

# Innovation, Integration and Research, Director's Report 3 March 2020



Agenda Item No: 9.1

## Trust Board Report

<b>Meeting Date:</b>	3 <sup>rd</sup> March 2020
<b>Title:</b>	Integration, Innovation and Research Director's Report
<b>Action Requested:</b>	The Trust Board is requested to receive and note the contents of this report.
<b>For the attention of the Board</b>	
<b>Assure</b>	<p>Appropriate contractual / risk share discussions are underway to ensure that the partnership with Babylon is fully scoped and all parties are accountable.</p> <p>The patent centric Structured Clinical Dataset Unit projects are progressing well and collaboration with all Primary Care Networks (PCNs) is positive.</p>
<b>Advise</b>	None in this report
<b>Alert</b>	None in this report
<b>Author + Contact Details:</b>	<p>Sultan Mahmud Director of Innovation, Integration and Research</p> <p>Tel 01902 695963    <a href="mailto:s.mahmud@nhs.net">s.mahmud@nhs.net</a></p>
<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>1. Create a culture of compassion, safety and quality</li> <li>2. Proactively seek opportunities to develop our services</li> <li>3. To have an effective and well integrated local health and care system that operates efficiently</li> <li>4. Attract, retain and develop our staff, and improve employee engagement</li> <li>5. Maintain financial health – Appropriate investment to patient services</li> <li>6. Be in the top 25% of all key performance indicators</li> </ol>
<b>Resource Implications:</b>	<p>Revenue: None Capital: None Workforce: TBC as part of the project oversight process Funding Source: Central funding</p>
<b>Report Data Caveats</b>	N/a
<b>CQC Domains:</b>	Safe: Effective: Caring: Responsive: Well-led:
<b>Equality and Diversity Impact</b>	None Identified
<b>Risks:</b>	None identified at present
<b>Risk register reference:</b>	N/a
<b>Other formal bodies involved:</b>	Non-Executive Directors

<b>References</b>	Next steps on the NHS Five Year Forward View 2018/19 Planning Guidance NHS Long Term Plan (published 7th January 2019)
<b>NHS Constitution:</b>	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> <li>• Equality of treatment and access to services</li> <li>• High standards of excellence and professionalism</li> <li>• Service user preferences</li> <li>• Cross community working</li> <li>• Best Value</li> <li>• Accountability through local influence and scrutiny</li> </ul>

## Brief/Executive Report Details

<b>Brief/Executive Summary Title:</b>	<b>Integration, Innovation and Research Director's Report</b>
	<p>The report focuses on the current significant programmes of work being undertaken to support the Trusts Innovation, Integration and Research agenda.</p> <p>The main programmes of work relate to:</p> <p><b>Integration:</b></p> <p>Wolverhampton Place and RWT Programmes of Work - Several Projects are testing the new model of care:</p> <ul style="list-style-type: none"> <li>• Primary Care and Community Care Interface Project</li> <li>• Inpatient Project- Parachute</li> <li>• GP Cohort Care</li> <li>• The re scoping of the Integrated Care Alliance including working toward an Alliance contract to be in shadow form from April 2020 as well as re-establishing the Governance Structure.</li> </ul> <p><b>Digital Innovation &amp; New Ways of Working:</b></p> <ul style="list-style-type: none"> <li>• The Trusts partnership with Babylon to create the World's First Integrated Digital Health System to Serve the City's Population, including the response to the partnership announcement.</li> <li>• Digital Dragons – an update on the applications to date and how they are being progressed.</li> </ul> <p><b>Research:</b></p> <ul style="list-style-type: none"> <li>• Clinical Research Network West Midlands Summary Performance</li> <li>• Evolution of Chief Investigator Development</li> <li>• RWT R&amp;D Update including performance to date</li> <li>• Opportunities for excellence</li> </ul> <p>A reference pack is attached which gives greater detail pertaining to the areas outlined.</p>

Reference Pack:

