



**South West**  
Academic Health  
Science Network

# South West AHSN Annual Review 2021–2022



# Contents

# 2021-22



Welcome	4-5
Who we are / How we work	6-7
Our place / Our population	8-9
Our system	10-11
Identifying & Spreading Innovative Practice	12-39
Evaluation & Application of Learning	40-47
Building Capability	48-57
Looking ahead	58-61
How our work is funded / Our board / Exec team	62-65
Our members / Working with the South West AHSN	66-67
The South West AHSN at Vantage Point	68-69

# Welcome



**It has been a challenging year for health and care, with COVID-19 recovery and the wide-ranging changes taking place in both the sector and society generally. Innovation has a crucial role to play in those challenges.**

We work across a large and distinctive rural and coastal region. Our population's experience of health reflects this varied and large geographical context, with some of the most healthy and least healthy places to live in the country. It also shapes the opportunities and challenges for delivering health and care services, supporting a population of 2.3million people across some of the most dispersed communities in England.

During the last year, we have built on our existing relationships across the health and care system to support our emerging Integrated Care Systems to harness innovation to meet these distinctive challenges. Within this year's annual review, you will see examples of our work together across health and care systems, throughout every stage of a person's life and working with innovators across the region.

**For example, our work to improve perinatal health is built on longstanding partnerships with maternal and neonatal care partners over many years**, including on programmes such as PERIPrem which is improving the life chances of babies born before 34 weeks across the region.

**By collaborating with local providers and innovators** like Brain in Hand and First Steps, we have increased our focus on the all-important issue of children and young people, including launching a new regional programme on children and young people's mental health equity.

**Building on experiences of health and care during the pandemic**, we have launched the ORCER pilot (Optimising Remote Consultation in Elective Recovery) – supporting the quality of digital care pathways for adults in secondary care settings, working with the South West Peninsula Applied Research Collaborative (PenARC). This is particularly important in the South West where the people have to travel much longer distances for care.

**We have also worked with over 400 care homes and social care providers** – through our South West Care Homes Network for Devon, Somerset, Cornwall and the Isles of Scilly, supporting them to define and implement quality improvements in their services.

Across these projects and many more, you can see the appetite for innovative practice coming from all parts of the health and care sector in the South West – within the NHS and social care, universities and colleges, industry and commercial innovators. As an AHSN, we work with partners. Together we can achieve the innovation which will be so important to improving health and care across the region.

— ANNA WALKER, CHAIR



**This year marked a change from our focus on the COVID-19 response in 2020/21 to supporting our partners with recovery and planning for the future.**

We have built on our learning from the pandemic, grown the impact of our work with partners across the region and launched new work focused on transforming lives through innovation in health and care.

Central to all our work are the three core capabilities we bring to our local health and care systems – supporting our partners to identify and spread innovative practice, evaluate and learn from improvements, and build their capability to innovate and improve. Our annual review includes examples from across all three of these areas of our work, including how we are bringing these capabilities together to support the development of our three Integrated Care Systems.

**“Our annual review includes examples from across all three of these areas of our work, including how we are bringing these capabilities together to support the development of our three Integrated Care Systems.”**

You can read about the great progress we've made supporting the spread of innovation through our national and regional programmes, including working with partners to increase the uptake of asthma biologics and optimising cardiovascular care pathways.

You can also read about how we've developed and grown our support for innovators through our Innovation Exchange, aligning the development of an innovation pipeline to the priorities of our local health and care system – including launching our new Health Equity Innovation Challenge Fund.

It has also been great to welcome our team and partners back to our regional innovation hub facility in Exeter, providing the space for partners to come together, collaborate and support innovation across the region. A highlight of the year was our innovation Showcase event, held in March 2022, bringing together local, regional and national partners to shine a spotlight on some of the impressive work taking place across the South West.

Finally, I would like to thank our staff team, our board, and our partners for their support over the last year. I look forward to the year ahead, growing the impact of our work and supporting our partners across the region.

— JON SIDDALL, CHIEF EXECUTIVE OFFICER

# Who we are

The South West Academic Health Science Network (South West AHSN) is one of 15 AHSNs set up by NHS England in 2013. We have:

- Helped 73,846 patients and service users in 2021.
- Leveraged £10,191,349 of investment funding between 2021–2022.
- Worked with 192 companies in 2021–2022.
- Supported the creation of 18 new jobs and safeguarded a further 136 jobs in 2021–2022.

Our purpose is to –  
**transform lives through health and care innovation.**



We achieve our purpose by working in partnership with:

- **Our health and care system** – NHS partners and local authorities.
- **Our partners** – university, care sector, life science and voluntary, community and social enterprise sector partners.
- **The AHSN Network.**

All our work is grounded in the context of our region – supporting our partners to identify and spread innovation that tackles the shared challenges we face improving health across a complex mix of rural, coastal and urban communities.

