

UCLPartners Board

Tuesday 20 January 2015, 16:00-18:00

UCLPartners Meeting Room 1

3rd Floor, 170 Tottenham Court Road

Present:

- Ajay Kakkar (Chair)
- Michael Arthur
- Tessa Blackstone
- Dominic Dodd
- Stephen Field
- David Fish
- Simon Gaskell
- Dennis Gillings (by telephone)
- Richard Murley
- Clifford Prior
- John Tooke
- Richard Trembath
- Philip Wright (standing in for Stephen O'Brien)

Apologies:

- Elizabeth Chidgey
- Roger Jackling
- Peter Piot

In attendance:

- Helen Jameson
- Andrew Morris
- Diana Rawstron
- Hilary Ross

1. Minutes

The minutes of the meeting held on 21 October 2014 were agreed to be a correct record of the meeting.

2. Managing Director's Report

David Fish presented his report and drew attention to the key issues.

- 2.1. The Q2 AHSN submission had been made on 31 October 2014 with positive feedback on UCLPartners' progress.
- 2.2. The NHS Innovation Accelerator had been launched on 7 January hosted by UCLPartners in collaboration with The Health Foundation with the aim of creating the conditions and cultural change necessary for proven innovations to be adopted faster and more systematically through the NHS. UCLPartners had agreed a formal collaboration with a similar venture for collaboration in the US led by Victor Dzan in partnership with the World Economic Forum.
- 2.3. There is local and national focus on the high performance of the Luton and Dunstable University Hospital NHS Foundation Trust which focusses on patient safety and clinical outcomes to ensure that all patients are treated quickly by the most appropriate clinician the first time benefitting both urgent and emergency care and elective patient. It was agreed this provides a strong platform for their Urgent and Emergency Care Vanguard bid which the Board endorsed.
- 2.4. UCLPartners with North West London NHS Trust has been designated as one of the eleven Genomic Medicine Centres (North Thames Genomics Medicine Centre) to deliver the 100,000 Genomes Project for cancer and rare diseases. The informatics proposal included implementation of a centrally hosted open source data management platform and new application to capture rare disease phenotype data in addition to a specimen tracking solution.
- 2.5. HIMSS Europe had been commissioned to work with UCLPartners informatics team to undertake an assessment of digital maturity across UCLPartners acute provider trusts using their internationally recognised EMR adoption model (EMRAM) assessment tool. Each trust's Chief Information Officer (CIO) had received a report summarising the key systems and functionality which will enable them to improve.
- 2.6. UCL Partners had been commissioned by NHSE to carry out the lead work on the development of a new digital maturity index for acute providers.
- 2.7. Phase 1 of the Join Dementia Research project was completed in October 2014 and an award of £1m had been made in December by SBRI to take the project forward nationally.
- 2.8. A WELC informatics steering group has been set up and a CIO appointed to review how information can be used to transform services. UCL Partners is facilitating engagement between WELC, other health economies and NHS England London to ensure shared learning and to identify opportunities for collaboration.

3. Academic Health Science Centre

- 3.1. The AHSC has continued to focus on the development of the six Academic Medical Centres and the Programme Chairs are developing plans to integrate a 4P approach i.e. pre-emptive, predictive, personalised and participatory.
- 3.2. All HEI partners had performed well in the Research Excellence Framework 2014 results.

3.3. The Board gave its strong support to the principles of partnership working described in the documents tabled by MA and SJG, and noted that these could be applied to Joint Research Institutes to support the new Academic Medical Centres in line with our AHSC designation; specifically to achieve all six AMCs positioned in the top five globally for academic excellence. The Bloomsbury Research Institute, jointly between London School of Hygiene and Tropical Medicine and UCL, provides a crucial opportunity to enable this status for infection and immunity. Queen Mary University of London and UCL jointly signalled their intention to support a new single Cardiovascular Institute, jointly supported by both universities. John Tooke agreed to convene a group to take this forward. The application of the generic principles to the development of the Cancer AMC would be explored.

3.4. It was noted that Professor David Lomas succeeds Professor Sir John Tooke as UCL Vice-Provost (Health) and as Academic Director of UCL Partners as from 1 August 2015.

4. Finance and Corporate Update

4.1. The forecast was in line with budget.

4.2. The Risk Register had been reviewed and amended.

4.3. The Remuneration Committee had reviewed salary bands relative to the NHS and University bands.

4.4. It was agreed that the Remuneration and Nomination Committees should be combined and Dominic Dodd agreed to bring forward new terms of reference for approval.

5. NHS Five Year Forward View

5.1. The Five Year Forward View aligned strongly with much of the work of UCLPartners over the last two years.

5.2. In addition to National Vanguard sites (which will focus support on select leading health organisations to rapidly progress prototypes and learning) UCLPartners can offer generic support through:

- creating the conditions for early adoption and diffusion through expertise and capacity in co-development and patient pull;
- population level informatics;
- support for better alignment of regulatory frameworks.

5.3. This support applies to both designated Vanguard test sites and the remaining proposals submitted to NHS England not included as test sites at this stage.

5.4. The Board acknowledges the strength of bids across all four new models of care being developed by the partners. The Board noted the patient and population led proposal for a new model of cancer care focused on earlier diagnosis and reduced variation of treatment to improve survival across London Cancer (linked to AMC) which it endorsed.

5.5. Given the prominence of mental health in the Five Year Forward View and the link to both child health and prevention strategies, the Board similarly proposed that new models of child and adolescent services ensure the timely provision of patient centred care, equity of access and evidence based interventions.

6. Date of next meeting

The next meeting will be on Tuesday 21 April 2015 15.00 to 17.00