Brief/Executive Report Details	
Brief/Executive Summary Title:	Integration, Innovation and Research Director's Report
<b>Item/ paragraph 1.0</b>	<p><b><u>Integration- Wolverhampton Place and RWT Programmes of Work</u></b></p> <p>The Wolverhampton ICA is currently undertaking a review led by executives across the Trust and CCG following a decision of the PCNS and wider health economy to move to a data centric model based on the work convened by Professor Baldev Singh (consultant physician and chief clinical information officer) and Dr Kate Warren (Head of Joint Population Health Unit, RWT/Wolverhampton City Council).</p> <p>This realignment is the culmination of extensive efforts to work closely with PCNs around a model of complex care. The data centric approach drives improvements in support for self-management, design of practices, decision support, clinical information systems, and integration of community resources into health care.</p> <div style="text-align: center;"> <p>The diagram, titled 'Chronic Care Model', is enclosed in a rectangular box. At the top, it is divided into two main sections: 'Community Resources and Policies' on the left and 'Health System Health Care Organization' on the right. Under 'Community Resources and Policies' are 'Self-Management Support' and 'Informed, Activated Patient'. Under 'Health System Health Care Organization' are 'Delivery System Design', 'Decision Support', and 'Clinical Information Systems'. A central area labeled 'Productive Interactions' is connected to both the 'Informed, Activated Patient' and the 'Prepared, Proactive Practice Team' (located under 'Clinical Information Systems'). Large arrows point from the top sections down to the 'Productive Interactions' area, and a large arrow points from this area down to 'Improved Outcomes' at the bottom.</p> </div> <p><a href="https://www.ncbi.nlm.nih.gov/pubmed/12365965">https://www.ncbi.nlm.nih.gov/pubmed/12365965</a></p> <p>The Wolverhampton adaptation of the above model uses RWT primary, secondary and community data infrastructure (linked data) derived from the vertical integration programme but with a full work programme in place to roll out across the health economy via the PCNs and RWT clinical teams.</p> <p>Several Projects are testing the new model of care</p> <ul style="list-style-type: none"> <li>• Inpatient Project- Parachute</li> <li>• GP Cohort Care</li> <li>• Primary Care and Community Care Interface Project</li> </ul> <p>Details of progress are set out in the next section.</p> <p><b><u>Structured Clinical Dataset Unit (SCDU) &amp; Clinico Informatics</u></b></p> <p><b><u>Inpatient Project: PARACHUTE</u></b></p> <p>A workshop took place on the 13<sup>th</sup> February 2020, In attendance were clinical and non-clinical</p>

staff from the Care of the Elderly Team, The Palliative Care Team, Compton, IT, Informatics, Primary Care, Community Transformation, Therapies and Population Health Management.

The workshop was the first step in a formative and emergent pathway to the delivery (tactical deployment) of this project which at this point is a proof of concept and will involve a lot of change and transformation, which was recognised and noted by all attendees.

### **Background**

This is an ambitious vision of integrating ward, palliative care and community care services around a need driven clinical IT based programme. It will build on work undertaken with each sub group and systems we have built (Huddle, Palliative care, Community Services).

The project will support patients not to be discharged into the wilderness and end up coming back into a revolving door. We want to enable patients to be given a 'parachute' when leaving hospital wards and be given the best chance of full recovery or to be clinically stable when leaving the hospital.

The overall aim is to create a patient centric, data driven, fully governed, dynamic system which will meet the needs of patients not only from the point of admission but when handing over this patient to the community. The system will need to incorporate the following principles:

- All patients coming into the wards will be identified and in the system.
- All relevant information known about patients from all aspects of wider system will be made available.
- The home team (COE) will ensure that all process in relationship to defining care needs and meeting those needs will be completed (quick and at point of contact) and dashboards will be provided to support action outcomes so that teams can deliver those needs proactively.
- The Palliative care team will engage to provide specialist input as agreed between teams.
- At discharge defined patients will be handed over for transitional care to community teams for short care with "safe discharge" with further transition either back to GP care or into long term case load management.
- For those flagged for transition care transfer back to GP care will be captured in GP Actium (MDT) with intra system handover and they then become the Accountable Care Team
- For those retained in long term care by community services will be retained within the Community SCDU system as the Accountable Care Team
- Continuity of care will be maintained by the system with effective clinical governance under an Accountable Care System, which will require a governance group (arising out of this this collaborative care model).
- General performance management of the system will be implemented
- Data will be analysed to determine if outcomes improve and it will be the responsibility of the group to attain that.

