



west midlands
ACADEMIC HEALTH SCIENCE NETWORK

Annual Report







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Chair's statement

It is with great pleasure that I introduce the 2015/16 annual report of the West Midlands Academic Health Science Network (WMAHSN). This past year has been one of increasing maturity for the AHSN, seeing us deliver real impacts among nearly 40 programmes across four clinical priorities and seven enabling themes.

The year started with our enormously successful annual stakeholder event, following which our membership scheme went live on 1 June 2015, with every NHS organisation, academic institution, life sciences company and public and third sector body in the region welcomed into our standard membership scheme. Work on the membership scheme, services and networks continued throughout the year in response to stakeholders' feedback. The enhanced membership scheme, which offers further benefits and services, was launched on 1 April 2016. One organisation – Birmingham Community Healthcare NHS Trust – even signed up before the official start date.

These new membership services and networks are designed to deliver our reshaped West Midlands-specific priorities, which all offer benefits and opportunities to all WMAHSN members, with premium services and access for enhanced members. Among the portfolio of services is Meridian (<https://meridian.wmahsn.org>), the online health innovation exchange for

the region. Meridian will support the development and adoption of innovation through an innovation community, supporting individual organisations and communities across the West Midlands region. Meridian already has 378 active online users and a networked league of innovators. Meridian and the myriad of other membership networks and services will provide an opportunity for sharing forums, co-production and collaboration that both feeds and informs innovation and improvement to deliver improved healthcare outcomes and create economic growth across the West Midlands.

Our prime purpose continues to be improving health outcomes and generating wealth by driving the adoption of proven innovations at scale and pace. With a strong profile of life sciences companies in our region, the spread of innovation creates jobs in the West Midlands. The employability and productivity of the local population is also boosted by innovations that promote healthier living and lifestyles or which improve healthcare. Our long-term vision was that WMAHSN become pivotal to the generation of a healthier region in which there is access to quality, person-centred care, and this is now happening.

While some of our programmes already enhance health outcomes and patient experience, others lay the foundations for longer term improvements. This year, almost 27,000 patients have benefited as a result of WMAHSN programmes. We have worked on some 56 innovations, and supported 396 West

Midlands companies. Locally, we have also helped the NHS to realise nearly £16 million in savings – a remarkable achievement by what at the centre is a very small team.

The objectives of WMAHSN, while focused on the needs of our local population, are of course linked to the NHS Outcomes Framework and the Five Year Forward View (FYFV). Covering areas such as disease prevention, service integration and flexible models of service delivery that are tailored to local populations and needs, the FYFV has important opportunities for the WMAHSN. One way we are responding is getting patients to take ownership of their own health, with wellness and prevention of illness becoming one of our priorities in 2015. In addition, work has continued with the European Institute of Innovation and Technology Health Knowledge and Innovation Community (EIT Health KIC), a European Union-wide, €2 billion initiative to tackle healthy living and active ageing.

Test beds are another key strand of the FYFV, helping realise the ambition of remaining financially sustainable while reforming the NHS so that it is fit to face 21st century challenges – particularly those associated with an ageing population with increasing numbers of long term health conditions. The WMAHSN is a key partner in the RAIDPlus Integrated Mental Health Urgent Care Test Bed, along with NHS providers, the police, a Commissioning Support Unit and a private sector partner in Birmingham and Solihull. The test bed aims to provide predictive, preventive, integrated, efficient and effective urgent care for patients most at risk of a mental health crisis. In doing so, it will also support relatives and carers.

Last year's launch of the seven point growth plan saw the WMAHSN set out how it will be making the West Midlands an internationally attractive arena in which to do business and discover tomorrow's innovations, as well as making UK healthcare a sought after product overseas. In October 2015, at the second Health and Wealth Economic Summit, the WMAHSN shared the progress that is being made in this regard and introduced the new services that will support innovations, opportunities and collaboration between healthcare, academic and industry members in the West Midlands. In addition, a special Business Quarter (BQ) Magazine supplement was published to highlight local healthcare and life sciences economic excellence.

Also up and running is the West Midlands Genomics Medicine Centre. The WMAHSN is an active partner in the network of collaborating provider trusts, thereby

contributing to the collection and analysis this year of 981 whole genomes. The AHSN continues to fund three Genomics Ambassadors for the region. They facilitate the spread of knowledge, experience and expertise gained by trusts that are already engaged in recruiting cancer and rare disease patients to those that follow in subsequent phases of the 100,000 Genomes Project. More importantly, they contribute to the culture of service transformation that will ensue from this pioneering work.

In order to achieve all of these successes, as well as deliver on programmes, the WMAHSN has expanded its core team, with a number of secondments reflecting our cross-sector partnerships in the region, including NHS trusts, academia and industry, whose collaboration, enthusiasm and innovative thinking drive AHSN activity. We also moved our offices in September 2015 to the new Institute of Translational Medicine (ITM), a world-class clinical research facility on the Queen Elizabeth Hospital site in Birmingham.

I feel strongly that with the involvement of the region's NHS entities, academics, local authorities, third sector organisations and business leaders, by working with our unique population, and with top-class facilities such as the ITM, this region is a beacon for innovative healthcare, improving not only the health outcomes of the West Midlands' population, but also driving up its economy. With the prospect of devolution, these are exciting times for the West Midlands. We look forward to maintaining our place at the heart of local healthcare innovation.



Michael Sheppard

**Professor Michael Sheppard
Chair**



Managing Director's statement

During 2015/16, the WMAHSN built on its foundations to deliver improved health and wealth for West Midlands residents. They, the citizens, are the key stakeholders. Their wellbeing and the continuous improvement in safe care and better outcomes for those in need are what form the unifying purpose for the WMAHSN and its regional, partner organisations. Throughout the year the WMAHSN worked with its members, NHS England (NHSE), other relevant bodies and West Midlands agencies to improve prevention, enhance care and promote economic growth in the region.

In addition, the WMAHSN has encouraged initiatives to enhance and improve models of care, especially in regard to greater effectiveness and efficiency, through linking primary and specialised care, mental and physical healthcare and improving integration of health and social care. In this regard, the WMAHSN assisted NHSE in the promotion of test beds and the learning and spreading of lessons from vanguard sites; and through its regional Patient Safety Collaborative, it has and continues to place emphasis on the continual improvement in safer care across all sectors and settings, as well as at those critical interfaces where handover of care occurs. Where benefits can be gained, the WMAHSN has also worked with the third sector and with other public bodies.

To assist with all of this, the WMAHSN developed its individual membership networks and services this year. These seek out and advise on innovative ways to reduce the burden of disease and the consequent demand on health and social care services. Through these and other mechanisms, the WMAHSN can now promote the uptake of such innovations. Together with our ongoing opportunities for innovations process to identify and spread novel solutions, those networks and services, together with our role as an honest broker, are part of the WMAHSN's key offering to regional members.

Turning to the opportunities for innovations process itself, this provides a key means for other proponents of health and social care in the West Midlands to seek innovative solutions to support their own plans for 2015/16. The WMAHSN has therefore encouraged the use of this mechanism and so provides support to local authorities, Public Health England (PHE), the (Strategic) Clinical Networks, the Association of Directors of Adult Social Services (ADASS), Health Education England

(HEE) in the West Midlands, the West Midlands Collaboration for Leadership in Applied Health Research and Care (CLAHRC WM), the Clinical Research Network (CRN), test beds, vanguards, 'living labs' and all other relevant regional bodies to assist them in achieving their own objectives for the improvement of health and care. The WMAHSN has worked with PHE and the Clinical Networks, as well as with others, to link their capabilities to work on prevention, mental health, dementia and long term conditions (such as cancer, cardiovascular disease or neurological conditions). By the same token, the WMAHSN has identified areas in its own programmes that resonate with the priorities and tasks of regional NHSE members. When these occasions arise, we have involved clinical priorities and enabling themes with member organisations in order to establish mutually supporting effort.

To support delivery, the WMAHSN has adjusted and further refined its structure and operating methods in order to meet its evolving responsibilities. Like other AHSNs, our strength is the extent of the network itself and the talent and knowledge that resides within and across the region. This year culminated in the launch of Meridian, the regions' health innovation exchange which has been developed in collaboration with many of those regional members. It now sits firmly at the core of our Innovation and Adoption Service and is central to the identification and spread of innovation. All those involved in health and social care in the West Midlands can use the Meridian platform to seek innovative solutions in support of their own plans. The WMAHSN actively promotes the use of Meridian to support our members and this capability is henceforth available to help identify innovative solutions to the sorts of challenges that emerging Sustainability Transformation Plans, vanguards, test beds or any other initiatives members may be undertaking.

Now well established within the regional health economy and with a recognised capability for the identification, promotion and spread of proven, beneficial innovation, we look forward to working with our members in 2016/17 and beyond.

Dr Christopher Parker
Managing Director





OUR IMPACTS 2015/16

The West Midlands Academic Health Science Network (WMAHSN) has delivered a significant impact for its members, stakeholders and partners in 2015/16.

Innovation impacts



Innovations on Meridian



Registered users on Meridian



83

Sites that have implemented or spread WMAHSN innovations



Innovations supported this year



981

Genome samples collected



11%

of national total

Improvement impacts



10663

Users of MyHealth patient portal

4074

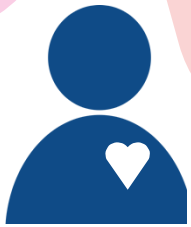


199

Physios trained in STarT Back approach



Economic impacts



26911

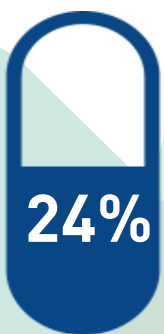
Patients benefitting directly from WMAHSN programmes



6528

Patients benefiting from RAID liaison psychiatry programme

Patients using WMAHSN technology enabled care services



24%

Increase in adverse drug reaction reporting



28

Jobs safeguarded

13

Jobs created



3215

Hours of engagement with industry



15

Ideas commercialised via MidTECH



15.8m

NHS savings

4m

Investment leveraged

Introduction



The prime purpose of the WMAHSN is to improve health outcomes and generate wealth across the West Midlands through collaborative innovation and the subsequent adoption at scale and pace on behalf of our stakeholders. The WMAHSN has been pivotal to the development and maintenance of a healthier region in which there is equitable access to high quality, efficient, effective, person-centred care that delivers the best clinical outcomes and patient satisfaction.

This has been achieved in a collaborative environment in which member organisations are supported and in which the technology-rich West Midlands’ health care and life sciences community is fully integrated and generating additional investment. Proven innovation has been spread at scale and pace regionally and nationally, making the West Midlands healthier and more productive.

The improved generation and adoption of innovation has benefitted the economy by giving the region’s academic institutions and healthcare and life sciences industry a competitive advantage.

The West Midlands region is unique in combining “the population of Scotland with the diversity of London”. While the region continues to be a region of multiplicity, with rural and urban landscapes, pockets of affluence and deprivation, distinct health inequalities, with a thriving business location and home to academic excellence it is also one that is rich in potential. Through its programmes this

year, the WMAHSN has played an increasingly influential role in improving healthcare and creating the conditions to generate wealth for the West Midlands’ population.

Of the five original NHS England core objectives stipulated for all AHSNs in this year, we have focused on the objective of speeding up the adoption of innovation into practice to improve clinical outcomes and patient experience. The other four objectives, focusing on the needs of patients and local populations, building a culture of partnership and collaboration, creating wealth and establishing a regional Patient Safety Collaborative, are all outcomes of our core innovation and adoption objective.

Improving health outcomes

The WMAHSN has improved health by delivering improvements across each of the clinical priority areas through its programmes of work:

- **Long term conditions: a whole system, person-centred approach** - Many individuals across the West Midlands suffer from conditions that impact on patients, their families or carers for long periods of time. Our focus has been on asthma, COPD, musculoskeletal diseases, diabetes, obesity and stroke. The WMAHSN has supported the development and roll out of innovations that improve ways of managing and treating these conditions within a whole system, person-centred approach

across the West Midlands. Through collaborative partnerships with our members, including the NHS, industry, academia, patients, carers and the public, we are improving the care and services provided to patients with long term conditions.

- **Wellness and prevention of illness** - The NHS FYFV covers areas such as disease prevention, service integration and flexible models of service delivery tailored to local populations and needs. The WMAHSN has helped the healthcare system to deliver the FYFV through the promotion of wellness and prevention of illness in the West Midlands population, thereby enabling improved quality of life, increasing productivity and reducing demand on healthcare. This has been delivered through the EIT Health KIC, established to tackle healthy living and active ageing and develop new models of care in the UK and across the continent.

- **Advanced diagnostics, genomics and precision medicine** - The WMAHSN promoted the use of advanced diagnostics and the development of genomics to precisely target treatments for individuals and groups of patients. Advanced diagnostics, genomics and precision medicine represents a significant change in how care is designed and delivered and has significant implications for how education and skills are able to deliver this. For some organisations, this has meant new ways of working involving novel and complex lab procedures, while other staff have been required to counsel patients and families about various different illnesses and new prevention and treatment options.

Diagnostics in general increasingly plays a prominent role, in addition to the existing diagnostic challenges posed by seven day working and growth in activity across all forms of imaging and lab-based diagnostics. There has been the development of new roles, and all staff require a basic level of knowledge in order to be able to manage patient and service user queries.

- **Mental health: recovery, crisis and prevention** - The WMAHSN has taken a region-wide approach to the effective management of mental health crisis, reducing pressure on the system and improving outcomes. The WMAHSN has been working with members across the region to agree priorities for improving prevention and recovery in mental health crisis care and services, to raise the profile of examples of innovation and to develop new ways of improving quality, effectiveness and efficiency of mental health services in the West Midlands.

- **West Midlands Patient Safety Collaborative** - The WMAHSN has improved safety and continually reduced avoidable harm by supporting organisations in working together to develop, implement, share and spread proven safety practice and interventions that are based on rigorous, evidence-based scientific methodologies. The collaborative focused on co-design and co-production with members and the spread of successful innovative approaches through a networked approach. We have supported the development of a strong safety culture that continually reduces avoidable harm with our Patient Safety (Collaborative) Network and opportunities and we have helped all our members to work together to develop, implement, share and catalyse the adoption of proven safety interventions, including drug safety.

Creating wealth outcomes

The WMAHSN has created wealth by delivering improvements in healthcare across each of its programmes through industry collaboration and attracting inward investment. The healthcare sector contributed to economic growth in 2015/16 in a number of ways:

- By making people better and keeping people well: a healthy population is more productive and more active in the economy and less dependent on government support.
- Through working in partnership with academia and industry to grow research in healthcare: supporting and growing the life sciences sector in the UK by creating an environment for tomorrow's innovations to be discovered and evaluated.
- Through accelerating the diffusion and adoption of innovation and best practice: this means healthcare becomes more effective, providing greater health benefits for the population and delivering better value for money. It also creates a demand for innovation.
- Through promoting services, innovations and expertise overseas: working in partnership with industry and creating opportunities for healthcare and UK based companies to generate income overseas.



