	Atrial Fibrillation	£	408,037	£	1,374,590
	Atrial Fibrillation (Social Benefit) Emergency Laparotomy (NHS Benefit)	£	8,292,000 426,431	£	9,614,000
-	Emergency Laparotomy (Nois Benefit)	£	1,471,000	£	2,998,000
	Rapid Assessment Interface Discharge	£	1,500,000		1,750,000
_	SIM (NHS Benefit)	£	850,327		1,032,636
_	SIM (Social Benefit) Wiresafe	£	920,000	£	1,117,000
_	PReCePT	± FMA	59,000	EM	168,000
	This	£	120,000	£	201,000
	Faecal Colprotectin - ITT	£	141,000	£	422,000
	NIC-ITT	£		£	
	PnewC - ITT Uralift - ITT	£		£	
	Urduit - 111 EsCAPE pain	£	338,680	£	788,082
	7.2 Regional Program mes	-	555,060	1	, 30,082
	Move it or Lose it	£	50,000	£	50,000
	Medically Unexplained Symptoms	£	200,000	£	230,000
_	Mental Health: Prevention of Illness STARTBack	£	100,000	£	150,000
8	STaRTBack Research	1	654,000	£	752,100
9	Genomics, Advanced Diagnostics & Personalised Medicines				
	9.1 National Programmes				
	9.2 Regional Programmes				
D	Rightangled Accelerated Access Review	£	-	£	-
4	AAR 1				
	AAR 2				
	AAR 3				
	Economic Benefit to NHS	£	6,131,313	£	11,317,153
	Economic Growth Benefit (Each job created valued at E60K)	£	1,451,510	£	1,669,237
	Social Benefit	£	11,818,000	£	14,897,000
	Total Benefit of WMAHSH Activity NUSE Conting for MAHSHALKM		19,400,823	e c	27,883,389
_	NHSE Funding for WMAHSN Het Benefit from WMAHSN activity	£	3,418,520 15,982,303	£	3,418,520 24,464,869

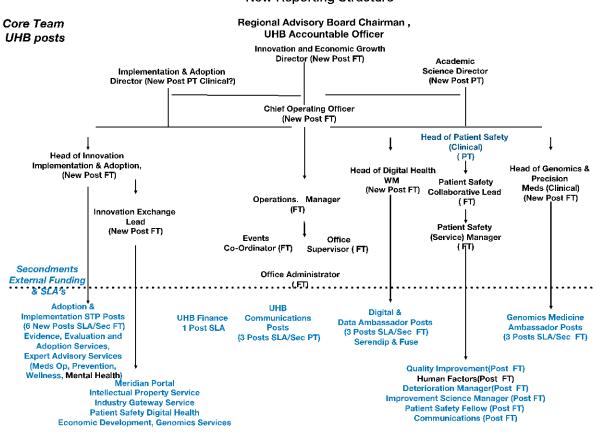
*The***AHSN***Network*



Table 2 - WMAHSN activity and financial projection

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Appendix 2. WMAHSN structure for second licence (UHBFT employed posts above line with contracted/SLA secondments below):



New Reporting Structure

Updated June 2013