The principles were agreed by those that attended the workshop.

### **Outcomes / Benefits**

- Demonstrable improved outcomes, in place of the less than positive outcomes patients currently receive
- The 2 critical outcomes are readmission and death and they will all be subject to CVA and drive systematic learning.

### **Next Steps:**

- Teams to digest the information and gather views and thoughts over next few weeks.
- Undertake as much of the pre work virtually where
- Establishment of a task and finish (project) group to drive the work forward.
- Identify who will represent their team on the project group.
- Meet often to keep up the momentum

### **GP Cohort Care – Primary Care Project**

#### **Background**

- A data driven care system and process to risk stratify patients for each VI GP Practice which will capture assessments and patient actions more formally.
- Patients escalated further will be discussed in a virtual MDT

#### **Pilot Progress**

- Testing of the system has been undertaken by Dr Koodaruth at Warstones.
- The system has been presented to all PCN Leads
- The non RWT PCNs are on course to sign the relevant governance documents by the end of February allowing for data sharing with RWT and inclusion in the pilot thereafter.

#### **Outcomes / Benefits**

- Better screening of health needs of population base
- Formalised MDT Pathway
- Structured patient Actions
- Monitoring of Actions
- Reduction of A&E Attendances
- Reduction in Emergency admissions
- Integration with EOL Pathway
- Integration with Frailty Pathway

#### **Next Steps**

- Signing of governance documents by non RWT PCNs
- Agree process and methodology for informing patients
- EMIS access process and standstill period completed
- Inclusion of additional practices in the pilot

### ***Primary Care and Community Care Interface Project***

#### **Background**

- Collaborative care pilot project with Primary Care and Community / Acute services
- Innovative use of data driven and system led patient care
- Utilising risk escalators to stratify patient groups to proactively meet patient needs
- Allowing provision of one to many as opposed to one-to-one care
- Developing in-coordination with GP Practices.

#### **Pilot Progress**

- Working with Warstones GP Practice
- GP Triage completed and on-going on rolling-basis

- First cohort of patients reviewed and assessed
- Actions are now being followed up (Community Services Review)

**Outcomes / Benefits**

- Proactive identification of patient needs
- Data driven capture and management of actions
- Monitoring of actions
- Creation of dynamic worklists as opposed to Referral creation
- Compliments existing MDT structures and processes
- Monitoring outcomes of patients after 30, 60 and 90 days after assessments and actions

**Next Steps**

- Continue process with Warstones GP Practice re other patients cohorts
- Review actions with team
- Develop model of operation through learning
- Review / refine process and systems throughout
- Virtualising dialogue between primary care and community care
- Include further (non RWT) Practices in the coming weeks

A workshop took place on the evening of the 13<sup>th</sup> February to showcase the work undertaken to date and feedback on the outcomes and benefits realised to date.

In attendance will be all Primary Care Network Leads, CCG staff and the team from RWT.

In addition there were various other areas that were discussed and agreed that it would be beneficial to work together as a Wolverhampton Based System which would sit within the STP Plans and shape the future direction of how the ICA Alliance Contract could be implemented.

Engagement is positive and the PCN leads have agreed to share their feedback and thoughts on the collaborative work at the next ICA Governance meeting.

# **Digital Innovation & New Ways of Working**

## Key Projects

### Babylon

On the 23<sup>rd</sup> January the Trust and Babylon made a joint press release announcing a 10 year partnership to to develop a new healthcare delivery model of 'Digital-First Integrated Care' in Wolverhampton.