The WMAHSN has established a number of economic development initiatives designed to create systematic interaction points with the region's industrial community. These are designed to build upon the sound commercial support that already exists and to further strengthen the local health economy. Part of this work was this year's establishment of the Commercial Hub, which offered:

- Supported industry networks with other members to collaborate on innovation.
- A clear regional gateway for life sciences and healthcare industry engagement.
- Life sciences and healthcare economic development and growth, on behalf of the ITM itself, the West Midlands Combined Authority and Birmingham Health Partners (BHP), as well as for all stakeholders across the region.
- Generic access for industry into the ITM, BHP and the West Midlands' regional clinical and academic infrastructure.
- Industry and private sector access to the region's health innovation exchange, Meridian.
- Marketing of West Midlands' life sciences and healthcare excellence and clinical trials capacity in order to attract foreign and national inward investment.
- Access and signposting to sources of finance, to support SMEs and encourage innovative start up businesses, including the Creative England Interactive Healthcare Fund, AHSN Small Business Research Initiative (SBRI), the EIT Health KIC Head Start Fund and the EIT Health KIC Proof of Concept Fund.



Innovation impacts



During the year, WMAHSN continued to develop its “push and pull” concept, with an opportunities for innovation process to support the adoption at scale and pace of proven innovations to bring health and economic benefits across the whole West Midlands region. By opportunities for innovation, we mean identifying something that is working elsewhere in a different region, industry or setting that has proven benefits from that approach, product or service, which is not yet widely adopted in the healthcare and social care setting.

In 2015/16, particular areas of focus were drawn from the FYFV, as well as the challenges presented by the local health economy, and included the need to promote health and disease prevention. Innovative ways to reduce the burden of disease and demand on health and social care services were welcomed. The WMAHSN also sought to promote initiatives that enhanced and improved models of care, especially regarding greater effectiveness and efficiency by linking primary and specialised care, mental and physical healthcare and the improved integration of health and social care services.

Innovation impacts

- The innovation opportunities process now operates through Meridian (<https://meridian.wmahsn.org>), the West Midlands’ own health innovation exchange, which came into service in January 2015. The process encourages innovative solutions to gaps in current provision in the NHS or health and social care economy in the West Midlands. Meridian is a platform for anyone to share their healthcare needs, innovations and ideas, build groups and networks and make contact with people who could provide solutions to challenges. Meridian supports our industrial, healthcare, academic and third sector partners in working with us to roll out innovative solutions, models and technologies to address the challenges faced by the local health economy. Meridian was formally launched at an event held on 1 March 2016 with 120 attendees, and along with the full Innovation and Adoption Service, provides a region-wide innovation infrastructure to enable challenge-led innovative solutions.
- There have been 59 innovations submitted through Meridian to date, all of which have relevance to the WMAHSN’s enabling themes and clinical priorities and have the ability to deliver better health and economic outcomes for the region. The increasing participation of health and social care organisations, businesses, the third sector and citizens has helped

to identify and strengthen innovations from across the health and social care sector, and in turn create a region that is successful at delivering more for less for the region's population.

- Meridian is delivering support and facilitation for the adoption of innovation with practical tools and resources for the West Midlands membership. The creation of an innovation warehouse on Meridian and an industry customer management capability has provided value for money for those members who have invested in the enhanced services. In addition, we have developed an interactive Adoption Journey to provide practical tools, support and advice on how to adopt innovation. Meridian currently has 378 registered users for the online health innovation exchange, with more registering daily.
- The MidTECH NHS intellectual property (IP) Service has been absorbed into the WMAHSN infrastructure and co-located at the ITM, with its IP management service being offered to WMAHSN members. IP support is provided in a timely manner in order to maximise the benefits to the NHS and patients, with 15 new services, products and ideas commercialised this year with 16 organisations, leveraging investment of £800,000.
- Under this workstream, the Innovation Dashboard was developed to provide a snapshot of an organisation's ability to adopt and develop innovation. This tool is for our members to understand the individual organisations' needs and how the WMAHSN can support the development of this capability across the region through a programme of work. The dashboard has been developed and shared with 15 acute regional provider trusts and a programme of work is happening through the West Midlands Health Innovation Exchange.
- In all, 1,462 organisations have been involved in WMAHSN innovation programmes this year. WMAHSN has worked on 56 innovations, while 83 sites in the West Midlands have so far implemented or spread WMAHSN innovations and a further six innovations have been adopted across multiple AHSNs. WMAHSN estimates this to grow to 300 sites by the end of the licence period, with up to 20 innovations being spread to other AHSNs.

Innovation programmes impacts

- The WMAHSN promoted the use of advanced diagnostics and genomics to precisely target treatments for individuals and groups of patients. One of our main programme mechanisms for delivering this priority has been the West Midlands Genomics Medicine Centre (WM GMC), Which has collected 981 samples and is one of 13 centres across England that are leading the way in delivering the 100,000 Genomes Project.
- Making a difference to people with diabetes aims to make 1,000 positive differences for people with diabetes with 500 difference makers, developing a self-motivating network of change agents to give people the confidence, tools, know-how and enthusiasm to make a change to what they do and improve patient experience and care. This year has seen provision of improved mentoring support and the use of Meridian to capture innovations and opportunities to scale and adopt. Links have been made with the diabetes programme at the Clinical Networks (CNs) and a proposal has been submitted to the CNs to continue with the Making a difference to people with diabetes network. 1,000 patients are benefiting from innovations generated by the 160 event attendees across 15 organisations, and £12,000 investment has been leveraged. The WMAHSN also delivered a session on "Make a difference with diabetes" at the national Pharmacy Show on 18 October 2015.
- Adoption of safe practice is a study into the effectiveness of quality reporting at Board level within acute trusts. The results of the investigation have been published in the British Medical Journal Quality and Safety on 31 March 2016 and the March issue of BQ Magazine. This work will now feed into the Patient safety theme.
- Orthopaedic Surgical Skills Atlas (OrthOracle) is an online resource which uses multimedia applications to bring orthopaedic surgeons and podiatrists up to date on the latest procedures, as well as outlining best practice in undertaking existing procedures. The first editorial meeting has been held and additional investment is being sought through Meridian.
- The body volume index (BVI) is a proposed new and improved international anthropometric benchmark for healthcare and obesity measurement. Select Research is working on the

potential national roll out of an obesity app which measures BVI, much in the same way as the sugar app was developed. WMAHSN, in collaboration with North West Coast AHSN, National Institute for Health Research (NIHR) and the company, is conducting a series of clinical trials and evaluations of the app. Trials will take place in two centres in the West Midlands and collaboration with Health Exchange has been established.

- Life Echo is the sound of patients' positive memories, and as they consider an age or time period that has a positive significance for them, for each person this will be different and unique. The Life Echo is a 10 minute experience, alone or with family. It is not a sound track of sound effects, but an abstract, therapeutic sound narrative based on the data shared by the patient. The WMAHSN has been supporting the innovator with making connections to academic partners and funding routes to develop the business model and scale the adoption of the Life Echo model.



Innovation network impacts

- The West Midlands Mental Health Advisory Group has 12 members. Its aim is to create a mental health innovation network of 100 plus individuals to look across local mental health services and the academic and commercial landscape for innovative approaches to mental health provision. The advisory group supported and is involved in the development of the mental health vanguard and has been instrumental in supporting the creation of the mental health test bed.
- The Genomics Medicine Network is on target to achieve the planned outcomes of 100 plus individuals engaged and 40 members of the regional workforce, with 12 organisations already taking part and 209 event attendees.
- The West Midlands Genomics Medicine Centre (WM GMC) Workforce and Skills Network has created an expert network with HEE in the West Midlands and WM GMC partners to look at innovative approaches to genomics skills and education across the West Midlands' providers. 35 people from six different organisations are engaged and through the roll out of the WMAHSN's Genomics Ambassadors programme, all 18 trusts are involved.
- The West Midlands Innovation Health Exchange exists to create, promote and further develop a network of innovation, commercial and service improvement professionals in order to share lessons learned. 50 members from 22 organisations are part of the network, with 21 attending events.
- The League of Innovators is a network to exploit economies of scale and develop and create innovation champions across the region and now has 32 members. Three innovations (Flo, RAID, STaRT Back) have been adopted across different parts of the region.
- The Innovative Health Working Group, working with Birmingham Science City Alliance, delivers a regional network of health innovation leads from academia, NHS and industry to develop joint projects, programmes and initiatives that deliver positive health and wealth outcomes. 60 members from 20 organisations across the region are involved and have successfully created two EU bids.



Improvement impacts



Citizens' wellbeing and continuous improvement in safe care and better outcomes for those in need continue to be the unifying purpose for the WMAHSN and its partner organisations. The objectives of the WMAHSN, while focused on the local population, are linked to the NHS Outcomes Framework and the FYFV. In addition, the WMAHSN has encouraged initiatives to enhance and improve models of care, especially in regard to greater effectiveness and efficiency. In this regard, the WMAHSN has continued to assist NHSE in the promotion of test beds and the learning and spreading of lessons from vanguard sites; and through its regional Patient Safety Collaborative, it has placed emphasis on the continual improvement in safer care across all sectors and settings.

Improvement impacts

- This year, cumulatively 26,911 patients benefited from WMAHSN interventions. 5,955 people have been seen by a non-GP primary care professional and 1,102 referrals to secondary care have been prevented. In order to spread best practice, there were 4,646 interactions and 9,651 people have been trained through WMAHSN programmes.
- We estimate that cumulatively, 70,000 patients will benefit from WMAHSN supported activities, with 5,000 referrals and 20,000 GP appointments avoided over the course of the licence period.

Improvement programmes impacts

- Within the West Midlands, 15 out of 22 CCGs have been engaged in the rollout of STarT Back, which provides stratified care for low back pain, and 15 provider trusts have implemented the system. There have been collaborations with seven other AHSNs, and 16 further NHS organisations are using STarT Back nationally. Audits have demonstrated reduced waiting times for physiotherapy, high patient satisfaction and higher proportions of patient receiving matched treatment. 199 physiotherapists have been trained in treatment approaches, while 1,593 people have attended events. 44 licences for STarT Back have been issued to the commercial sector. 2,387 patients have benefited, and while the programme has leveraged £615,800, it has saved the NHS £92,879.
- Flo telehealth, a mobile phone-based system which combines the expertise of the patient's healthcare team and the convenience of their own mobile phone, giving prompts and advice to act upon, has benefitted 3,118 patients this year and leveraged £208,000 of investment.
- The RAID (Rapid Assessment, Interface and Discharge) programme promptly assesses anyone 24/7 attending A&E or who is a hospital inpatient who might have mental health problems. WMAHSN has supported the adoption of RAID beyond the initial participating trusts, and the establishment of a regional RAID Network. 257 attendees from 158 organisations have attended

RAID Network events, and in response to demand from around the country, this has evolved into a national RAID Network. The innovative approach to mental health crisis has attracted support from police, local authorities and third sector agencies, and the success of the test bed application is attracting attention from across the UK and beyond. 6,528 patients have benefited from RAID, with NHS savings of £10,893,000.

- The Medically Unexplained Symptoms (MUS) programme developed digital tools to identify patients with MUS and e-learning tools for professionals, establishing best practice in supporting people with MUS. A search algorithm to identify MUS patients has been developed, as well as two e-learning modules. Practice recruitment is underway and eight organisations are taking part. 157 patients have already benefited and investment of £75,000 has been leveraged.
- MyHealth is a digital portal for patients at University Hospitals Birmingham NHS Foundation Trust (UHB) to view their entire medical record. The MyHealth personal health record development is being rolled out across UHB at present and currently has 10,663 patients benefitting.
- Developing service improvement skills in care homes is based around more than 40 care homes in two Clinical Commissioning Group (CCG) geographies. The programme involved co-designing service improvement training to improve the safety culture, resident and staff experience, as well as reduce the impact of harms in the care home environment (including pressure ulcers, acute kidney injury, falls and urinary tract infections), with a corresponding reduction of hospital admissions.
- The Adverse Drug Reaction (ADR)/Error Champion programme is developing regional networks to improve the research and education on ADRs, both nationally and internationally, to increase the number of ADRs reported via the Yellow Card scheme and to benefit patients by reducing the burden of ADRs in primary and secondary care. The Yellow Card scheme has seen a 24% increase in reporting of ADR in those 25 organisations with an ADR champion.

Improvement networks impacts

- The West Midlands Health Informatics Network (WIN) is a group of health informatics professionals and enthusiasts who are passionate about health service improvement, education and research in the health informatics domain. To improve services, WIN has collated relevant information and provided guidance on health informatics solutions for the benefit of healthcare organisations in the West Midlands. The Annual Conference was held on 26 January 2016, offering 21 stands and attracting 140 attendees and this, together with the regular Open Network events, attracted 302 attendees throughout the year. Membership has continued to grow this year, from 500 to 709, and 89 organisations have taken part.
- The Person-centred Care Network is a network of professionals who share lessons learned, exploit economies of scale and develop and create innovative person-centred care approaches across the region. Already, more than 100 individuals have been engaged and 45 organisations are participating, and a Person-centred Care manifesto has been produced, which is being considered by NHSE for national promotion.
- The Long Term Conditions Network supports a series of workshops and events on managing long term conditions. Four sub-regional innovative learning events have driven the evolution of the network and a set of commissioning support tools and metrics were launched at the events, with 52 organisations participating and 126 attendees.
- The Patient Safety Network (Collaborative) was established to create an overarching West Midlands Community of Safety Practice to share best practice, innovation, learning and increase capability in safety improvement across the West Midlands, including more specific communities of practice around sepsis, care homes and human factors linked to specific patient safety programmes. The current network membership stands at 601 individuals.

Economic impacts



The WMAHSN has had an important role in supporting healthcare to increase its contribution to the West Midlands' economy. With a strong regional profile of health-related industries, the rapid introduction of beneficial innovation has in turn created jobs. Equally, innovation which improves health has improved the employability and productivity of the local population. As a membership organisation bringing together NHS commissioners and providers, academia and industry, we have been uniquely placed in supporting healthcare in increasing its contribution to the economy. We have done this both directly and indirectly:

Directly: the WMAHSN is now effectively a "market maker", opening doors and creating a more conducive environment for relevant industries to work more efficiently with the NHS and other parts of the healthcare sector, making the West Midlands an internationally competitive place to do business and discover tomorrow's innovations, as well as making local healthcare products and services internationally sought after.

Indirectly: the WMAHSN impacted on the productivity of healthcare providers and the outcomes of patients, and therefore the productivity of the workforce at large, through our remit of spreading best practice and helping to close the regional and national productivity gap.

The seven point growth plan for wealth creation has outlined engagement with Local Enterprise Partnerships (LEPs), devolution, the West Midlands Combined Authority and EU programmes as key to fostering a better understanding, growth and investment for the local life sciences sector. WMAHSN has worked on the Intelligent Systems Demonstrator project on behalf of the Innovation Board of the Combined Authority, and the Commercial Director and industry secondments from WMAHSN have also supported the Combined Authority. Working with LEPs has moved on apace, with a number of EU programmes being supported and developed. Input into infrastructure projects continues with both the development of the Commercial Hub at the ITM and the creation of the life sciences campus in Birmingham, alongside initial support and development for an incubator at Innovation Birmingham. WMAHSN has also influenced the skills agenda and innovation investment within the Combined Authority.

During this year, there has been a great deal of contact with industry, especially regarding the development and adoption of innovation within the region. Industry engagement has included both general and targeted activity, with WMAHSN's Commercial Director and Business Managers engaging with industry stakeholders, as well as encouraging and supporting engagement with the NHS at multiple levels to reduce the time to evidence and reduce the time to market for medical technologies, diagnostics, digital and

pharmaceutical industries. Industry representatives have also attended the clinical priority and enabling theme meetings and workshops, as well as other events such as the Health and Wealth Economic Summit. There is also representation on the WMAHSN Board from both the Association of the British Pharmaceutical Industry (ABPI) and Association of British Healthcare Industries (ABHI).