Our work supports our Integrated Care Systems to meet their priorities and maximises impact from local system transformation plans, the Long Terms Plan, Core20PLUS5 and the UK Life Sciences Vision.

NHS

Local Authorities

Universities

Industry Innovators

Voluntary & Community Sector



**South West**  
Academic Health  
Science Network

Part of  
**The AHSN Network**

# How we work

Our work is built on our three core capabilities developed with our members and partners:



## Identifying & Spreading Innovative Practice

Supporting health and care systems to identify, adopt and spread innovative practice and develop the innovation pipeline in the South West.



## Evaluation & Application of Learning

Supporting partners in the evaluation of change and impact, and to apply learning.



## Building Capability

Building the capability of partners to spread innovative practice.

# Our place

## Coastal and rural geography of the South West with a varied demographic and experiences of health.

Our population of **2.3m people** live across Somerset, Devon, Cornwall and the Isles of Scilly.\* This is one of the least densely populated parts of the UK, with over **600 miles of coastline**.

Poor transport and communications links exacerbate challenges of rurality. Areas of high and low deprivation exist side by side across a large geographic area. Average health statistics appear acceptable, masking the issues faced by some.

- Our ageing public transport infrastructure results in long journey times and high dependency on cars, exacerbating isolation for rural and coastal communities.
- A significant influx of seasonal workers and tourists supplements a stable core population.
- Shift in industry over a sustained period has de-stabilised local economies and opportunity for a healthy life.



\* Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2019, using April 2020 local authority district codes – Table MYE5, ONS, 2020

# Our population

## Our region has some of the most and least healthy places to live in the country:

A key publication this year by the Department for Health and Social Care is the [Chief Medical Officer's annual report 2021: health in coastal communities](#), highlighting some of the greater challenges faced by coastal communities. It is a welcome resource, providing a critical viewpoint on the reasons why this health inequality exists and offers a potential focus for those seeking to address both short- and long-term changes to health and care in these areas.

This will support the ambitions for the South West systems associated with [Core20PLUS5](#) – NHS England and NHS Improvement approach to support the reduction of health inequalities.



## Our response to the challenges in the South West, and associated health and care inequalities is to target health equity gaps through our regional programmes and adapt national programmes in response to the context of our region.

- Places like Plymouth, Torbay and the northern coastal areas are identified as being in the 40% most deprived areas\*.
- There are also pockets of deep, longstanding and increasing deprivation. Some areas in Plymouth, Torbay, Camborne and Redruth lie in the 20% most deprived parts of the country\*\*.
- Over 25% of the population is over 65yrs\*\*\*, in comparison to the national average of 19.3%.

We work with partners to identify and spread innovative practice that helps close health equity gaps in access to care, quality of care, opportunity for a healthy life, and agency in managing individual health.



\* English Indices of Deprivation, 2019  
 \*\* English Indices of Deprivation, 2019  
 \*\*\* Lower layer Super Output Area population estimates, ONS Mid-2019