This model will include our patients using a single, free app with access to:

- Clinical consultations with our Trust and Babylon doctors and specialist nurses, whilst also giving patients control of appointment booking and prescriptions
- Personal Clinical Records, which allow patients to see their own medical information and watch their consultations again
- Health Assessment, which creates a health report based on a user's medical history and lifestyle and displays it with a 'digital twin'
- AI Health Assistant, which gives users medical information and triage advice, based on epidemiological data, about their symptoms
- Health Management, which generates personalised care plans to support the proactive care of patients with chronic diseases
- Monitor, which can use real-time health information from wearable tech and connected apps
- Rehab following hospital admission, with fast remote clinical responses to help recovery and avoid readmissions

### **Response to Partnership Announcement:**

The announcement received widespread coverage across the media, attracted broadcast interest and was discussed across social media platforms. Media interest came from a number of major metro news outlets and international news sites with senior spokespeople also taking part in radio interviews on two major networks.

### **Summary**

- 68 pieces of coverage in print (4), online (61) and broadcast media (3)
- The majority of the coverage was from UK news outlets, but a small number of articles were also found in US, EU and Asian media sites.
- The story appeared in mainstream, technology and healthcare trade press
- The sentiment for the vast majority of coverage was positive (76%), with a small amount of neutral (9%) and negative content (15%).
- 1015 mentions across social media (75% positive, 10% neutral, 15% negative)
- There has been a lot of positive coverage, but the main story that has come through is of the need to fix the existing broken services.

<b>68</b>	<b>Positive media coverage</b>	<b>1015</b>	<b>Positive online sentiment</b>	<b>4000+</b>	<b>Post impressions</b>
<b>Pieces of media coverage</b>	<b>76%</b>	<b>Online mentions</b>	<b>75%</b>	<b>Video views</b>	<b>35k+</b>

### **Future Work:**

- The BBC want to do a want to do a multichannel piece for the launch of the actual service
- The Sun are interested in a patient focused follow up
- The Telegraph have asked for a closer working relationship

### **Social Media Responses:**

- The announcement of our partnership with the RWT was supported by Babylon's social content on LinkedIn and Twitter accounts.
- Assets developed internally include a two minute video (featuring Babylon employees, RWT stakeholders and a patient) an image and a press release uploaded to the Babylon website
- The video had over 4,000 views across both platforms and posts were shared 68 times reaching over 35k impressions
- There were 1015 mentions of the story online from 665 unique authors/accounts\*
- The majority was positive (75%), with a small amount of neutral (10%) or negative commentary (15%)\*
- News of the story was shared by MP Matt Hancock

### **Next Steps:**

An internal stakeholder event has been scheduled for the 5<sup>th</sup> March where further details of what the partnership will look like will be explored further; this will help to shape the final contracting arrangements with Babylon.

In parallel the planning phase has commenced with weekly meeting taking place with the Babylon team, a dedicated Project Manager has been aligned to be embedded at RWT to drive forward the work that is required to move toward an April launch.

Discussions are also being undertaken in relation to the risk share and what model will be agreed and how it will be implemented.

The project structure is being drawn up and will include a Steering Group to maintain oversight and governance and also a Programme Group who will maintain oversight of delivery.

### **Diabetes Collaboration:**

In addition a workshop with Babylon took place on the 4<sup>th</sup> February to explore the option of Babylon and the Trust partnering to improve clinical outcomes for people living with type 2 diabetes.

Babylon has created a team where they believe that utilising their expertise in digital technology and AI, can improve outcomes at a reduced cost, alleviating the burden that this chronic disease poses for healthcare providers and patients.

The workshop went well and the Babylon Team have taken away the detail that has been provided by the Diabetes Team at RWT in relation to how we work, the systems and processes we have in place and how we would want to enhance that to provide digitally supported enhanced Diabetes Care for our population.

