

**PAPER  
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## **Report to the Meeting of the Members' Council**

**For: (Approval / Information etc)**

**17 November 2009**

### **Thames Valley Health Innovation and Education Clusters (HIEC)**

#### **Executive Summary**

This short paper summarises the bid to establish a Thames Valley Health Innovation & Education Cluster, which is led by OBMH. The purpose and structure of the HIEC is described, initial programmes are listed, along with the application process.

#### **Recommendation**

The Members Council is asked to note this development. Governors are invited to recommend means by which patients, carers and staff of the Trust, other local organisations and the public might be engaged in development of the HIEC.

**Author and Title: Dr Mike Hobbs, Medical Director**

**Date: 11 November 2009**



## Thames Valley Health Innovation and Education Cluster

### Report to Members Council, 17 November 2009

#### 1. Introduction

This short paper describes the bid to establish a Thames Valley Health Innovation & Education Cluster (HIEC). The strategic vision underpinning this bid is detailed in a paper, *Learning to Transform Care*, which is available to Governors on request.

The purpose of HIECs was set out in *High Quality Care for All* and *A High Quality Workforce*, published in June 2008 as outcomes of the year-long NHS Next Stage Review. Partnerships of NHS, Higher Education and other organisations, they are vehicles for improving the quality of health care through innovation and enhanced education.

HIECs will enable high quality patient care and services by quickly bringing the benefits of research and innovation directly to patients, and by strengthening the co-ordination of education and training so that it has the breadth and depth to support excellence.

#### 2. Application process

21 organisational collaboratives across the 10 SHA areas have expressed interest in establishing HIECs. In South Central there have been applications to establish HIECs in both Wessex and Thames Valley. There is no blueprint for a HIEC, but the vision and principles were set out in *Breakthrough to Real Change in Healthcare*. It is expected that each HIEC will support implementation of its SHA's priorities. £10 million is available nationally to set up HIECs. The Awards Panel aim to approve at least one HIEC in each SHA. They will approve further bids that are deemed to be innovative and successful, until the funding is exhausted.

OBMH has led the bid for a Thames Valley HIEC, and submitted the application on 29 October in partnership with approximately 30 NHS, Higher Education, Local Authority, 3<sup>rd</sup> sector and commercial organisations (list attached). The bid has been shortlisted for a 'clarificatory' interview on 10 December.

#### 3. The TV HIEC Bid Team

Since mid-September, OBMH has worked closely with the Nuffield Orthopaedic, Oxford Radcliffe and Ridgeway (Learning Disability) NHS Trusts, Oxfordshire PCT and with Oxford, Oxford Brookes, Buckinghamshire New, and Thames Valley Universities to develop the bid. The Bid Team engaged other organisations across Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire as partners in the bid, but more work is needed to extend and consolidate the partnership.

The Thames Valley HIEC will engage communities and organisations to support innovations and develop interdisciplinary education and training, and will link these programmes directly to new ways of providing health care while promoting sustainability

across all of its activities. It will be a progressive federation offering value to its constituent organisations, their staff and, above all, to patients, carers and the public. It will be driven by seven core principles :

1. Patient and client focus through staff and carer development.
2. System alignment across health, social care, education, charitable and commercial sectors
3. Workforce transformation
4. Mutualism
5. Partnership
6. Affordable excellence
7. Sustainability

Through its work programmes the TV HIEC will support the Thames Valley health economy in addressing:

The priorities identified by the NHS Next Stage (Darzi) review

- The financial imperatives in the public sector over the next few years
- The public health pressures linked to our ageing population and the rising prevalence of long term conditions
- The demands presented by integrated health and social care commissioning to provide more seamless services to patients, clients and carers
- The need to engage patients and the public as agents of their own health and health / social care.

#### 4. What will it do?

The TV HIEC seeks to exploit existing organisational strengths and partnerships. The HIEC will undertake six main classes of activity:

1. Devising training programmes and driving up standards of education & training
2. Delivering high quality and innovative training
3. Making knowledge accessible and useable by staff, patients, carers and the public
4. Supporting innovations in treatments and health care delivery
5. Facilitation of partnerships
6. Appropriate commercial development / marketing.