Economic impacts

Medilink West Midlands (WM) provides a single point of entry for commercial organisations and supported regional research and development innovation leads and procurement organisations to interact with innovative small and medium sized enterprises. In 2015/16, the gateway supported 617 companies, with 396 of those being based in the West Midlands. This liaison added up to 3,215 hours of engagement – equivalent to more than 428 days. The AHSN continues to support companies: we estimate that 800 companies will have been supported by the end of the licence period.

The gateway also liaised with 221 companies based outside the West Midlands and the UK and provided them with regional and health sector knowledge to allow them to position their businesses more effectively in the UK health market. In addition, it successfully promoted, organised and facilitated four large events, welcoming more than 560 delegates, 290 of which were representatives from industry. Additionally, it supported the promotion of SBRI on a regional and national basis to more than 8,000 national industry stakeholders, from which 276 delegates attended regional briefing sessions.

In order to be proactive in attracting, developing and rewarding the best talent in life sciences and healthcare, WMAHSN has sought to influence skills agendas, working through the industry gateway to develop innovative, sector-specific programmes to improve the existing knowledge base and develop future talent initiatives. Workforce development activity encompassed promotion of programmes to more than 400 companies and engagement with 34 training providers, leading to just under 100 companies and more than 150 employees receiving training. Pre-apprenticeship activity was promoted to more than 400 students within 10 schools and colleges, leading to dedicated engagement with seven schools. 40 applications were received, resulting in 20 students undertaking an eight week programme featuring both industry and NHS work experience.

In addition, WMAHSN programmes have safeguarded 28 whole time equivalent (wte) jobs in 2015/16 and created a further 13 wte jobs, but WMAHSN estimates that this will have grown to 100 jobs safeguarded and 50 created by the end of the licence period.

WMAHSN has also secured involvement and investment from Europe and other sources into regional health programmes, with over £4 million of investment leveraged this year - estimated to grow to £10 million by the end of the licence period.

Lord Carter's final report was published in February 2016 and set out 15 detailed recommendations for tackling unwarranted variation in the productivity and performance of trusts, potentially releasing £5 billion in efficiency savings. WMAHSN is committed to working with its partners in the adoption of innovation and best practice to improve their productivity. £15,845,879 of savings have already been achieved for the NHS this year, which is estimated to hit £70m by the end of the licence period.

In 2015/16, WMAHSN developed a suite of investment funds to place over £1 million of investment in to SMEs and larger industry in the following year, on top of the already available SBRI fund operated nationally.

Economic programmes impacts

- The Digital Health Quarter at Serendip®, based at the new iCentrum building, incubates up to 10 digital start-ups along with ideation and accelerator activity and has provided targeted support and potential access to growth funds. The quarter also houses the EIT Health KIC office.
- €125,000 (£105,000) of EU funding has been secured for the EIT Health National Accelerator, including a post to be based at the Serendip® incubator.
- An EIT Health National Test Bed and Living Labs co-ordinator will also be based at the Serendip incubator, using €25,000 (£20,000) secured.
- At a WMAHSN meeting, 90 people attended and presentations were given outlining the operations of different Living Labs around Europe and identifying good practice. A support action that allows for the creation of a Scale Bid from the Foreign Office has been secured, valued at £19,000.
- Self-management of mental health and wellbeing in the community for older adults (GRACE-AGE) is web-based software that helps older adults assess their own

mental health, safety and wellbeing in collaboration with friends, family, carers, and clinicians. GRACE-AGE has secured €600,000 over two years to compare assessments across Europe through the care network and provide early warnings and advice that contribute to continuous monitoring of care, so that the older adults can live securely at home.

- Joint implementation of guidelines for osteoarthritis (OA) in Western Europe (JIGSAW-E) has secured €700,00 over two years to support primary care in addressing the unmet needs of adults with OA. The programme is due to commence in October 2016, with preparatory work underway.
- Among the wealth creation programmes, the £500,000 SME Innovation Fund will be an early stage, proof of concept returnable grant fund for innovative SMEs. The fund is to be launched in April 2016, with the first investments happening in the new financial year.
- As part of the “Accelerator” activities, EIT Health’s Head Start and Proof of Concept Funds are also due to be launched in April 2016. These will provide funding for emerging companies and SMEs across the UK and Ireland to develop new healthcare products and services. Seven awards of up to €50,000 will be available across the whole of the UK and Ireland Co-Location Centre (CLC) area, across the two funding streams and so far two companies in the West Midlands have been engaged.
- The Business Quarter Healthcare and Life Sciences Live Debate took place over dinner at the International Convention Centre on 11 November 2015. 13 key opinion formers from 10 organisations across the West Midlands’ life sciences economy attended, with the guest of honour being the Life Sciences Minister, George Freeman MP. Looking at the region’s fast-growing healthcare and life science economy,

longstanding issues were given an open and honest airing. Politicians, clinicians, LEPS and industry representatives discussed how services, attitudes and relationships must change over the next five years, but also how the West Midlands might capitalise on the considerable opportunities in the pipeline. The discussions at the dinner are included in the BQ Magazine Special Report.

- WMAHSN sponsored a seminar on 21 April 2015 as part of Birmingham City Drive 2015, a week-long series of events to raise the profile of social enterprise across Birmingham and the diverse enterprises engaged in tackling social issues by doing business in a different way. 31 attendees gathered at the WMAHSN-sponsored event, which focused on health, social value and the social enterprise sector.

Economic networks impacts

- As part of the Clinical Trials and Device Evaluation Network, a report has been commissioned that identifies the West Midlands clinical trials and evaluation landscape, creating a region-wide map that can be marketed to industry to save time to trial and identify the best setting, institution and investigators for an effective and efficient study. 29 organisations have taken part in this activity, and the report has been produced and validated by the CRN community. The mapping exercise is nearing completion, despite challenges in completing this work.
- The EIT Health Innovation Leads’ Network, with more than 200 individuals from 22 organisations, and the EIT Health Stakeholders’ Network, with representatives from eight organisations, are networks of professionals coming together in order to share lessons learned, exploit economies of scale and develop and create innovative active ageing and wellness approaches across the region.



In 2015/16, the priorities increased from three – Medicines optimisation and drug safety, Long term conditions and Mental health - to four with the Wellness and prevention of illness and Advanced diagnostics, genomics and precision medicine priorities displacing Medicines optimisation and drug safety, these last being subsumed into the Innovation and adoption and Patient safety themes. In addition, the mental health priority became focused on recovery, crisis and prevention, while Long term conditions concentrated on a whole system, person-centred approach. Almost 40 programmes were in place in 2015/16 to deliver on these priorities.

Long term conditions: a whole system, person-centred approach

Many individuals across the West Midlands have conditions that impact on patients, their families or carers for long periods of time. These include asthma, COPD, musculoskeletal diseases, diabetes, obesity and stroke. Improved ways of managing and treating these conditions are needed. The WMAHSN has supported the development and roll out of innovations to create a whole system, person-centred approach to the management of such conditions in the West Midlands. Through collaborative partnerships with our members, including the NHS, industry, academia, patients, carers and the public, WMAHSN continues to improve the care and services provided to patients with long term conditions. Working alongside the Person-centred care enabling theme, highlights include:

- The Integrated working of GPs and social workers programme – which explored the central and often difficult relationship in the health and social care system, namely that between the key entry points of general practice and adult social work teams - is now completed. Links have been established with other AHSN regions to support the broader rollout of the programme nationally.
- The Clinical management of COPD programme is reducing the current burden of COPD by the greater adoption by professionals of evidence-based practice for preventing, detecting and treating COPD and the improved integration of services available for the care of patients with COPD. 28 practices across three CCGs have engaged, with a total of 49 primary care team members completing the training initiative.
- Learning from the British Lung Foundation asthma programme roll out has been extensive and will be disseminated through publications, presentations and roadshows. All practices enrolled in the project attending an initial three hour training session have had access to an extensive training programme, and GPs and practice nurses have provided ideas related to further resources needed, including the production of a best practice toolkit.
- Getting to hospital in a single stroke programme has delivered a training package for general practice reception staff in the West Midlands to improve recognition of acute stroke and develop skills in communication and handling of emergency calls, and continues to develop. The project website, the hub for information, registration, the e-learning module and project evaluation, has been launched, relevant contacts have been engaged at the majority of the 22 CCGs in the West Midlands and registration invitations were disseminated to all practices.
- The Manage Your Health app is designed to offer an accessible educational tool for patients with long term conditions, to assist them to understand and manage their condition better, reduce the unwarranted clinical variation across local areas in relation to hospital admission rates and clinical outcomes and prove the case for improved shared management. Robust modules for COPD, asthma and type 2 diabetes have been launched, with 956 patients benefiting.
- The long term conditions priority/person-centred care theme held a series of events throughout the year, attracting 1,809 attendees in total. The first of these were the How you can use technology to deliver person-centred care events around the West Midlands in autumn 2015. These explored using social media to communicate with patients and examined how practices could integrate social media into their day to day business. The events were held on 15 October in Stafford, 20 October in West Bromwich, 22 October in Coventry, 3 November in Shrewsbury and 5 November in Worcester, with more than 200 people attending across the five events.

Our programmes

- The A pain app a day keeps the doctor away event, held on 4 February 2016, was a CPD-accredited workshop to bring GPs up to date with the new trend in patients using their mobile phones to help understand their medical problems better. A panel of experts engaged with attendees through an interactive online experience to bring them up to speed on this new area of information technology. The final WMAHSN event of the year was a repeat workshop held on 31 March 2016.
- Primary care consultations—harnessing patient engagement in tricky long term conditions: obesity, malnutrition and health was a free workshop for West Midlands’ clinicians, commissioners and providers. The workshop, held on 11 February 2016, gave delegates access to new Royal College of General Practitioners and Royal College of Nursing-endorsed modular workshop training materials.
- WMAHSN supported the 2016 Atrial Fibrillation Study Days, held in Birmingham on 15 January 2016 and in Coventry on 23 February 2016. These study days enabled primary care practitioners and nurses to learn more about atrial fibrillation detection and treatment, so that attendees could go back to work and make a real difference. The events were an opportunity to refine clinical knowledge in a critical area of work, such as stroke prevention, and focused on practical aspects and how to translate the evidence into every day practice for the benefit of patients.
- On 23 February 2016, the Parents bereaved by suicide (PABBS) free workshop saw West Midlands GPs, nursing staff, mental health professionals, sudden unexpected death in childhood teams, commissioners and third sector organisations supporting those bereaved by suicide. The aim was to offer health professionals an opportunity to build their confidence and skills in caring for those bereaved by suicide.
- Implementing the best evidence for managing OA in the primary care setting saw attendees gather on 3 March 2016 to increase their understanding of OA as a disease and as a chronic pain syndrome. The workshop focused on supporting self-management for patients and implementing NICE guidelines on core treatments for OA.



Wellness and prevention of illness

The NHS FYFV covers areas such as disease prevention, service integration and flexible models of service delivery tailored to local populations and needs. WMAHSN helps the healthcare system to deliver the FYFV through the promotion of wellness and prevention of illness in the West Midlands population, thereby enabling improved quality of life, increasing productivity and reducing demand on healthcare.

This priority supports the promotion of wellness and prevention of illness in the West Midlands population, enabling increased productivity and improved quality of life, and is mainly delivered through the EIT Health KIC, established to tackle healthy living and active ageing in the UK and across the continent. Headline achievements this year include:

- €125,000 (£105,000) of EU funding has been secured for the EIT Health National Accelerator, including a post to be based at the Serendip® incubator.
- An EIT Health National Test Bed and Living Labs co-ordinator will also be based at the Serendip incubator, using €25,000 (£20,000) secured.
- At a WMAHSN meeting, 90 attended and presentations were given outlining the operations of different Living Labs around Europe and identifying good practice. A support action that allows for the creation of a SCALE bid from the Foreign Office has been secured, valued at £19,000.
- Self-management of mental health and wellbeing in the community for older adults (GRACE-AGE) is web-based software that helps older adults assess their own mental health, safety and wellbeing in collaboration with friends, family, carers, and clinicians. GRACE-AGE has secured €600,000 over two years to compare assessments across Europe through the care network and provide early warnings and advice that contribute to continuous monitoring of care so that older adults can live securely at home.

- The EASYCare Project aims to improve the lives of older people throughout the world, and bids into education innovation and into the accelerator are being developed. On 20 and 21 August 2015, international policy makers, researchers and health experts involved in the care for older people arrived in Solihull for a two day meeting to discuss the EASYCare project, its local implementation and the vision of a world with an engaged, independent and empowered older population. As part of the EASYCare Giving Voice to Older People: International Meeting 2015, WMAHSN ran a civic reception on 20 August, with the Mayor of Solihull and the Leader of Solihull Council addressing an invited multi-national audience of 42 people on the importance of the programme in healthy living and active ageing across the world.
- Sustainable Continuum of Care to Support Active Living in Europe (SCALE) is being developed as an EIT Health KIC project, following an event convened by WMAHSN where 30 organisations unanimously agreed that it should be developed.
- Joint implementation of guidelines for OA in Western Europe (JIGSAW-E) has secured €700,000 over two years to support primary care in addressing the unmet needs of adults with OA. The programme is due to commence in October 2016, with preparatory work underway.

Advanced diagnostics, genomics and precision medicine

WMAHSN promotes the use of advanced diagnostics and the development of genomics to precisely target treatments for individuals and groups of patients.

Advanced diagnostics, genomics and precision medicine represent a significant change in how care will be designed and delivered in the future and will have significant implications for how education and skills are able to deliver this. For some organisations, this will mean new ways of working involving novel and complex lab procedures, while other staff will be required to counsel patients and families about various different illnesses and new prevention and treatment options.

Diagnostics in general will play an increasingly prominent role, in addition to the existing diagnostic

challenges posed by seven day working and growth in activity across all forms of imaging and lab-based diagnostics. There is likely also to be development of new roles, and all staff will need a basic level of knowledge in order to be able to manage patient and service user queries.

A new priority for this year, WMAHSN promotes the use of advanced diagnostics and genomics to precisely target treatments for individuals and groups of patients. One of the main mechanisms for delivering this priority is the WM GMC, one of 13 centres across England that are leading the way in delivering the 100,000 Genomes Project. Focal points this year were:

- All trusts have now signed the project and legal documentation and are now formally part of the GMC.
- Three Genomics Medicines Ambassadors, based in the regional spokes in order to deliver the three wave approach taken within the WM GMC, have been recruited by WMAHSN, and now all 18 trusts are engaged and work is underway to engage commissioners.
- 843 rare disease samples and 138 cancer samples have been collected in the West Midlands, forming 11% of all rare disease samples and 19% of cancer samples collected as part of the national project.
- Evaluation and research into the implications on providers and commissioners in the future provision of a genomics medicine service has been commissioned from the Health Services Management Centre at the University of Birmingham and CLAHRC WM.
- With the WMAHSN's central involvement in the WM GMC, it is jointly responsible for patient and public involvement in the operation of the centre, alongside UHB and the University of Birmingham. This work is still in its early stages, but the key principles and activities have been agreed and concentrate on identifying the barriers to consent within the patient population, identifying the 'rarely heard' groups and developing tools which will encourage greater engagement within under-represented groups, and encompass the foundation of a patient reference group and patient focus group. The WMAHSN has supported and facilitated a number of events, with staff from the GMC exhibiting at events at the Think

Our programmes

Tank in Birmingham, UHB and Birmingham Children's Hospital NHS Foundation Trust as part of Rare Disease Week, from 22 – 29 February 2016.