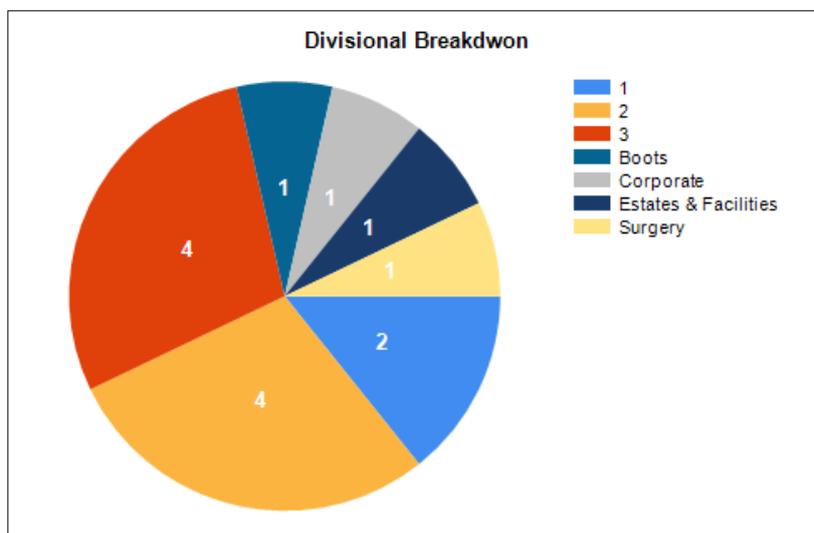
A follow up meeting will be arranged to scope the viability of a collaborative model of care and its feasibility.

This is in the early stages of discussions and progress will be communicated as progress is made.

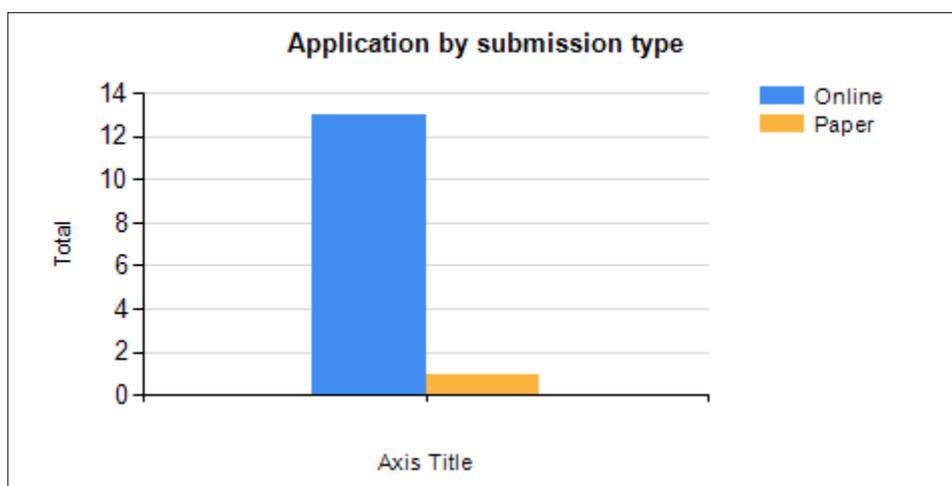
**Digital Dragons:**

Following the launch of the Digital Dragons Scheme in December 2019 there have been 14 applications.

**The applications can be categorised by Division:**



**Method of application:**



**Applications Review Status:**

The application review process identified that there were a small cohort of the applications that whilst they were not applications per se staff had identified that this was an option that

could be used to ask for help and support with issues that they had identified that affected them on a day to day basis but they could not easily identify where or who to raise the issues with.

As a result those applications have been sign posted to the relevant teams across the Trust to support as appropriate as identified in the following table:

<b>Application Status Update</b>	
<b>Status Update</b>	<b>Status Total</b>
Applicant to be asked for further information	2
Closed	1
Tabled for DiF ratification of non-approval	1
To be referred to Comms	1
To be referred to IT	4
To be tabled to DiF	5

There were numerous IT related applications which involved building, adapting or amending a process already in place around an 'App'. The forum discussed these in great detail and some of the outcomes that were agreed were:

- There was an opportunity with this application and should be supported with the applicant invited to attend the forum
- Funding streams (external) to be identified to support the development
- A Similar app had been produced from a third party in London linked with NCP therefore we should explore this further
- There would not be a need for a dedicated app for the website as there are two platforms that can be utilised which included the RWT website and Zesty.
- Where tools were already in existence we would work with the teams to adapt for their own areas
- Training to be provided where identified for the use of the systems already in place such as Clinical Web Portal as some of the applications related to tools or functions already available but staff may not be aware of.