The TV HIEC will provide “horizontal” or “cross-cutting” generic programmes which will develop skills, raise standards, and build the capacity to support system-wide workforce improvement and change. Examples of these are:

**Knowing the essentials** (fire; manual handling; infection control; increasing patient safety; managing interpersonal relationships; consent and mental capacity; sustainable healthcare; diversity and equality; and privacy and dignity)

**Dealing with challenging situations** (managing challenging behaviours; personal safety; safeguarding adults and children; domestic violence awareness; substance abuse; death and dying; and boundary violations between clients and carers)

**Understanding patient partnership and customer care** (effective partnerships with clients and patients; enjoying caring for the empowered patient; working with personalised budget holders; the patient and the client as customer)

**Developing effective teams** (leading and following in teams; keeping teams safe; staff health and wellbeing; coaching and mentoring; collaborative problem solving)

**Knowledge management and translation** (creating a learning culture; how to find, understand and evaluate evidence; using evidence to make change)

**Quality improvement through action** (measuring performance and outcome; using audit to drive continuous improvement; Lean and Six Sigma in healthcare)

**Innovating for health** (understanding the innovation pipeline and the management of change; using technology to transform care – particularly through exploitation of electronic patient records; service redesign made simple)

**“Vertical”, topic-specific programmes** will also be developed to support within-system workforce realignments to deliver innovative care pathways. The examples below are initial ideas taken from discussions with partners.

**Integrated physical, mental health and social care services.** Teams to support holistic care at home, avoiding hospital admission and allowing for substantially earlier discharge, particularly in patients with long term and mental health conditions at risk of multiple hospital admission, and in those with first presentations who have unstable social support.

**Teams skilled to provide end-to-end reviews of care pathways for sustainability,** beginning with chronic renal replacement therapy (the “Green dialysis” project).

**A topic-specific patient safety programme** dealing with areas such as pressure area care, avoidable death, medicines and risk management at transitions of care, and surgical safety.

**A system that allows the rapid diffusion of** innovations, builds capacity, and makes the evidence of successful transformation visible.

## 5. Governance arrangements

The TV HIEC will have robust governance arrangements in place to ensure that it can be held to account for the delivery of education and training programmes, and for its effectiveness in the promotion of innovation. It will develop explicit and coherent relationships with other parts of the local innovation landscape, including Academic Health Science Centres (AHSCs), Biomedical Research Centres (BRCs), Collaborations for Leadership in Applied Health Research and Care (CLAHRCs), and NHS innovation hubs.

### Partnership working

The TV HIEC will continue to identify and welcome key stakeholders into the cluster, or into close working with the HIEC. These will include other NHS organisations in primary care; the Deanery, county and local councils as providers of social care, and third sector organisations. More commercial partners are expected to join the cluster over coming months.

A memorandum of understanding has been drawn up between the stakeholders, together with a formal scheme of delegation between the HIEC and its members.

### Governance structures

The Trust Board has agreed that the TV HIEC will be hosted initially by OBMH. The role of the host organisation is to provide a physical base for the HIEC executive, provide high quality, flexible and responsive management services, and employ the core team of staff.

The HIEC will establish a **Board** (to be known as **the HIEC Partnership Board**) to ensure membership from and the engagement of all stakeholders in the governance of the HIEC and to oversee its activities.

The HIEC will also establish an **Advisory Board** to provide expertise and challenge on all aspects of its work, but particularly in the academic and innovation areas. The Advisory Board is expected to evaluate proposals for innovation and education which are submitted to and considered by the Partnership Board, thereby to provide assurance on the quality of the projects adopted by the HIEC.

The Board will appoint an **Independent Chair** for the HIEC.

The HIEC Board will establish an **Executive group** consisting of the HIEC **Director**, a HIEC **project manager**, an agreed number of representatives from the HIEC Board and a representative of the host organisation.

It is expected that the Executive Group will review proposals for HIEC programmes and activities; be responsible for formulating strategy, set priorities; and will also be monitoring activity to agreed key performance indicators.