- On 30 October 2015, WMAHSN hosted Shaping personalised medicine in the NHS, working in partnership with NHS England to deliver this event across the Midlands and East region. It formed part of an initial engagement with key stakeholders to develop the strategy based on early prediction and prevention of disease, more precise diagnosis, individually targeted and personalised interventions and a more participatory role for patients. Speakers included Professor Sue Hill, Chief Scientific Officer, who provided context to the work, and there was a “world café” session for the 31 attendees - handpicked from the regional leaders in the personalised medicine field - to gain views in relation to the required infrastructure, the clinical change model, technology and innovation and policy and system alignment.

Mental health: recovery, crisis and prevention

This priority is a region-wide approach to the effective management of mental health crisis, reducing pressure on the system and improving outcomes. For the longer term, the priority worked with members across the region to agree priorities for improving prevention and recovery in mental health crisis care and services, to raise the profile of examples of innovation and to develop new ways of improving quality, effectiveness and efficiency of mental health services in the West Midlands. Highlights from 2015/16 include:

- The RAID (Rapid Assessment, Interface and Discharge) programme promptly assesses anyone 24/7 attending A&E or who is a hospital inpatient, who might have mental health problems. WMAHSN supported the adoption of RAID beyond the initial participating trusts, and the establishment of a regional RAID Network. 257 attendees from 158 organisations have attended RAID Network events. The innovative approach to mental health crisis has attracted support from police, local authorities and third sector agencies, and the success of the test bed

application is attracting attention from across the UK and beyond. 6,528 patients have benefited from RAID, with NHS savings of £10,893,000.

- The Medically Unexplained Symptoms (MUS) programme developed digital tools to identify patients with MUS and e-learning tools for professionals, and establishing best practice in supporting people with MUS. A search algorithm to identify MUS patients has been developed, as well as two e-learning modules. Practice recruitment is underway and eight organisations are taking part. 157 patients have already benefited and investment of £75,000 has been leveraged.
- The Youth Pathway programme enhances the capability of the YouthSpace web portal, with digital tools to support young people with mental health issues or concerns. On 30 July 2015, WMAHSN supported the Digital Revolution and Youth Mental Health event, where Birmingham and Solihull Mental Health Foundation Trust and digital company Appadoodle launched the digital apps Silverlinings - for early intervention with young mental health patients - and Focus ADHD, a tool to support patients with Attention Deficit Hyperactivity Disorder between appointments, along with a preview of the “Resilience” app. There were more than 100 attendees and WMAHSN had an exhibition stand.
- Mental health trusts in Birmingham, Coventry, Warwickshire and the Black Country wish to establish innovative, collaborative solutions to acute bed capacity. The application for the MERIT Vanguard was successful and workstreams have progressed in crisis care and recovery.
- The RAID Plus test bed sets out to integrate the currently fragmented services for people at risk of crisis, and establish a more predictive way of identifying people at risk. A partnership between eight organisations, including the NHS, police, industry and WMAHSN, successfully submitted a test bed application, securing £1.85 million for the region.
- Birmingham hosts the National Institute for Mental Health and WMAHSN has explored a dedicated research facility engaging with NHS, academic and business partners to develop the proposed scope of the institute.

- A select audience of 24 people with a stake in mental health – from healthcare assistants, occupational therapists and consultant psychologists to research and innovation leads, clinical directors and a chief executive – gathered on 26 June 2015 to hear presentations from companies in the field of mental health. This allowed members of the WMAHSN Mental Health Advisory Group to see and discuss a number of innovations that may support our ambitions for improving mental health and wellbeing and enabled suppliers to engage with potential innovation partners or clients, and identify opportunities for wider adoption of innovation across the region.

Our enabling themes

In order to deliver on these priorities, there are seven enabling themes, all of which offer benefits, networks and opportunities to all WMAHSN members. In 2015/16, the number of enabling themes increased to seven, with the inclusion of Patient safety. The Person-centred care theme replaced Integrated care, but continued to work closely with the Long term conditions theme, while Clinical trials expanded to include evaluation and Education and training took on the wider skills agenda instead.

Innovation and adoption

WMAHSN supports members in the West Midlands to overcome historic barriers to adopting innovation by forming closer links between the NHS, industry and academia, investing in trials and promotion and providing practical support to clinicians and managers in building the case for change. The innovation and adoption enabling theme has developed infrastructure to improve the scale and speed of adoption of safe and effective healthcare across the West Midlands, including an Innovation and Adoption Network for all members and a comprehensive Innovation and Adoption Service as part of our enhanced membership. This year's high points include:

- The Medicines Optimisation programme provides capacity and capability through skill development, practical support and advice to understand the best approach to the adoption of NICE guidelines and technical appraisals. The secondments of a Medicines Optimisation Pharmacist, currently

working on the development of a dashboard to show the opportunities to procure more effectively, and Medicines Optimisation Lead from industry are working well. The programme has linked with the Patient Safety Collaborative to develop an atrial fibrillation (AF) workstream, following a will nationally across AHSNs to share programmes that are offering tangible benefits. Through these relationships, we have developed a good medicines optimisation network including acute, community and primary care pharmacists and £45,000 efficiency savings have been made through better regional procurement.

- Making a difference to people with diabetes aims to make 1,000 positive differences for people with diabetes with 500 difference makers, and has developed a self-motivating network of change agents to give people the confidence, tools, know-how and enthusiasm to make a change to what they do and improve patient experience and care. This year has seen provision of improved mentoring support and the use of Meridian to capture innovations and opportunities to scale and adopt. Links have been made with the diabetes programme at the (Strategic) Clinical Network and a proposal has been submitted to the CN to continue with the Making a difference to people with diabetes network. 1,000 patients have benefited from innovations generated by the 160 event attendees across 15 organisations, and £12,000 investment has been leveraged. The WMAHSN delivered a session on "Make a difference with diabetes" at the national Pharmacy Show on 18 October 2015.
- Hydrate for Health is a study to evaluate the introduction of a hydration device into various ward settings in order to appreciate the barriers to adoption in the service. Gaining ethical approval took longer than expected and with changes to clinical leads and wards, the study started later than planned. However, interviews have been held with staff on the wards regarding the devices and the managing hydration on wards. Patient consent to conduct interviews after their hospital stay is being acquired.
- Adoption of safe practice is a study into the effectiveness of quality reporting at Board level within acute trusts. The results of the investigation were published in the British Medical Journal Quality

Our programmes

and Safety on 31 March 2016 and the March issue of BQ Magazine. This work will now feed into the Patient safety programme of work.

- Effective practice (NICE guidance) has established a tested methodology to bring Medical Directors together to work collaboratively on the adoption of the NICE guideline around dementia/delirium. A network has been established with 18 organisations around the central region in order to deliver against this NICE guideline. Ongoing support has been provided, outcomes are being monitored, and a small group of 10 has met around the challenges of implementing NICE guidance and data sharing.
- Supported by Janssen, a number of trusts across the region have been offered to pilot Patients Know Best (PKB), where the patient owns the record and gives consent to other providers to view the full or partial patient record, allowing for management plans to be shared across health providers. More than 90 pilots are running nationally, of which there are around 20 in the West Midlands at varying stages of implementation. WMAHSN has worked with Janssen and PKB to develop case studies and identify learning opportunities, and will bring pilot sites together through the West Midlands Innovation Health Exchange forum. Five organisations are actively participating and the work has leveraged £150,000 of investment.
- WMAHSN hosted a national roadshow on 28 May 2015, developed in partnership with NHSE and the ABPI, to accelerate the use of innovative, clinically and cost effective medicines, improving outcomes for patients and maximising the benefits of the Pharmaceutical Price Regulation Scheme (PPRS) Agreement. The free roadshow was part of a joint programme of action by NHSE and ABPI. The event introduced the national context for the medicines optimisation initiative and showcased examples of local and national best practice. The event also allowed local clinical, financial and operational leaders to build a platform for stakeholder collaboration to drive improvement in the quality of medicines use, so that patients will consistently obtain the best possible outcome from their treatment.
- On 7 October 2015, WMAHSN co-hosted a workshop on the patient perspective in medicines optimisation and NICE compliance with Pfizer Ltd, aiming to explore the role of patient involvement in medicines optimisation and NICE compliance. 18 representatives of local CCGs, NHS trusts, formulary decision-making bodies and patient advocacy groups attended and were encouraged to share examples of best practice, explore local barriers to improvement and devise a list of practical recommendations for local stakeholders to help optimise the use of medicines across the region.
- On 10 March 2016, the Your pharmacy, your future: Surviving and thriving in the future landscape event saw 30 attendees from across the community pharmacy sector, including community pharmacists, Heads of Medicines Management and representatives from NHSE, HEE and the Local Pharmaceutical Committee gather to hear about the support available in making a success of community pharmacies, especially in the light of recent government announcements. Attendees learned how they could maximise the opportunities presented by new models of delivery, apprenticeships and tax relief on R&D activities.

Digital health

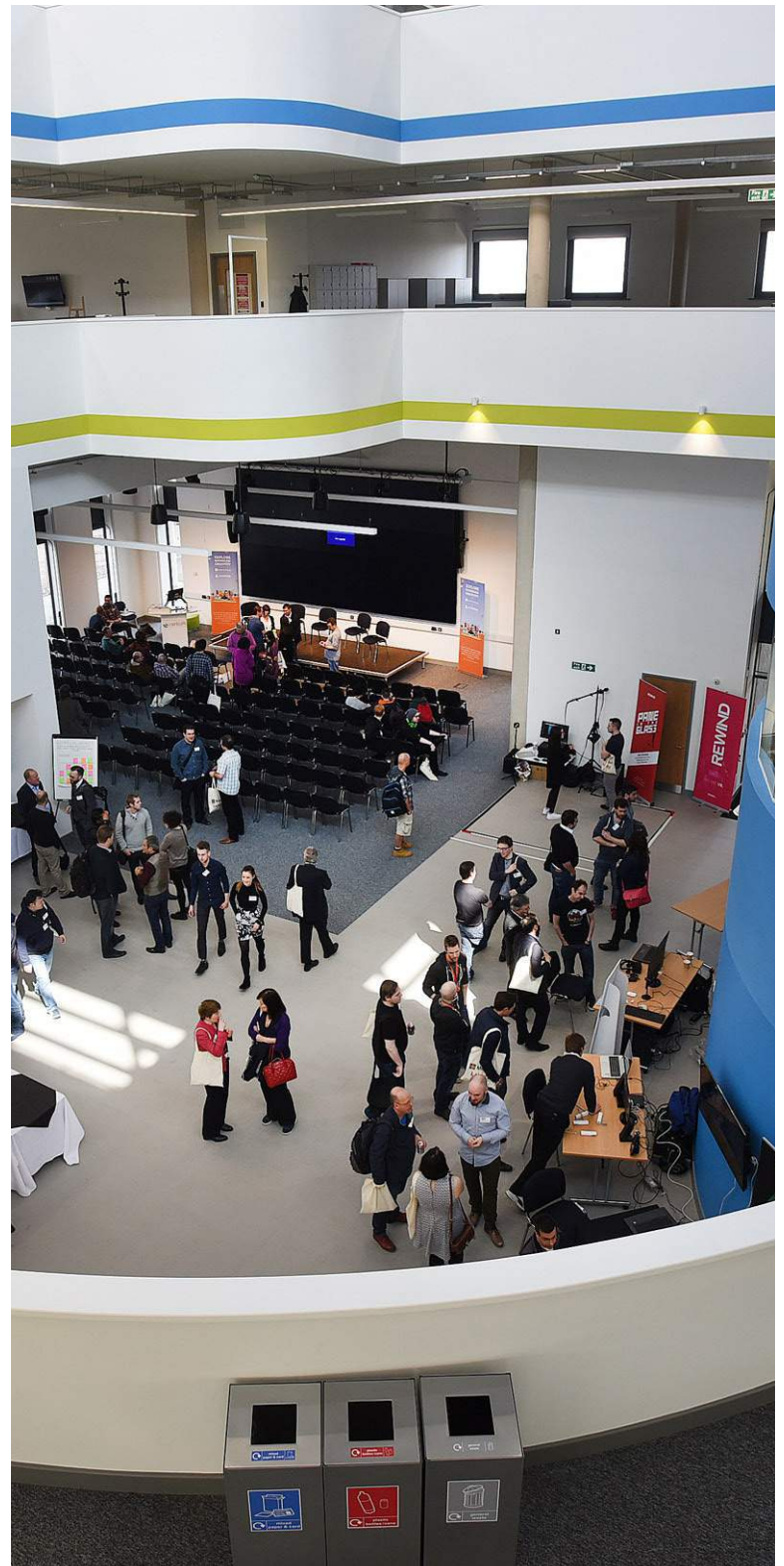
Technology has brought about massive changes to our lives and the way we interact with other people and organisations. While many industries have embraced digital working, healthcare has yet to fully do so. The digital health enabling theme seeks out innovations that have the potential to improve the health of our population and create wealth within the West Midlands.

Consequently, the WMAHSN is spreading the use of existing technologies through collaborative approaches, working with partners in developing new tools and services that benefit the region and offering a Digital Health Network and Opportunities for all members, as well as the Digital Innovation Service for Health (DISH). Through collaborative partnerships with industry, academia, patients, the public and the NHS, it is WMAHSN's ambition to make the West Midlands the UK's first truly digital health economy.

The successes over the last year include:

- Digital health programmes have included the Creative England's West Midlands Interactive Healthcare Fund, managed by the WMAHSN, with £600,000 of grants available over two years for digital SMEs. The fund was formally launched in January 2016 and will close to applications in September 2016, subject to funding still being available. Applications are reviewed on an ongoing basis and 14 SMEs have been engaged.
- WMAHSN has developed the Digital Health Quarter at Serendip®, based at the new iCentrum building, to incubate up to 10 digital start-ups along with ideation and accelerator activity and provide targeted support and potential access to growth funds. The quarter also houses the EIT Health office. The launch of the iCentrum building on 23 March 2016 saw members of the executive team involved alongside Serendip® partners and leaders in innovation across the health, energy, finance and transport spheres.
- MyHealth is a digital portal for patients at UHB to view their entire medical record. The MyHealth personal health record development is being rolled out across UHB at present and 10,663 patients have benefited.
- The HOPE Dementia programme provides a digital environment for carers of people with dementia and allows them to access learning, peer support and advice online. The design, build and test of the environment was completed and a lead appointed to deliver two to three courses throughout 2016.
- The Digital Patient feedback report, reviewing the current provision of apps and websites that allow users to provide feedback to the NHS on their experience, was published and the programme of work has now been adopted by the DISH.
- 151 people attended the ePrescribing conference on 8 June 2015, held at the International Convention Centre in Birmingham. This free conference was an opportunity for NHS managers, healthcare professionals, patients and patient representatives, researchers, IT specialists, policy-makers and practitioners, suppliers and other experts to share ideas and learn about the very latest thinking in the ePrescribing field.

Supported by the WMAHSN, this event provided views from national experts on the latest news in ePrescribing developments and using systems to optimise the use of medicines, as well as workshops and or case studies from ePrescribing experts from around the region.



Our programmes

Person-centred care

The person-centred care enabling theme develops and rolls out evidence-based innovations that have the potential to enhance care pathways, drive quality improvement, save lives, enhance patient experience, improve the health of our population and generate greater wealth within the West Midlands. Through collaborative partnerships with industry, academia, patients, the public and the NHS, and offering a programme of workshops to all members, WMAHSN is determined to make the West Midlands the UK's most advanced region in the application of person-centred care.