In summary the ideas and applications put forward by staff were very encouraging and the forum agreed that whilst the process is still in its infancy the benefits of this process for giving staff a platform to put forward ideas or simply ask for help / support is highly effective.

Communication with the applicants is robust and they are kept abreast of all progress at each stage of the process.

The communications team is developing a long term plan to ensure that communication is ongoing and we are able to share with staff what outcomes have been realised through the scheme.

**CRN West Midlands  
Host: Royal Wolverhampton NHS Trust**

**February 2020  
Trust Board Update**



**Ms Pauline Boyle  
Chief Operating Officer**

**Clinical Research Network West Midlands Summary Performance Report February 2020**

High Level Objective	Assurance level	Update	Next actions	Timescale
Overall recruitment (Target 65000)		Current recruitment is 59947, expecting to meet recruitment target by the end of fiscal year.		
Commercial recruitment (Target 4400 recruits)		Have a large target due to previous high recruitment. Cancer trials continue to dominate the portfolio and are testing very specific disease areas with small numbers of participants. Due to finish the year in the top five nationally.	Divert resources into feasibility and delivery to improve performance and attract more companies to select sites from the West Midlands.	March 2020
Recruitment to time and target for commercial studies (Target 80%)		Performance is very low across England. We are likely to be around the national average. Currently at 62%	Need to maintain focus on studies due to close before the end of the fiscal year to improve performance. Divert resources into feasibility and delivery.	March 2020
Recruitment to time and target for non-commercial studies (Target 80%)		Currently at 72%	Need to maintain focus on studies due to close before the end of the fiscal year to improve performance.	March 2020
Commercial study-sites opened (Target 184)		Currently 135% of the target.		
Recruiting Trusts		All Trusts within the network are recruiting.		
Trusts recruiting to commercial studies (Target		72% of Trusts are recruiting to commercial studies.		

70%)				
GP Practices (Target 360, 45% of all GP Practices)		Currently have 318 GP Practices recruiting (40% of all GP Practices.	Incentivise practices with the use of technology to collect data.	March 2020
Non-NHS sites recruiting (Target 173)		Currently on 309% of the target with 534 non-NHS sites recruiting.		
Recruitment to Dementias and Neurodegenerati on studies (Target 1200)		Currently at 80% of the target with 800 participants recruited.	As national portfolio is limited to single centre studies we will invest in developing local Chief Investigators.	March 2021
Patient survey responses (Target 650)		Already at 99% of the target and responses continue to be returned. Expect to exceed the target.		
Median time to first recruit for commercial studies (Target 80 days)		Median time is currently 53 days to recruit first participant.		
Median time to first recruit for non-commercial studies (Target 60 days)		Median time is currently 49.5 days to recruit first participant.		

**Focus on:**

## Evolution of Chief Investigator Development

- 2018-19 Three potential Chief Investigators identified and invested in 0.1 wte protected time each to develop studies. Required to have a mentor and support from employers. All three are now self funding and have secured or in the process of securing significant grants.
- 2019-20 Reviewed experience from previous cohort and appointed 12 Clinical Trials Scholours who spend one day a week at a Clinical Trials Unit to develop research skills to prepare them for Chief Investigators of the future. Also appointed three Research Scholars who were funded 0.5 wte each to develop clinical trials led from the West Midlands. All three Research Scholars are now self funding and have secured or in the process of securing significant grants. All 12 Clinical Trials Scholours are making excellent progress and some have already secured grants.
- 202-21 Reviewed experience from previous cohort and put an open call for Advanced Research Scholars and Trials Scholars. Sixty eight applications received, 21 shortlisted with interviews to take place in March 2020.

## Conclusion:

The West Midlands CRN is the largest of the 15 CRNs that cover England but has very few Chief Investigators. The CRN is responsible for the delivery of the national portfolio, however if we are going to increase our recruitment numbers, improve our performance at recruiting to time and target as well as meet the needs of the local population we need to grow our own Chief Investigators.