### **Evolution of governance arrangements**

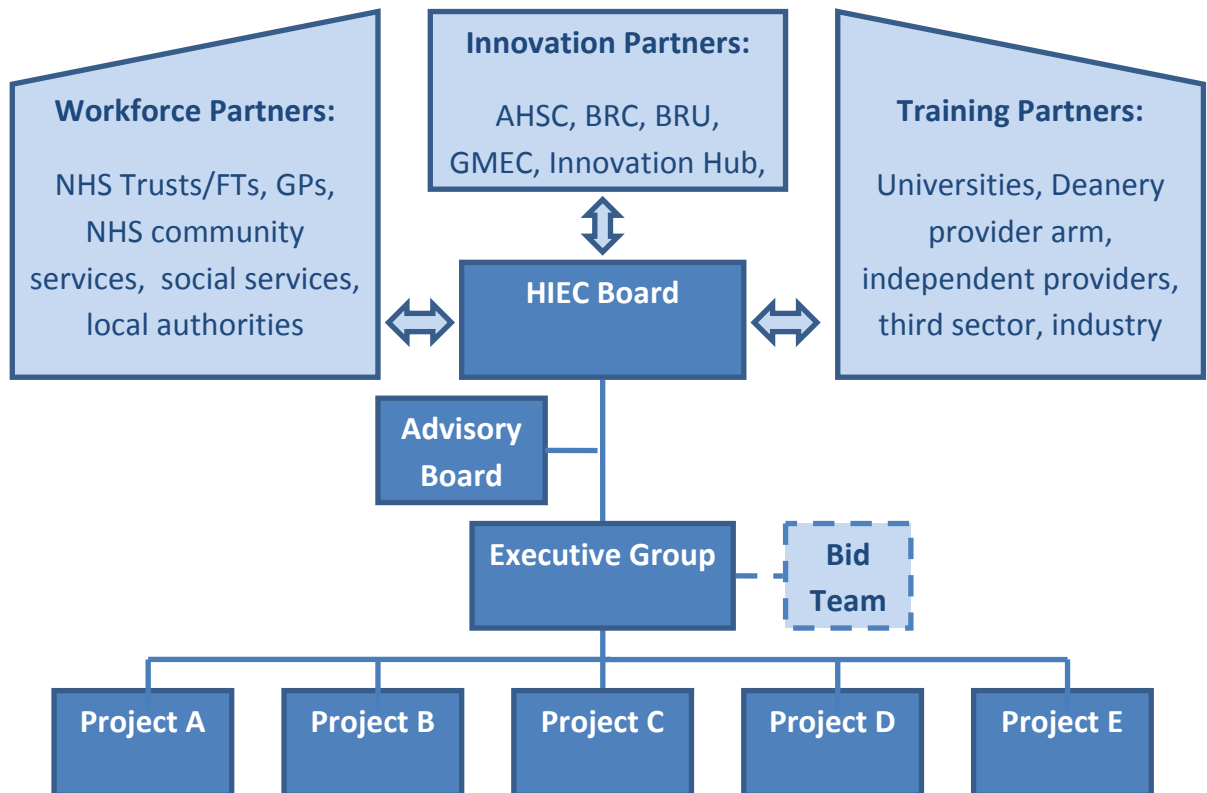
If the bid to establish the Thames Valley HIEC is successful, further work will be done to finalise the governance arrangements, particularly in relation to the sharing of risk, liabilities and indemnity issues. In addition, matters relating to intellectual property and revenues from commercial ventures, for example, will also be discussed and appropriate agreements reached between the partners.

Dr Mike Hobbs

Medical Director, OBMH, and Chair of HIEC Bid Team

November 2009

# TV HIEC Organisation & Governance



# **Thames Valley HIEC**

## **Signed Memorandum of Understanding at date of submission**

### **NHS**

Berkshire Healthcare NHS Foundation Trust  
Berkshire East PCT  
NHS Berkshire West (Berkshire West PCT)  
Buckinghamshire PCT  
Buckinghamshire Hospitals NHS Trust  
Milton Keynes PCT  
Milton Keynes Hospital NHS Foundation Trust  
NHS Innovations South East Ltd  
Nuffield Orthopaedic Centre NHS Trust  
Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust  
Community Health Oxfordshire (Oxfordshire PCT)  
Oxford Radcliffe Hospitals NHS Trust  
Ridgeway Partnership  
Royal Berkshire NHS Foundation Trust  
Heatherwood and Wexham Park Hospitals NHS Foundation Trust

### **Universities**

Buckinghamshire New University  
Open University  
Oxford Brookes University  
Thames Valley University  
University of Oxford  
Division of Public Health and Primary Health Care, University of Oxford  
University of Reading

### **Councils**

Aylesbury Vale District Council  
Bracknell Forest Council  
Buckinghamshire County Council  
Oxfordshire County Council

### **Other**

DIPEX  
Doctors.net.uk  
The Ethox Centre  
Unipart  
Oxford Economic Partnership  
Picker Institute Europe  
Better Value Healthcare Ltd / Knowledge into Action