Person-centred care is one of the key components, and central to, the WMAHSN's long-term vision. It is a key ingredient in ensuring a healthier region and excellence in care. It must remain a central tenet to support the future affordability of NHS care. The theme's Person-centred Care Manifesto has presented the service and how it applies to the implementation of evidence-based care pathways, innovation and evaluation of health and social care services. It has set out the key elements of person-centred care, promoting: care professionals' skills in person-centred care; self-management and self-care; generating, collating and acting on patient feedback; engaging the public and service users of health and social care in service development and service redesign; sharing of a person's medical records; empowering service users of health and social care about their own care; patient decision aids and clinical decision support tools; patient safety; and patient-centred evaluation. Alongside other enabling themes, it is a vital component of the WMAHSN's work, cutting across all themes, priorities and programmes. Achievements this period include:

- Within the West Midlands, 15 out of 22 CCGs were engaged in the rollout of STarT Back, which provides stratified care for low back pain, and 15 provider trusts implemented the system. There were collaborations with seven other AHSNs, and 16 further NHS organisations have used STarT Back nationally. Audits have demonstrated reduced waiting times for physiotherapy, high patient satisfaction and higher proportions of patient receiving matched treatment. 199 physiotherapists have been trained in treatment approaches, while 1,593 people have attended

events. 44 licences for STarT Back have been issued to the commercial sector. 2,387 patients have benefited, and while the programme has leveraged £615,800, it has also saved the NHS £92,879. On 10 March 2016, delegates in Worcester learned how to implement STarT Back in practice. Clinicians, allied health professionals and commissioners looking to implement best practice for low back pain into their services examined the clinically proven and cost effective STarT Back approach and were given access to the STarT Back e-tool, the STarT Back story and the tools to implement this innovation.

- Flo telehealth, which combines the expertise of the patient's healthcare team and the convenience of their own mobile phone, giving prompts and advice to act upon, has benefitted 3,118 patients this year and leveraged £208,000 of investment.

Wealth creation

The aim of the WMAHSN is to improve health in conjunction with creating wealth, by delivering improvements in health across each priority programme, making patients more productive, reducing demands on services, freeing up carers, generating economic opportunities through industry collaboration and attracting inward investment.

The WMAHSN has created wealth by delivering improvements in healthcare across each of the priority programmes, including through industry collaboration and attracting inward investment. The Wealth Creation Network, support, funding and the Industry Gateway provide opportunities to share experience and learning for all members. Achievements across the year include:

- Medilink WM was contracted to provide the industry gateway for WMAHSN, bringing a regional and national holistic view of the life sciences industry and replacing the Industry Reference Group. Medilink WM engaged with 617 companies in this period, with 396 of those being based in the West Midlands. The new combined network is working with WMAHSN on the Accelerated Access Review proposals emerging from the Office of Life Sciences and will inform the overall development of the services and opportunities of the WMAHSN.

- Over the past twelve months, as part of the work on the seven point growth plan, WMAHSN has worked with LEPs and local authorities on developing the West Midlands' "offer", promoting the region nationally and internationally as the place to invest and deliver life sciences and healthcare innovation.
- The 2015/16 Health and Wealth Economic Summit took place on 13 October 2015, sponsored by two industry organisations and a business publication. An update on the seven point growth plan was given to 182 delegates, representing 97 organisations, and the wealth creation opportunities presented. Over the course of the summit, the WMAHSN demonstrated how the growth plan makes a positive impact on the local economy. The event also saw an introduction to the SME Innovation Fund and the launch of the Innovation and Adoption Service.
- The Greater Birmingham and Solihull (GBSLEP) has life sciences and healthcare as a priority growth sector, so WMAHSN and ABHI have a secondment placed in the LEP to inform policy and development.
- The Birmingham Science City Consortium and WMAHSN secondees are in post to both support the life sciences and healthcare operational activities and the development of ESIF programmes in life sciences and health. The secondees gathered and shared information with the WM Innovative Health Working Group of 73 members, with 30 regularly attending meetings.
- The BQ Magazine Healthcare and Life Sciences Live Debate took place over dinner at the International Convention Centre on 11 November 2015. 13 key opinion formers from 10 organisations across the West Midlands' life sciences economy attended, with the guest of honour being the Life Sciences Minister, George Freeman MP. Looking at the region's fast-growing healthcare and life science economy, longstanding issues were given an open and honest airing. Politicians, clinicians, LEPs and industry representatives discussed how services, attitudes and relationships must change over the next five years, but also how the West Midlands might capitalise on the considerable opportunities in the pipeline. The discussions at the dinner were covered in the BQ Magazine Special Report.
- The WMAHSN-sponsored BQ Magazine Special Report on healthcare and life sciences was published in February 2016 and was circulated to 10,000 people and organisations across the region. 10 organisations were commercial partners with the publication. The report included coverage of the WMAHSN Health and Wealth Economic Summit and WMAHSN received 500 copies to be distributed to stakeholders.
- Among the wealth creation programmes, the £500,000 SME Innovation Fund will be an early stage, proof of concept returnable grant fund for innovative SMEs. The fund will be launched in April 2016, with the first investments happening in the new financial year.
- As part of the "Accelerator" activities, EIT Health's Head Start and Proof of Concept Funds are also to be launched in April 2016. These will provide funding for emerging companies and SMEs across the UK and Ireland to develop new healthcare products and services. Seven awards of up to €50,000 will be available across the whole of the UK and Ireland CLC area, across the two funding streams, and so far two companies in the West Midlands have been engaged.
- WMAHSN, along with the other AHSNs, supports the annual programme of Small Business Research Initiative (SBRI) challenges and grants. Calls for projects have been marketed to the region's innovation community and in December 2015, West Midlands company Safekeeping Systems was successful in securing funding for a falls prevention system, leveraging investment of £100,000.
- WMAHSN sponsored a seminar on 21 April 2015 as part of Birmingham City Drive 2015, a week-long series of events to raise the profile of social enterprise across Birmingham and the diverse enterprises engaged in tackling social issues by doing business in a different way. 31 attendees gathered at the WMAHSN-sponsored event, which focused on health, social value and the social enterprise sector.
- WMAHSN sponsored the Partnership with the NHS Award at the Medilink WM Medical and Healthcare Business Awards 2015. Members of the WMAHSN team were in attendance on 14 January 2016 to witness local businesses lift their awards, who

Our programmes

then went forward to the national Medilink UK Healthcare Business Awards 2016. Members of the WMAHSN team were again on hand at the Medilink UK National Awards to see West Midlands companies win in two of the five categories, with a third securing a runner's up spot.

Clinical trials and evaluation

West Midlands-based NHS organisations, universities and industry conduct clinical research of global significance. The WMAHSN builds on successes to foster an innovative, region-wide culture of optimum engagement in clinical trials at all stages of the translation path from research to practice. Collaboration with key expertise, such as those working in the NIHR facilities and other organisations, provides the opportunity to accelerate the conduct of research and adoption of study findings aligned with the healthcare priorities of the West Midlands. Through collaborative partnerships with industry, academia, patients, the public and the NHS, it is the WMAHSN's ambition to make the West Midlands the destination of choice for the conduct of clinical trials.

We have built on successes with West Midlands-based NHS organisations, universities and industry in conducting clinical research of global significance, with a Clinical Trials and Device Evaluation Network and opportunities available for all of our members. Features from this year included:

- Clinical trials and evaluation programmes include the Medical Device Evaluation Service for the region, supporting the proposed Medical Device Evaluation Centre bid in Birmingham and the development of a similar capability at the Innovation Hub at University Hospitals Coventry and Warwickshire NHS Trust (UHCW) and University Hospitals of North Midlands NHS Trust (UHNM). The Device Evaluation Centre application has moved on to full application in the current EU funding round and applications are currently in development in both UHCW and UHNM for their respective centres.
- CuRE and Query Workbench are a set of tools to support research in specific clinical areas, and engage frontline clinicians through

integration with core IT systems. The programme successfully developed new modules for diabetes, obesity and oncology imaging and six organisations are taking part. CuRE and Query Workbench are now ready for adoption, but it is becoming a crowded environment and it may well be that adoption of the two programmes lies with other vendors as part of a larger offer to the regional research community. Nevertheless, 1,060 patients have benefited.

- The body volume index (BVI) is a proposed new and improved international anthropometric benchmark for healthcare and obesity measurement. Select Research is working on the potential national roll out of an obesity app which measures BVI, much in the same way as the sugar app was developed. WMAHSN, in collaboration with North West Coast AHSN, NIHR and the company, is conducting a series of clinical trials and evaluations of the app. Trials will take place in two centres in the West Midlands and collaboration with Health Exchange was established.
- On 15 July 2015, 50 representatives from SMEs in the West Midlands registered for a Clinical Trials and MedTech Evaluations Workshop, discussing the challenges currently faced and future requirements and needs process. The workshop informed delegates of new initiatives available to support SMEs through the evaluation and allowed them to potentially influence the programmes of work outlined by the WMAHSN Clinical Trials Advisory Group.

Patient safety

Following the publication of the Francis Report, the national Patient Safety Collaborative programme was launched in July 2014 to help support a whole service, patient-centred focus and large scale change across the NHS. The aim is to improve quality and safety in care and drive down risk of harm through the creation of an open and transparent culture that allows continual, system-wide improvements in safety.

The West Midlands Patient Safety Collaborative, hosted by the WMAHSN, improves safety and continually reduces avoidable harm by supporting

organisations in working together to develop, implement, share and spread proven safety practice and interventions that are based on rigorous, evidence-based scientific methodologies. The collaborative focuses on co-design and co-production with members and the spread of successful innovative approaches through a networked approach.

WMAHSN supports the development of a strong safety culture that continually reduces avoidable harm with the Patient Safety (Collaborative) Network and opportunities helping all our members to work together to develop, implement, share and catalyse the adoption of proven safety interventions, including drug safety. Highpoints from 2015/16 have included:

- Three clusters were developed aligned to Patient Safety Collaborative priorities: one relates to paediatric sepsis and two to safety improvement in care homes. The paediatric sepsis programme is developing a cross-system view of safety in paediatric sepsis using safety case methodology. The first test mapping event was held at Heart of England NHS Foundation Trust and lessons learned are being used to complete a further programme plan and methodology for constructing and testing safety cases. A paediatric sepsis collaborative was also established in Birmingham, involving collaboration with acute and community trusts, ambulance service, CCGs and GPs, the Sepsis Trust and academic partners from the University of Warwick.
- Based around more than 40 care homes in two CCG geographies, developing service improvement skills in care homes involved co-designing service improvement training to improve the safety culture and resident and staff experience and reduce the impact of harms in the care home environment (including pressure ulcers, acute kidney injury, falls and urinary tract infections), leading to a corresponding reduction in hospital admissions.
- A further programme seeks to introduce human factors capability into GP surgeries and uses human factors insights to impact on outcomes in prescribing safety. The first cohort of interested GP surgeries is in place and the launch is planned for the next financial year. Facilitation support is in place via a secondment arrangement with Heart of England NHS Foundation Trust.
- Cross working between the mental health priority and the Patient Safety Collaborative is being scoped and £150,000 has been invested, but it is likely to be based on collaboration on the Mental Health Crisis Care test bed, incorporating safe system design, mitigating risk in handover and human factors.
- The theme will provide board development around safety culture and the measuring and monitoring of safety, and will deliver at least three cohorts of board level safety culture development in 2016/2017 in collaboration with the Advancing Quality Alliance (AQuA).
- The patient safety theme now incorporates the WMAHSN drug safety programmes. SCRIPT has developed e-learning programmes for medicines administration across community settings in order to increase the standard and safety around prescribing. Six modules were formally launched in March 2016 and work continues on the creation and development of the other nine modules. 48 organisations are participating.
- Prescribers' SPaCE aims to support quality non-medical prescribing and the efficient development of new and extended roles by non-medical prescribers (NMPs) within their locality. It has provided a platform for NMP innovation to be celebrated and shared to develop non-medical prescribing across the NHS. There are 368 registered members on Prescribers' SPaCE, with between 10-20 NMPs joining per week, and 368 people have attended associated events. 48 organisations are involved.
- A regional West Midlands Green Bag for transfer of medicines offers an opportunity to simplify local procedures. A Safe Transfer of Medicines Stakeholder event, based on the principles of Experience Based Design, was conducted on 16 April 2015 at UHB. The aim of the event was to ensure regional involvement and engagement with the new 'Green Bag' scheme, and 125 delegates attended. Having a single West Midlands design of green bag across the region makes it logistically easier for the West Midlands Ambulance Service and helps crews to recognise the bags. The re-invigoration of the regional scheme aims to increase the number of patients bringing their own medicines into hospital, and 19

organisations are taking part. An audit across five hospital sites involved in the Green Bag scheme indicated that 978 patients have benefitted from the intervention, with NHS savings of £486,000. From 4 April 2016, West Midlands Ambulance Service will be using the regional "Your Green Medicine Bags" when bringing patients into hospital. The Adverse Drug Reaction (ADR)/Error Champion programme develops and improves regional networks to improve the research and education on ADRs, both nationally and internationally, to increase the number of ADRs reported via the Yellow Card scheme and to benefit patients by reducing the burden of ADRs in primary and secondary care. The Yellow Card scheme has seen a 24% increase in reporting of ADR in those 25 organisations with an ADR champion. Having focused on the secondary care setting in the first year, a proposal has been successfully submitted to extend this piece of work to develop the number of ADR champions across the primary care sector.

- Sign up to Safety is a key component of the work being carried out by the WMAHSN as part of the West Midlands Patient Safety Collaborative. On 19 June there was a Sign up to Safety workshop, where 44 people attended, including Sign up to Safety and patient safety leads at NHS provider and commissioner organisations across the West Midlands. There were talks, workshops and guidance for getting involved and for those already engaged with the campaign.

Education and skills

With around 126,000 staff performing over 300 different types of jobs across 51 different NHS employers, as well as a huge range of private and third sector care providers, the West Midlands' healthcare sector requires a robust workforce planning process to ensure that it has staff in the right numbers, with the right skills and the right values and behaviours, to deliver high quality care.

This theme also recognises the importance of skills and knowledge among patients and the wider population, the people commissioning and delivering healthcare and the industries that support them. We work in close partnership with HEE working across the West Midlands to realise mutually important goals.

The WMAHSN recognises the importance of skills and knowledge among healthcare commissioners and deliverers, industry and patients and the wider population, and has offered all members access to the Education and Skills Innovation Network and opportunities to develop innovative education tools and processes. Achievements this period include:

- Orthopaedic Surgical Skills Atlas (OrthOracle) is an online resource which uses multimedia applications to bring orthopaedic surgeons and podiatrists up to date on the latest procedures, as well as outlining best practice in undertaking existing procedures. The first editorial meeting has been held.
- The WMAHSN Commercial Director was appointed as the life sciences and healthcare sector skills specialist for the GBSLEP and produced the sector Skills Plan for the GBSLEP. EU funding for NHS skills and workforce development was secured.
- The Post-Certificate of Completion of Training (CCT) Fellowships programme aims to develop a new way of working for trainees, gaining a better understanding of the pressures within a primary and secondary care setting in order to develop better working relationships and improve patient experience. 10 CCT Fellowships were delivered, with seven organisations participating. The CCT Fellowships pilot has now ended, and an evaluation report has been completed, outlining how the fellowships can be further developed. The WMAHSN supported a celebration event of the first three CCT Fellowships. The programme has now spread to London and the south-east, with interest from other AHSNs in adopting the programme, plus recognition by the Secretary of State for Health.