To date the Chief Investigator Development programme has been hugely successful. With a small amount of investment we have been able to increase the number of grants that have been secured in the West Midlands, help retain talented individuals, increase the opportunities for our population and improve our performance against the national objectives. Some Partner Organisations have also seen the benefits from such an initiative and have themselves offered funding for the development of Chief Investigators.



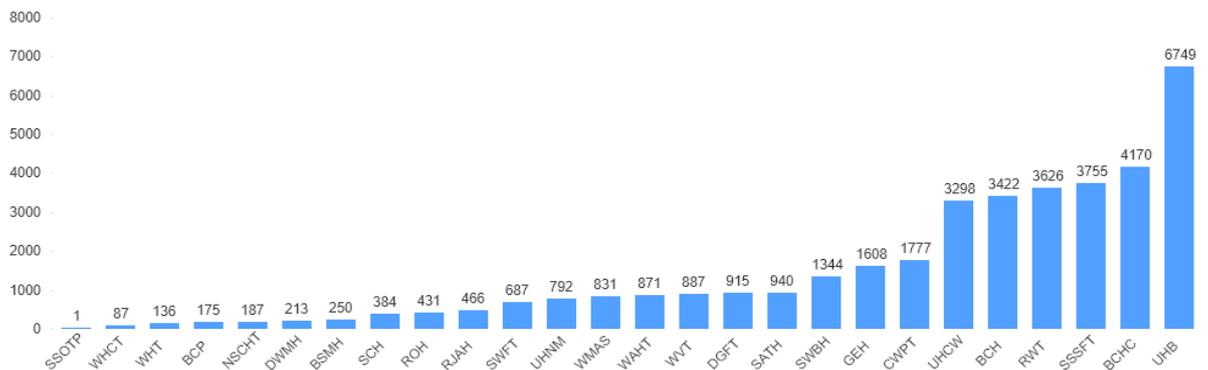
**The Royal Wolverhampton**  
NHS Trust

# R&D Report

**Ms Sarah Glover**  
R&D Directorate Manager

## RWT R&D Update – February 2020

- Research is a core component of Trust activity and key to making advancements in patient care. We strive to ensure that patients are offered participation in suitable research as part of their treatment and care choice across a wide range of clinical specialties, including pharmaceutical drug trials, medical device trials and questionnaire studies. Research is conducted at New Cross, West Park and Cannock Chase Hospitals, within Trust Community sites and VI Practices.
  - RWT research profile resembles that of large teaching/University Hospital.
  - Reputation for high quality research governance, study set up, and data quality. The R&D Directorate employs an experienced, knowledgeable and skilled research workforce of 60 staff, working both clinically and in support roles.
  - High quality patient experience and standards of research delivery.
  - R&D Directorate has strong audit and monitoring infrastructure.
- 2019/20 Performance to date:  
Currently 4<sup>th</sup> in CRN WM region for all study recruitment in 2019/20. (CRN WM set target 3236). 3<sup>rd</sup> in region for commercial study recruitment (behind UHB and UHCW).



- Recruitment of studies to time and target (80% target): 50% commercial studies, 78% non-commercial studies
  - Achieved 'steady-state' CRN WM core funding
  - Consistent levels of commercial research income.
  - 34 Trust sponsored studies, 8 are NIHR adopted.
  - Dedicated post supporting staff with own account research.
  - 21 active Chief Investigators (CIs), 7 new CIs with studies in development.
  - Dedicated research time for key clinical academics (professorships)
- Opportunities for excellence:
  - Chief Investigator development, through enhanced collaborations with University of Wolverhampton, other academic and industry partners.
  - Sponsorship of own account research across the professions
  - Unique structure of RWT services - studies deliverable across care settings, including increased opportunities for commercial research.
  - Patient & Public as partners in research design and delivery.
  - Non-medical Principal Investigator development
  - Fit for purpose facility for research – enhanced reputation, delivery and patient experience

- Raising profile and impact of research – part of clinical care not 'add on'.