The West Midlands is a region of contrasts. Its population is a little larger than that of Scotland and the landscape ranges from historic industrial conurbations to rural farmland. The regional employment base has changed gradually from one that contained a considerable, heavy manufacturing component to a more service-based economy (between 1996 and 2010, there was an 11 point decline from 22% of the workforce being in manufacturing jobs to just 11%). This shift was accompanied by low, net migration and rising unemployment. The latter now ranks as the second worst in England. Furthermore, the West Midlands has the lowest proportion of workers, male and female, in the age bracket 25 to 39 years and 14.5% of the workforce has no qualifications, a higher rate than anywhere else in England (compared to the national average of 11.2%).

In terms of fertility, the West Midlands has the highest birth rate in England. It also has the highest infant mortality rate and during the shift from a manufacturing to a service-based economy, it was the only region in which poverty and child poverty increased. The life

expectancy for females was 1.4 years less than in the South East and the South West (at 83.3 years) where the life expectancy was estimated to be highest. The life expectancy for males was 1.9 years less than in the South East, which had the highest life expectancy (at 79.4 years). Childhood obesity, deaths by all causes, deaths by respiratory causes and infant mortality were all higher than the figures for England. Of additional concern is the fact that the region has the lowest per capita spend on research and development.

Despite these statistics, which typically characterise the deprived areas, there are many affluent communities where the correspondingly different indices of health only serve to highlight the extent of the inequalities that exist.

By contrast, some indicators were better than the England average. The level of alcohol consumption by women was lower than the England average (11% versus 15%), and the incidence of lung cancer among women was also lower than the England average. At the same time, the West Midlands' landscape is



Our stakeholders

high in potential. It is home to 18 acute trusts, six mental health trusts, four community trusts and one ambulance trust. There are 975 GP practices and 700 dental ones. The NHS England landscape sees it supported by 22 CCGs and 14 Health and Wellbeing Boards across 14 local authorities. There is one Clinical Senate, one CRN and one CLAHRC. There are one Local Education and Training Board (LETB), five Local Education and Training Councils (LETBs) and 12 universities offering health or life sciences courses, with medical schools in three of them. The West Midlands has more than 1,000 companies associated with the medical and healthcare sector, with more than 600 fully involved in the life sciences sector. Crucially, there is also the West Midlands' population of 5.675 million people, which takes pride in being one of the most diverse in England.

Our members

The WMAHSN membership scheme was launched on 1 June 2015. All NHS organisations, academic and educational institutions, other public bodies, third sector, life sciences industry and private sector companies within the West Midlands were automatically enrolled as WMAHSN standard members. The participation of private sector organisations based outside the West Midlands is also welcomed.

The WMAHSN standard membership scheme for all WMAHSN stakeholders is funded by NHSE. It is planned for this no-cost membership to continue throughout the NHS England licence period.

Through the implementation of its membership scheme, WMAHSN expects the following benefits to be achieved for its members:

- Engagement with industry at the highest level possible in order to resolve local health economy problems and create markets through a collaborative and solution-focused approach
- Creation of a health economy that is known for best practice in delivering high quality care and economic wealth for its population
- Provision of capacity and practical support to understand the best approach to the adoption of NICE guidelines and technical appraisals

APPENDIX 2

- An increase in the number of regional, home grown and commercialised ideas, from conception through to widespread adoption
- A reduction in time taken to implement innovations that realise greater value and better patient outcomes, experience and service delivery benefits.

All NHS organisations, academic and educational institutions, other public bodies, third sector, life sciences industry and private sector companies within the West Midlands are automatically enrolled as WMAHSN standard members. The participation of private sector organisations based outside the West Midlands is also welcomed.

Our partners

In order to operate, the WMAHSN has continued to work in an inclusive manner with a wide variety of partners. These include the public, patients and their carers, industry, and all of the academic, research, health and social care groupings in the area, working to realise the objectives of the NHS Outcomes Framework as well as those of the FYFV. Through the priorities and themes, the opportunities for innovation process via Meridian and our membership scheme, individual areas of focus have looked at supporting efforts that ensure that programmes are aligned to the characteristics of high quality, sustainable health and care. Throughout the year, the WMAHSN has reviewed progress against objectives and shared successes wherever and whenever they occurred.

In addition to extensive stakeholder interactions, significant progress has continued in relationships with key West Midlands agencies, especially those such as CLAHRC WM, Public Health England (PHE), HEE, NHS Improving Quality and our local CN, Clinical Senate and CRN. These relationships help the WMAHSN to shape priorities now and in future years. The WMAHSN was instrumental in establishing the informal West Midlands' Health Partnership Forum, which includes representation from the CN, PHE, HEE and adult social services. Work has continued with this voluntary coalition, which effectively anticipated the need for the greater collaboration that was formally sought in the FYFV for the NHS. The WMAHSN has further developed its



relationship with the CN, with identification of joint areas of work such as atrial fibrillation and synergy between business plans established.

The CLAHRC WM broadly covers the same geographical area as the AHSN. The CLAHRC plays an important role as it works with the WMAHSN to evaluate innovations, provide an evidence base and suggest ways in which to improve the pace and spread of innovation across the region.

The FYFV has highlighted the broad consensus about what a better future should look like, with a radical upgrade in prevention at its heart, upon which the health of children, the sustainability of the NHS and the economic prosperity of the West Midlands depends. The WMAHSN has linked with the local PHE offices and the addition of the West Midlands Centre Director to the Board has made it possible to collaborate on the prevention agenda. PHE has supported WMAHSN in developing the thinking on prevention, recognising that the AHSN's services, networks and opportunities provide further potential to address prevention within each of the priorities and themes.

HEE is the body responsible for the education and training of health and public health workers at a regional level, and it is the LETB. WMAHSN is actively working with HEE on programmes under the Education and skills theme and regularly attends the Local

Education and Training Councils, while HEE's Director of Workforce is a WMAHSN Board member.

WMAHSN's internal structures and processes have also developed. They are designed to support the constant evolution of our enabling themes, as well as work on the clinical priorities that are of immediate relevance to this region. Of particular importance are operating procedures that allow connections to be made, between and among themes as well as with external bodies across the West Midlands. In addition, in every situation emphasis is placed on identifying and introducing innovative solutions. In linking the executive team's work with the wider AHSN community, what has been particularly welcome is the breadth of this network's partnership as well as the mutual support that is evident within it.

The WMAHSN has undertaken extensive engagement activities with its various stakeholders throughout the year. As well as ongoing engagement through its governance structure, across the priorities, themes and spokes, the WMAHSN continued to expand upon its stakeholder engagement activities from 2014/15. A number of events, workshops, seminars and exhibitions were held across the priorities and themes, with at least 8,166 attendees at WMAHSN-badged events.

The year began with WMAHSN's annual stakeholder event on 28 April at Chateau Impney in Worcestershire. An audience of 231 – including members of the public, patients and carers from across the region, as well as representatives from NHS organisations, academic institutions and industry – heard about the impact that the WMAHSN made on the local healthcare sector. Delegates also had the opportunity to help to shape WMAHSN's priorities for the year ahead, including exploring what would be required of a membership model. Featuring breakout discussions on the West Midlands' health and wealth challenges for the forthcoming year and workshops examining the future for different stakeholders, there was also a marketplace of 18 exhibitors.

Members of the WMAHSN Board and executive team, as well as clinical leads and theme directors, have spoken at and attended events and conferences all over the UK and beyond. Speakers from WMAHSN's executive team featured on the programmes of Real-Time Hospital, at New Cross Hospital in Wolverhampton, and at ABHI's Regional Briefing Seminar, at DLA Piper LLP's offices in Birmingham, both on 24 February 2016.

In addition, throughout the year the WMAHSN had a stand at various events around the region, including:

- Birmingham CrossCity CCG's Annual General Meeting on 17 September 2015
- Coventry and Warwickshire Partnership NHS Trust's 7th Research and Innovation Annual Event on 10 February 2016 at the Welcome Centre, Coventry
- Birmingham and Solihull Mental Health NHS Foundation Trust's Mental Health Research and Innovation Hub launch event on 23 February 2016.

WMAHSN has supported national events as speakers, delegates or staffing exhibition stands, including supporting the AHSN Network stands at NHS Confederation annual conference and exhibition 2015 on 3 and 4 June 2015 at ACC Liverpool, the Patient Safety Congress on 6 and 7 July at Birmingham's International Convention Centre, Procure4Health on 9 July - also at the International Convention Centre - and the

Health and Care Innovation Expo 2015 on 2 and 3 September at Manchester Central, as well as the joint Strategic Clinical Networks/AHSN Network stand at the 2015 Commissioning Show and Health+Care Show on 25 June at ExCeL London. WMAHSN also supported Patient First on 12 November 2015, when our stakeholders were offered free passes to the event at the ExCeL London, and the AHSN Medicines Optimisation Network Sharing Day on 26 November.

In addition, support, input or promotion has been provided to at least 73 other local, regional and national events.

Alongside this stakeholder engagement work, the communications function continued to develop. The WMAHSN's monthly newsletter, Network News, now has 2,693 subscribers – an increase from 1,930 last year, or 40% - while the stakeholder database now has 2,365 contacts, arranged into priority, theme and stakeholder-specific mailing lists, up over 22% from 1,933 last year.

The WMAHSN website was re-launched in April 2015 with a brand new look and added functionality, and by February 2016 was garnering 7,980 page views per month, compared with 2,051 in February 2015. The new website attracted 8,333 unique visitors throughout the year, viewing pages 49,422 times.

WMAHSN issued 17 press releases over the year, with an additional 10 released with partners. This attracted coverage of at least 111 articles across print and digital formats in local and national, consumer and trade media.

Over the course of the year, WMAHSN's social media channels were further developed. The WMAHSN Twitter account, which by the end of 2014/15 had 1,485 followers, has almost doubled to 2,873 followers, and achieved 2.355 million impressions over the year, with an average of 1,300 impressions per day in March 2016 alone garnering 103 Retweets and 112 likes. A Facebook account and YouTube channel have also been developed and while likes, subscribers and views are currently small, these are confidently predicted to grow in the next financial year.

By running these interactive workshops and information sharing events to consult stakeholders, raise awareness of activity, spread the adoption of innovation across the region and nationally and

assist the development of its business approach and programmes of work, the WMAHSN has engaged with thousands of stakeholders over the course of 2015/16.

Our governance

APPENDIX 4

Our governance structure comprises an overarching Board, three Spoke Councils, four reference groups, nine advisory groups and the support of a small executive team. The governance structure is now maturing, with the 2015/16 enhancements including the addition of the EIT Health KIC reference group.

The Board is the final decision-making authority within the AHSN, setting the vision and strategy and determining the level of expenditure on core functions, as well as approving programmes and allocating funds. To a large extent, its membership reflects our cross-sector partnerships across the region, including NHS trusts, industry, academia and local authorities. The WMAHSN Board has continued to set strategic direction for the WMAHSN and oversee the governance arrangements and risk management in compliance with the contract with NHSE.

Three of the acute provider representatives on the main Board in turn chair the Spoke Councils in the north, centre and south of the region. These exist to facilitate involvement and communication with members or stakeholders across the region, to enable the identification, adoption and spread of innovative developments as well as to recognise and manage risks and issues. The Managing Director and Commercial Director of the WMAHSN have played a greater role in linking Spoke Councils with the Board and the executive team, as well as with clinical leads and theme directors. Following adjustment to the executive team's organisational structure and functions, administrative support to the Councils has continued to be provided from within the executive team.

Both the Board and the Spoke Councils link with the advisory groups covering the clinical priorities and enabling themes. Programmes and their funding are approved at Board level, with clinical and theme leads accountable to the Board for the proper discharge of

their duties and expenditure of allocated funds. This is monitored on a routine basis by the two Business Managers and the Patient Safety Programme Manager. Each of these also supports a Spoke Chair, thereby enabling a member of the Board within each spoke to maintain closer supervision of programmes. At intervals throughout the year, the programme leads are called to appear before the Board to give an account of their work and have their progress scrutinised. The membership of the WMAHSN Board is contained in Appendix 5.

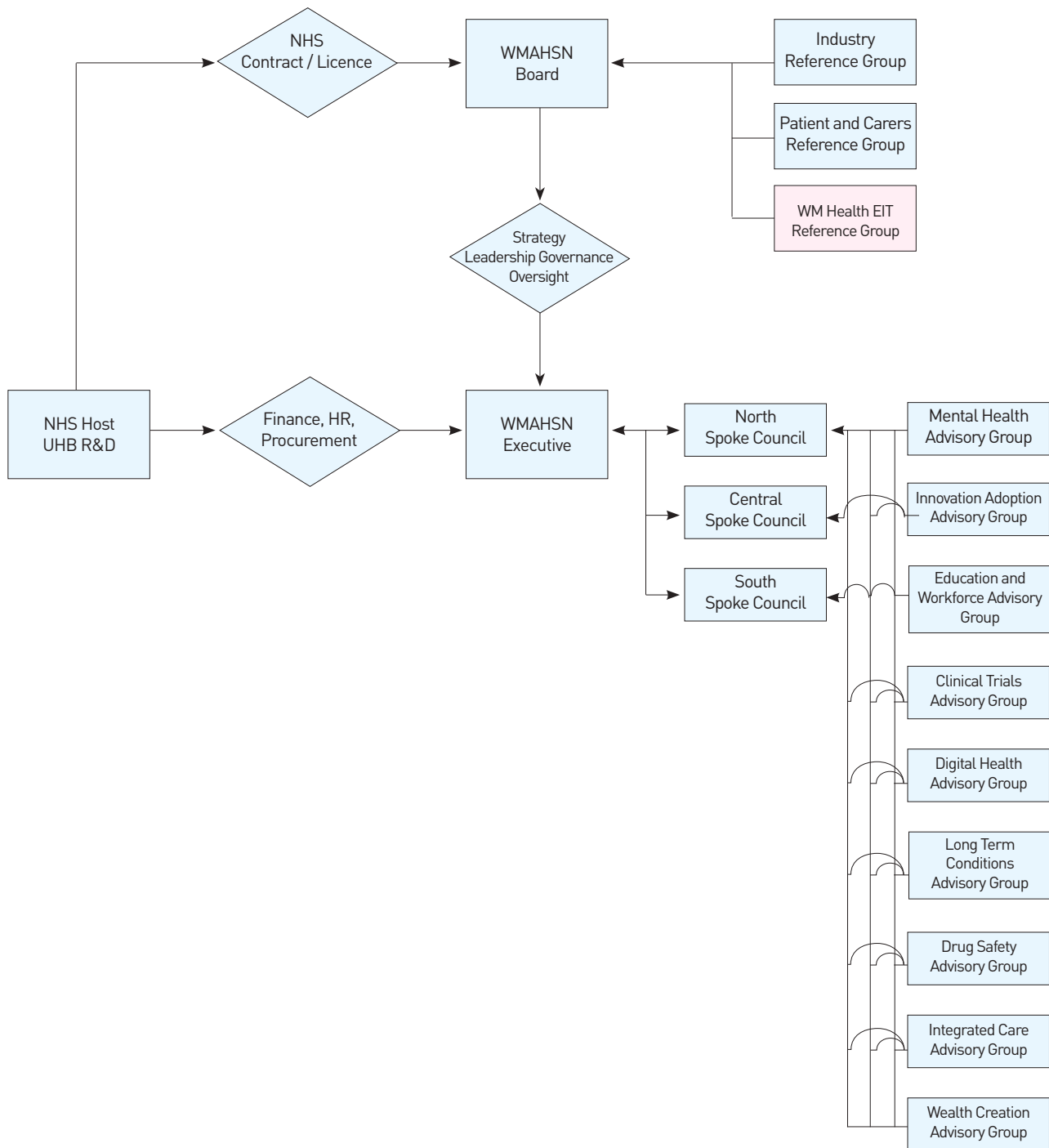
Clinical leads and theme directors remain responsible for the outputs of their respective groupings and during 2015/16, the theme directors' and clinical leads' meetings were developed by the Managing Director and Commercial Director as the forum to improve operational design and delivery by the network, with overall focus being on the priorities.

The clinical leads and theme directors have also offered oversight and guidance for the development of the WMAHSN's membership networks and services. Their input will ensure that these networks and services are mutually supportive and thereby achieve and maintain a collective value for the WMAHSN membership. Working with the executive team, this operational grouping has also identified opportunities for collaboration and co-operation with partners or corporate partners of the WMAHSN in order to enhance regional productivity in improving health and wealth. The WMAHSN clinical leads and theme directors are listed in Appendix 5.

The reference groups provide the channel for additional assurance as well as specialist advice from patients and carers, commissioners, local networks such as the Clinical Senate and CN, local authorities and the third sector, and across the healthcare industries.

The WMAHSN is hosted by UHB, whose support helps minimise the size of the core executive team. The make-up of the executive team changed slightly in 2015/16; with the departure of a Head of Programmes, the two remaining Heads of Programmes were redesignated Business Managers, while a Patient Safety Programme Manager was successfully recruited to lead on the Patient Safety Collaborative. In addition, the EIT Health KIC had a Programme Manager and Co-ordinator assigned, and secondments for the

Medicines Optimisation Lead (from industry), Regional Medicines Optimisation Pharmacist, Greater Birmingham and Solihull Local Enterprise Partnership Strategist and Project and Partnership Manager for Innovative Health also added to the expertise in the team. Finally, three Genomics Ambassadors, funded by WMAHSN and covering the north, centre and south of the region, were recruited. The WMAHSN executive team is listed in Appendix 5.



Our Board members 2015/16

Professor Michael Sheppard, Chair

Michael served most recently as Provost and Vice Principal and Dean of Medicine at the University of Birmingham. He received the degrees of MBChB (Honours) and PhD from the University of Cape Town. He was elected Founder Fellow of the Academy of Medical Sciences in 1998.

Michael had a major clinical service commitment and international reputation in pituitary and thyroid disease, publishing over 250 papers. He has been a member of and chaired a number of UK and international committees (endocrine societies, Royal College of Physicians, Medical Research Council and World Health Organization). He was President of the Association of Physicians of Great Britain and Ireland and holds Honorary Professorship at University of Birmingham. He was previously a non-executive director at Birmingham Children's Hospital NHS Foundation Trust and is currently a Non-executive Director at UHB.

Professor David Adams, Professor of Hepatology and Dean of Medicine for the College of Medical and Dental Sciences, University of Birmingham

David is also director of the Centre for Liver Research and the NIHR Birmingham Liver Biomedical Research Unit, and lead for translational research in the MRC Centre for Immune Regulation.

Jo Chambers, Chief Executive Officer, Royal Orthopaedic Hospital NHS Foundation Trust

Jo has over 30 years' NHS experience in acute, community and primary care services as Chief Executive and previously as Director of Finance and Performance, with a track record of service improvement and developing teams. Her previous experience also includes system-wide leadership as a commissioning Chief Executive.

Jo is currently the Lead Chief Executive for the Specialist Orthopaedic Alliance and is leading the development of new models of care through the National Orthopaedic Alliance Vanguard.

Jo is the Deputy Chair of HEE's Leadership Transformation Theme, leading on Chief Executive development for the region, and is the health provider

representative on the West Midlands Combined Authority Public Service Board.

Professor Andy Garner, Dean of Health and Pro-Vice Chancellor, Keele University

In addition to his roles at Keele, Andy is also a Director of the UHNM, Director of the West Midlands (North) Health Education Cluster and the non-Executive Chairman of DTL. He also serves as an external examiner and advisor for a number of medical schools in the UK and overseas

Andy has held senior positions in various universities in the UK, Europe, USA and Middle East along with executive posts in the NHS and the pharmaceutical industry. After training in pharmacology, he undertook a series of research fellowships in the UK and Scandinavia. In 1978 he was recruited by ICI, prior a move to the UAE in 1993 as Professor of Pharmacology and Research Dean at a new medical school. He returned to the UK in 1997 to take up the post of NHS Director of R&D in Manchester, prior to being appointed as Head of the Medical School at Manchester University in 2003. He was appointed to lead the new Faculty of Health at Keele University in 2007, with overall responsibility for the Schools of Medicine, Pharmacy, Nursing and Midwifery and Physiotherapy, together with two Research Institutes focused on Primary Care and Translational Medicine.

Andy Hardy, Chief Executive Officer, University Hospitals Coventry and Warwickshire NHS Trust

Andy was appointed Chief Executive Officer of UHCW in 2010, one of the largest tertiary acute trusts in the country, with an annual turnover of approximately £540m. For six years previously he was Chief Finance Officer of UHCW, as well as Deputy Chief Executive Officer from 2008 – 2010.

In addition, he is President of the Healthcare Financial Management Association, Chair of Arden, Herefordshire and Worcestershire Local Education and Training Council (member of West Midlands Local Education and Training Board) and Chair of the Central Newborn Network, Director of CSWP Ltd and Director of Albany Theatre Trust, Coventry. As well as being a Board member, Andy also chairs the South Spoke Council of the WMAHSN.



Biographies

Dr Sue Ibbotson, West Midlands Centre Director, Public Health England

Sue was previously the regional director for the Health Protection Agency (HPA) in the West Midlands. In this capacity, she was responsible for the HPA's delivery of local and regional health protection services across the area, and led the quality and governance function for the agency's Health Protection Services division.

Having initially trained as a GP before undertaking public health specialist training, Sue has a diverse public health experience in a number of senior roles. Her appointment as a consultant in public health medicine in Yorkshire in 1993 was followed by a move to Scotland, and she has held appointments in the West Midlands since 2000, first with the NHS Executive, and then as director of public health and medical director for the West Midlands South Strategic Health Authority, before taking up her post with the HPA.

Dr Jeremy Kirk, Consultant Paediatric Endocrinologist, Birmingham Children's Hospital NHS Foundation Trust

Jeremy initially trained in both adult and paediatric medicine in London, before moving in 1994 to the Children's Hospital in Birmingham as Consultant Paediatric Endocrinologist (honorary Reader). He is also currently West Midlands Clinical Director of the CRN, the largest of the 15 English Research Networks, having previously been Deputy and then Clinical Director of the NIHR Birmingham and the Black Country Comprehensive Local Research Network. Jeremy is both a Fellow of the Royal College of Physicians and the Royal College of Paediatrics and Child Health, and was subspecialty Council member in the latter from 2007-12.

Dr Peter Lewis, Clinical Lead for Mental Health, WMAHSN

Peter is a Consultant Psychiatrist and was the Medical Director for Birmingham and Solihull Mental Health NHS Foundation Trust from June 2009 to March 2016. He completed his training in medicine at the University of the West Indies in 1972, then specialised in psychiatry at the Clarke Institute of Psychiatry, gaining his FRCP(C) from the Canadian Royal College of Psychiatrists in 1979. Following this, he worked in the Caribbean and held a number of assignments with the United Nations Drug Control Programme and the World Health Organization. He has been a Board member of the AHSN and Mental Health Clinical Lead since the inception of the organisation.

Dame Julie Moore DBE, Chief Executive, University Hospitals Birmingham NHS Foundation Trust

Dame Julie is a graduate nurse who worked in clinical practice before moving into management. After a variety of clinical, management and director posts, she was appointed as Chief Executive of UHB in 2006.

Dame Julie is an Independent Member of the Board of the Office for Strategic Co-ordination of Health Research and a member of the International Advisory Board of the University of Birmingham Business School, the Court of the University of Birmingham and the Faculty Advisory Board of the University of Warwick Medical School. She is a founder member and past Chair of the Shelford Group, the ten leading academic hospitals in England.

Acknowledged as one of the leading Chief Executives in the country, Julie was made a Dame Commander of the British Empire in the New Year's Honours 2012. In 2013, she was awarded an Honorary Chair at Warwick University and also has Honorary Doctorates from the University of Birmingham and Birmingham City University.





Professor Gavin Russell, Clinical Lead for Patient Safety, WMAHSN

Until his retirement in October 2015, Gavin was Associate Medical Director for research and education at UHNM, and Clinical Lead for the integration of health services in Stoke and Stafford provider units. He was previously a member of steering group which oversaw the establishment of the WMAHSN and is currently lead for the West Midlands Patient Safety Collaborative. As well as being a Board member, Gavin chairs the North Spoke Council of the WMAHSN.

Mandy Shanahan, Director of Workforce, Health Education England West Midlands

Mandy is currently Director of Workforce for HEE West Midlands, with responsibility for strategic workforce planning and developing business through the LETCs. She is a qualified coach and fellow of the Chartered Institute of Personnel and Development and has used coaching to develop leadership for CCG Boards, the NHS and voluntary sector.

Mandy has more than 30 years' leadership experience spanning private, local authority, education and health. She has worked at Board level for over 10 years with director roles in community, mental health and primary care commissioning.

Andy Taylor, Executive Director – Government Policy, Association of British Healthcare Industries

Andy joined ABHI in 2006 and is a member of the ABHI Board, supporting ABHI'S UK market and economic growth workstreams. Andy leads on the association's

strategic relationship with UK government, for the medical technology contribution to sustainable healthcare and supporting growth and competitiveness of the sector in the UK. He is now developing ABHI's agenda for industry development, getting the environment right for company growth. Andy has worked in a range of roles in government from 1988 - 2006, including health and environment, and previously in the not-for-profit sector with young offenders and young people in care.

Professor Peter Winstanley, Chair of Faculty of Medicine, University of Warwick

Peter graduated from Liverpool Medical School and undertook his first training posts locally before moving to the Royal Postgraduate Medical School and the Brompton Hospital. After spells in Leeds and Liverpool, he was awarded an MRC Training Fellowship, and spent three years working in Kenya (with the University of Oxford) on the treatment of severe malaria.

Returning to Liverpool in 1992 as a Senior Lecturer in Clinical Pharmacology, Peter continued his interest in malaria and maintained his research presence in Kenya. In 1995 he and colleagues established a Wellcome Trust Tropical Centre at Liverpool, and he worked to develop the unit in Malawi into a Wellcome Trust Major Overseas Programme. Peter joined Warwick from his role as Head of the School of Clinical Sciences at Liverpool.

Biographies

Our clinical leads and theme directors 2015/16

Our clinical leads 2015/16

Professor Ruth Chambers OBE, GP principal, Stoke-on-Trent, Chair, Stoke-on-Trent CCG, Honorary Professor, Keele and Staffordshire Universities and Clinical Lead for Long Term Conditions

Ruth has dedicated most of her career to improving patient care in North Staffordshire, most recently on a quality improvement programme that has generated pan-population changes to blood pressure and cholesterol control. Ruth has been a GP for over 30 years and has written 70 books. Ruth is currently a partner in a GP practice, Furlong Medical Centre in Tunstall, Stoke-on-Trent.

Ruth has been instrumental in establishing a wide range of clinical applications for the innovative Simple Telehealth/Flo (STH/Flo) service, which enables remote interaction and support between patients and clinicians via mobile phone texting. She is presently the Chair of Stoke-on-Trent CCG. Ruth was previously telehealth lead at the CCG, working to disseminate and embed delivery of care, and is now the CCG's national ambassador for the telehealth programme. Her achievements were recognised with an OBE in 2012.

Professor Jamie Coleman MBChB, MA (Med Ed), MD, FCRP (UK), FBPhS, Professor of Clinical Pharmacology and Medical Education, University of Birmingham and Clinical Lead for Drug Safety

Jamie is Professor of Clinical Pharmacology and Medical Education within the School of Medicine in the Institute of Clinical Sciences. He is currently Deputy Programme Director and Phase 2 Lead of the MBChB programme, Therapeutics Lead for the BDS Dentistry course, and a senior clinical examiner for Year 5 of the MBChB in Medicine and Therapeutics. He is programme lead for the Postgraduate Certificate in Education for Health Professionals within the College of Medical and Dental Sciences. He also chairs the National Prescribing Skills Assessment Board, is a member of the Pharmacovigilance Expert Advisory Group of the MHRA, is the WMAHSN Clinical Lead for Drug Safety and Medicines Optimisation, is deputy chair

of the specialist advisory committee for Clinical Pharmacology and Therapeutics in the UK, and is associate editor of the Postgraduate Medical Journal.

Jamie's research programme covers adverse drug reactions, patient safety, clinical decision support systems and, in particular, electronic prescribing, for which he is nationally recognised. He previously led a multi-method applied health research team investigating information technology and safety, funded by the CLAHRC scheme, and is currently co-principal investigator on an NIHR-funded programme grant investigating the implementation and adoption of hospital electronic prescribing systems in England. Jamie has previously worked on a national basis for the National Programme for Information Technology and now is a clinical lead at UHB for electronic prescribing. Much of his research interests revolve around elements of prescribing safety and the analysis of routinely collected prescription data from both primary and secondary care. He supervises a number of PhD, MD and PharmD students within his relevant research areas.

He maintains a strong interest in educational research and works with colleagues in the School of Medicine and the School of Education in the University on several projects in undergraduate medical education and inter-professional learning. Jamie has also been instrumental in the establishment of SCRIPT, a suite of e-learning modules to develop and maintain professional knowledge and competence in prescribing and therapeutics.

Dr Peter Lewis, Clinical Lead for Mental Health

Peter is a Consultant Psychiatrist and was the Medical Director for Birmingham and Solihull Mental Health NHS Foundation Trust from June 2009 to March 2016. He completed his training in medicine at the University of the West Indies in 1972, then specialised in psychiatry at the Clarke Institute of Psychiatry, gaining his FRCP (C) from the Canadian Royal College of Psychiatrists in 1979. Following this, he worked in the Caribbean and held a number of assignments with the United Nations Drug Control Programme and the World Health Organization. He has been a board member of the AHSN and Mental Health clinical lead since the inception of the organisation.

Biographies

Our theme directors 2015/16

Professor Theo Arvanitis, Professor of e-Health Innovation, Institute of Digital Healthcare and Theme Director for Digital Health

Theo's research interests span the areas of biomedical engineering, neuroimaging and health informatics. His neuroimaging research has been done in collaboration with the Institute of Child Health, Birmingham Children's Hospital NHS Foundation Trust, where he also holds an honorary post. Recently, he has been awarded a large EPSRC programme for investigating the relationship between structural and functional networks in the human thalamocortical system.

Theo received his BSc degree in 1990, from the Technological Educational Institute of Athens, and his DPhil in biomedical engineering in 1997 from the University of Sussex. In 1998, he joined the University of Birmingham as a Lecturer, Senior Lecturer and subsequently Reader in Biomedical Informatics, Signals and Systems.

Tony Davis, Commercial Director and Theme Director for Wealth Creation, WMAHSN

Tony was previously Interim Executive Director of the WMAHSN on its establishment. Before his role at the AHSN, Tony launched Medilink WM in 2003, with the aims of promoting the life sciences industry to government organisations and helping SMEs in the marketplace to grow their business. In 2005, he was appointed the first chair of Medilink UK.

Rhian Hughes, Co-director, Research Institute for Primary Care and Health Sciences at Keele University, Primary Care Delivery Lead, Clinical Research Network West Midlands Primary Care and Theme Director for Person-centred Care

Rhian has a joint University/NHS appointment as Co-Director of the Primary Care and Health Sciences Research Institute at Keele University and Associate Director of R&D at North Staffordshire CCG. She co-leads a Research Institute where 91% of its research activity was assessed in the 2014 Research Excellence Framework as world leading or internationally excellent.

She is Co-Director of the Keele Clinical Trials Unit and is also primary care delivery lead within

the CRN West Midlands, reflecting her particular interest in developing innovative methods to support NHS engagement in research and strong patient participation. Rhian has also undertaken secondments to the CRN Co-ordinating Centre, where she supported development of the CRNs into a national framework, and developed the Research Passport scheme.

Tim Jones, Executive Director of Delivery, University Hospitals Birmingham NHS Foundation Trust and Theme Director for Digital Health

After graduating from University College Cardiff, Tim joined the District Management Training scheme based at St Bartholomew's Hospital in London. He joined The Royal Wolverhampton NHS Trust in 1992 as Business Manager for Medicine before taking up his first post at UHB in 1995.

In 1999 he became the first Divisional General Manager for Emergency Services, before being appointed as the Deputy Chief Operating Officer in 2002. He was appointed as Chief Operating Officer in June 2006.

In September 2008 he was appointed to a newly created role of Executive Director of Delivery. His key responsibilities are to lead on research, strategy and performance, education, organisational development, and human resources. He is also an executive lead for Birmingham Health Partners and the West Midlands Academic Health Science Centre, and a board member of MidTech and Birmingham Science City.

Jeremy Kirk, Consultant Paediatric Endocrinologist, Birmingham Children's Hospital NHS Foundation Trust and Theme Director for Clinical Trials and Evaluation

Jeremy initially trained in both adult and paediatric medicine in London, before moving in 1994 to the Children's Hospital in Birmingham as Consultant Paediatric Endocrinologist (honorary Reader). He is also currently West Midlands Clinical Director of the CRN, the largest of the 15 English Research Networks, having previously been Deputy and then Clinical Director of the NIHR Birmingham and the Black Country CRN. Jeremy is both a Fellow of the Royal College of Physicians and the Royal College of Paediatrics and Child Health, and was subspecialty Council member in the latter from 2007-12.

Our executive team 2015/16

Dr Christopher Parker CBE, Managing Director

Chris worked in the NHS for four years before being commissioned into the Royal Army Medical Corps in 1985. During 28 years in uniform, his duties took him to Europe, Russia, north and central America, the Middle East, Africa and south Asia. He accredited as a consultant in occupational medicine and served on operations in Northern Ireland, the Balkans, Iraq and Afghanistan. Also a graduate of the Army Staff College and the Royal College of Defence Studies, he filled many senior leadership roles. These included Chief of Staff of the Army Medical Directorate, Commandant of the Royal Centre for Defence Medicine and 12 months in Afghanistan as the medical adviser for the International Security Assistance Force.

Chris was awarded the OBE in 1998 and made a CBE in 2009. From 2010 until his retirement from the army he was a Queen's Honorary Physician.

Tony Davis, Commercial Director

Tony was previously Interim Executive Director of the WMAHSN on its establishment. Before his role at the AHSN, Tony launched Medilink WM in 2003, with the aims of promoting the life sciences industry to government organisations and helping SMEs in the marketplace to grow their business. In 2005, he was appointed the first chair of Medilink UK.

Lucy Chatwin, Business Manager

Lucy works across the enabling themes of innovation and adoption and industry and wealth creation, along with the clinical priority of drug safety. Lucy works alongside the theme directors and clinical leads to drive sustainable service improvement in healthcare by empowering members and partners to collaborate at a regional level on adopting and disseminating research and innovation at pace and scale.

Prior to joining the WMAHSN, Lucy spent seven years within a West Midlands acute trust in various roles, but predominantly as the Head of Transformation, leading on the service improvement initiatives across the trust and the local health economy.



Neil Mortimer, Business Manager

Neil's role is to identify and support beneficial innovations that can be spread quickly across the region; particularly in the areas of digital and mental health. Working alongside NHS, industry, academic and patient organisations, he fosters collaborative partnerships and helps innovators and adopters to access support and funding to drive health improvement and economic benefits to the region.

Following a 10 year management career in the leisure and hospitality industry, Neil worked in the NHS for 19 years. He was the manager of one of England's first

Biographies

GP Commissioning Groups, and subsequently CEO of an NHS Primary Care Group in Birmingham. He went on to establish and lead the Whole Systems Programme for NHS Midlands and East of England, which oversaw a range of innovative IT-enabled service transformations involving primary and secondary care within the NHS and the private sector.

Peter Jeffries, Patient Safety Programme Manager

Peter joined WMAHSN after working at Birmingham Children's Hospital NHS Foundation Trust as the Chief Medical Officer's Senior Projects Manager. He was part of the team at Birmingham Children's Hospital working on safety in clinical handover as part of the Health Foundation's Safer Clinical System Programme. He has worked in acute trusts in the West Midlands since 1997 in a number of roles, including in operational management, strategy and service improvement. Peter has programme and project managed a number of significant service improvement, quality and safety projects. As well as leading on patient safety for WMAHSN, he is also a member of the first Q cohort, who will be working on the co-design of the Q Initiative.

Sarah Millard, Head of Communications and Engagement

Following several years in the public and academic library field, Sarah had a change of career when she became a journalist on a local weekly newspaper in her twenties. She made the move to communications in 2005, joining Sandwell Primary Care Trust, before moving to local government as Communications Manager. She then took up communications and engagement roles with NHS Birmingham East and North, eventually heading up the communications function as Senior Communications Manager, while undertaking occasional freelance journalism. Following a spell leading a business development and marketing team in the private medical sector, she moved to interim lead communications and marketing roles at a local acute trust and with two Staffordshire CCGs, before taking up her position with the WMAHSN in June of 2014.

Dr Claire Potter, EIT Health KIC Programme Lead

Claire works as the EIT Health KIC Programme Lead alongside her role as the Strategic Project Manager at the College of Medical and Dental Science in the University of Birmingham. Claire brings more than 15 years' worth of experience in project and operational management across academia, government, NHS, charities and industry.

Claire is a biologist by training and gained her PhD in Biological Sciences and Health from the National Pollen and Aerobiology Research Unit (NPARU) at the University of Worcester. She then completed her Medici Fellowship within the Institute of Health at the University of Worcester, before working for four years as NPARU's Business Development and Project Manager. Claire has also worked for the NIHR through a secondment as the Operational Manager at NIHR Office for Clinical Research Infrastructure (NOCRI), where she oversaw collaborations between industry, the NHS and academia, within early and exploratory translational research.

Geoff Quinn, Medicines Optimisation Lead

Geoff is the Regional Senior Key Account Manager for the Midlands and East at Pfizer and has more recently worked on a diverse range of projects with the NHS, including the Enhanced Recovery After Surgery programme at Derby Teaching Hospitals NHS Foundation Trust, Ward Based Medicines

Management implementation with Heart of England NHS Foundation Trust and Educational Intervention Implementation Project ("EPIFFany") with Health Education East Midlands, University Hospitals Leicester and Leicester University.

Geoff has worked as a commercial manager at operational and strategic levels in the pharmaceutical industry over the past 26 years in a variety of disciplines, including sales and marketing management, account management and training and development. Prior to Pfizer, Geoff worked at Bayer Diagnostics (now Siemens) as Sales Director, UCB (formerly Celltech, Medeva and Evans Medical) as Head of Sales and Training and ICI Pharmaceuticals (now AstraZeneca).

Geoff's qualifications include a Reading University Henly MBA, a Kingston Business School DMS, an Exeter University PGCE and a BSc (Hons) from the University of Wales. He is also a Member of the Chartered Institute of Management and the Institute

of Healthcare Management and an Associate Member of the Chartered Institute of Personnel & Development.

Diptyka Hart, West Midlands Regional Medicines Optimisation Pharmacist

Medicines optimisation forms the central theme in Lord Carter's NHS review of Procurement and Efficiency Programme and until Diptyka's appointment, the West Midlands lacked a regional lead in procurement and as such, the region has failed to influence national procurement awards to regional needs. Diptyka's evolving role is to facilitate best value of medicines within the West Midlands, working cross-sector to effect change, recognising communication failures that lead to poor adherence and improving adherence to prescribed medicines.

Diptyka has been a qualified pharmacist for more than 25 years and has worked in a range of hospital pharmacy specialities, including medicines information, pharmacy governance and pharmacy clinical services management. She has worked in many clinical fields including cardiology, critical care, infectious diseases, transplantation and paediatrics to name a few. Most of her career has been based in London, but she has practised in the West Midlands for the last eight years. This is a challenging new role which she looks forward to developing, and will bring her clinical background to assist change in a new era of medicines.

Richard Devereaux Phillips, Greater Birmingham and Solihull Local Enterprise Partnership Strategist

Richard joined the ABHI in June 2015 as Healthcare Policy Director, and has more than 20 years' experience in the pharmaceutical and medical devices industries, most recently as Director of Public Policy and Advocacy for North West Europe with Becton Dickinson.

Richard served from 2003 until 2013 as a member of the Technology Appraisal Advisory Committee of the National Institute for Health and Care Excellence (NICE) and also on the Programme Advisory Group of the Healthcare Quality and Information Authority in Ireland. In November 2013, Richard was appointed as a non-Executive Director of South West AHSN and took over as its Chair in May 2015. He is a longstanding member of the Institute of Healthcare Management.

Ravi Kumar, Project and Partnership Manager for Innovative Health

Seconded from the Black Country Consortium, Ravi works two days a week on Innovative Health Working Group activities, including signposting, sharing information with members and identifying new collaboration and funding opportunities for activities that drive health innovation.

Ravi joined the consortium in August 2014 as an Economic Development Co-ordinator, supporting collaborative partnership approaches across the Black Country, working with designated projects and identifying and bringing together capacity from within stakeholders. He is also the lead on Smart Specialisation, Horizon 2020 and the European Regional Development Fund (ERDF). Ravi is also the Project Manager for the Black Country Local Broadband Plan, which involves working with a range of stakeholders, local authorities, BT and Broadband Delivery UK to ensure the successful implementation of super-fast broadband across the Black Country. Previously, Ravi worked within the publishing, energy solutions and community banking industries.

David Taylor, European Funding Advisor

David is currently on secondment from UHB to the WMAHSN and Birmingham Science City. His role is to provide support to NHS organisations to increase awareness and take-up of the ERDF, especially for innovation-related activities.

As Head of Regeneration at UHB, David was closely involved with the external funding of UHB's Centre for Clinical Haematology, Learning Hub and Institute of Translational Medicine. Before joining UHB, David gained extensive experience of finance and external funding for regeneration, skills and economic development at Coventry City Council, West Midlands County Council and the Department for the Environment.

Blair Davis, Project Assistant

After gaining a BSc in Biomedical Science at the University of Manchester, Blair worked in retail while also volunteering in the healthcare and third sectors. Blair commenced as Project Assistant with the AHSN in September 2013, undertaking a variety of tasks and organising, accurately recording, monitoring and scheduling all project work. She has recently

completed study for an MSc in Health Care Policy and Management at the University of Birmingham.

Dr Christopher Clowes, Genomics Ambassador (West Midlands North)

As a student and member of staff, Chris previously worked in academic science at the University of Manchester's Faculty of Life Sciences. Here, Chris completed qualifications including BSc (Hons) Genetics, MRes Biological Sciences and a PhD in Genetics as well as being a Research Technician, Research Assistant and later a Postdoctoral Research Associate. During this time, Chris's research interests included investigating genetic mutations which cause cardiovascular developmental defects and helping to promote and accelerate both acute and chronic wound healing, where the latter also included helping to set up a phase I clinical trial.

Chris then moved into clinical research as a Clinical Trial Co-ordinator at the Cancer Research Clinical Trials Unit at the University of Birmingham. Chris then moved to UHNM in the R&D Department as an Academic Development Officer, where he helped researchers in the trust to apply for grants and qualifications. Chris is now the Genomics Ambassador for the north of the West Midlands region, covering Staffordshire and Shropshire.

Charlotte Hitchcock, Genomics Ambassador (West Midlands Central)

After varied careers in recruitment and in marketing, Charlotte entered nursing as a mature student, qualifying in 1995. She worked in theatres as a scrub nurse at Birmingham Children's Hospital and was involved in the establishment of the Liver Transplant team. Charlotte then moved to Norfolk, spending six years working as a senior theatre practitioner in the emergency theatres, during which she qualified as an operating department practitioner to achieve dual qualification.

Charlotte then moved to North Wales for two years as Assistant Lead Nurse, followed by a final move back to the midlands to become Theatre Manager at The Alexandra Hospital in Redditch. Charlotte started work at New Cross Hospital in Wolverhampton in 2012, working in Clinical Informatics, prior to starting the exciting role as the

Genomics Ambassador covering Wolverhampton, Walsall, Dudley and Worcestershire.

Sean James, Genomics Ambassador (West Midlands South)

Sean is the West Midlands Genomics Ambassador for the south of the West Midlands region, covering Herefordshire, Warwickshire and Coventry. He shares information across all of the NHS trusts taking part in the programme, facilitating the recruitment of patients and enabling the networking between recruiting staff.

He is a state registered Biomedical Scientist, with thirty years' experience in cellular pathology within the NHS. In 2009, he set up the biorepository at UHCW and is currently responsible for the operational management of the now ethically approved biobank at the trust. The biobank holds some 300,000 human tissue samples, and is the host and co-ordination centre for a major study into Barrett's oesophagus and its treatment. Sean has co-authored 20 peer-reviewed publications, stemming from his cellular pathology technical support of a diverse range of research groups at the University of Warwick.

AHSN Income and Expenditure - 2012 to 2016

AHSN Income and Expenditure - 2012 to 2016						
		2012/13	2013/14	2014/15	2015/16	Cumulative
INCOME						
NHS England		750,000	5,093,000	4,720,602	3,876,751	14,440,353
Other				12,667	39,874	52,541
INCOME TOTAL		750,000	5,093,000	4,733,269	3,916,625	14,492,894
EXPENDITURE						
Core staff		(52,040)	(391,865)	(722,819)	(729,146)	(1,895,870)
2012/13 staff and consultancy		(103,797)	(10,133)	(71,054)	(114,487)	(299,471)
Non-pay	General	(11,425)	(239,485)	(19,408)	(73,483)	(343,801)
	Conferences		(10,946)	(52,371)	(50,382)	(113,699)
	Adverts		(16,651)		0	(16,651)
	Travel	(500)	(6,931)	(19,755)	(24,136)	(51,322)
	Marketing		(3,180)	(24,440)	(15,266)	(42,886)
Other		(27,400)	(185,115)	(324,148)	(245,600)	(782,263)
			(78,000)		0	(78,000)
			(15,660)		(50,000)	(65,660)
Project payments			(3,232,536)	(2,600,440)	(2,721,130)	(8,554,106)
Project commitments					(2,249,164)	(2,249,164)
EXPENDITURE TOTAL		(195,161)	(4,190,503)	(3,834,435)	(6,272,794)	(14,492,894)
TOTAL		554,839	902,497	898,834	(2,356,169)	0
CUMULATIVE TOTAL		554,839	1,457,335	2,356,169	0	



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ACADEMIC HEALTH SCIENCE NETWORK





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