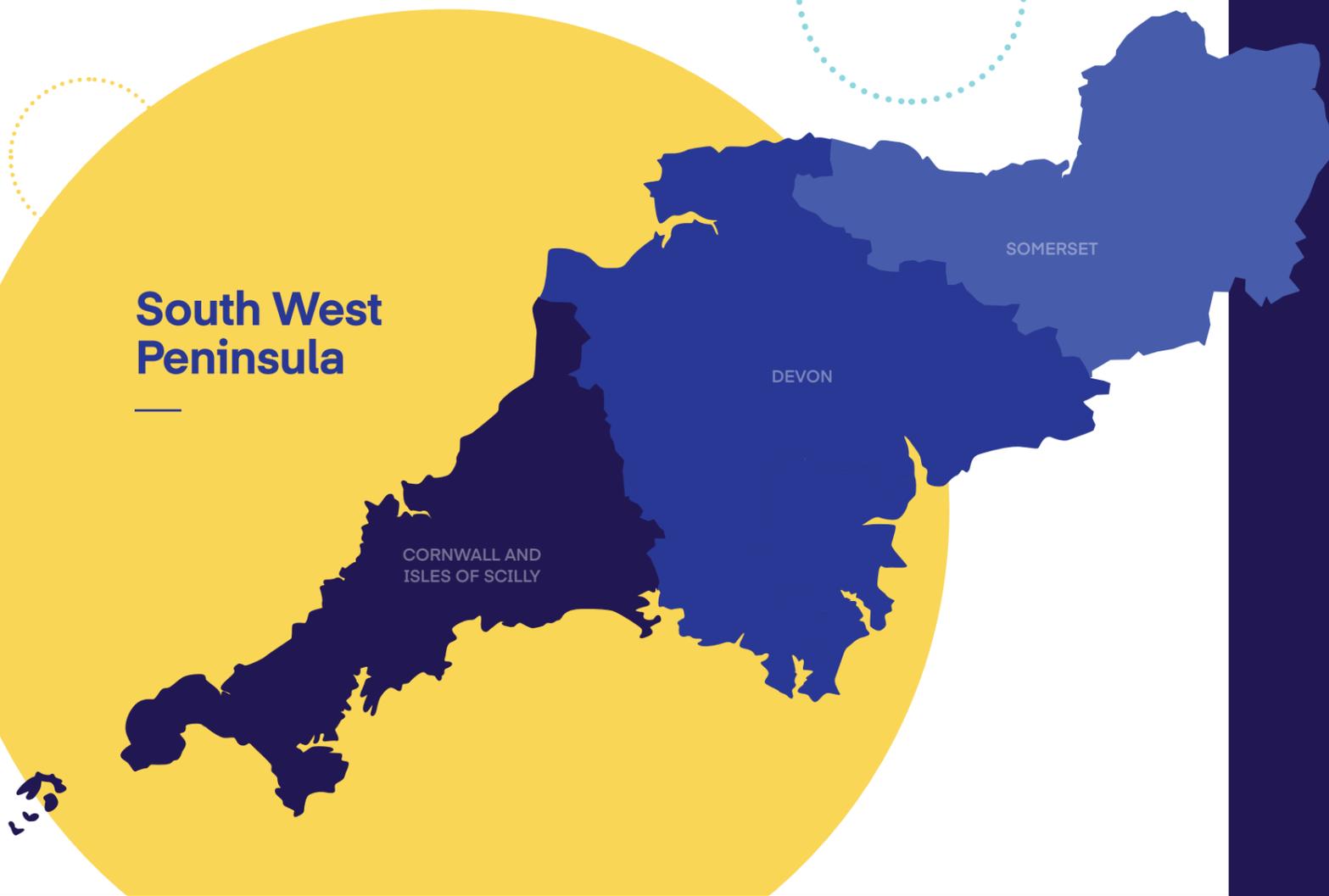
# Our system

## Regional challenges:

- **Deprivation** is, relatively, more of an issue for children than elderly people.
- **Our older, ageing population** creates challenges in delivering equitable care across the whole population.
- **Access to care**, particularly for our populations living in isolated rural and coastal communities.

How our population experiences health is impacting on how services are delivered within the region. It is significant in informing how we identify and spread innovative practice to support system priorities including:

- **In elective care recovery.**
- **Improving patient flow through better integrated care.**
- **Some of the underlying workforce challenges.**



**25%** / **19.3%**  
South west / National avg

The South West has an older, ageing population. Over 25% of the population is over 65yrs, in comparison to the national average of 19.3%



**2.9x**

Children are 2.9x more likely to live in the lowest IMD decile than people 65 years +



**1/4**

Nearly a quarter of people live in the lowest decile for proximity to their GP



**8%** / **6%**  
South west / National avg

Higher vacancy rates in health and social care roles



**Fewer beds**

Comparatively fewer beds relative to the population size

# Identifying & Spreading Innovative Practice

Supporting health and care systems to identify, adopt and spread innovative practice and develop the innovation pipeline in the South West.



## Impact headlines 2021/2022

- **Asthma Biologics project benefited 650 patients** (see page 27 for more).
- **42% improvement in the South West for the Chronic Obstructive Pulmonary Disease (COPD) Appropriate Care Score** (see page 38 for more).
- **Over 400 care home staff and wider support staff from the social care setting** attended our quarterly network events across 2021-22, with RESTORE2 training delivered to 2,100 staff in 374 care homes across the South West (see page 36-37 for more).
- Figures published this year show **maternity and neonatal units** in the South West achieved the highest delayed cord clamping rates in 2020 in England, as measured by the National Neonatal Audit Programme (NNAP) (see page 33 for more).
- **Supported 192 innovators in 2021/22** and launched our first Health Equity Challenge (see page 20-21 for more).

## Priorities for 2022/2023

Identifying and spreading innovative practice through:

- **Deployment of MedTech Funding Mandate** and Rapid Uptake Products.
- **New national programmes** on wound care management and polypharmacy.
- **Our innovation exchange** including through our Health Equity Challenge.
- **Patient Safety Improvement.**
- **Regional health equity programmes** on perinatal health and children and young people's mental health.

# Showcase event

**In March 2022 we brought together partners from NHS England, the Office for Life Sciences, regional and local systems to showcase innovation across the region.**

The event highlighted the excellent work of our partners and created networking opportunities for colleagues in our region.

The event opened with an overview of the challenges faced locally, looking at the geographical and social complexities, and praising the innovators and development partners bringing solutions to the region.

The sessions then focused on innovation through the life course of our population.

## Perinatal Interventions,

looking at the period of time during pregnancy and up to a year after birth.

## Health and Care Pathways for children,

families and young people, ensuring that innovation supports integrated pathways to care.

## Adulthood and Older Age,

looking at population-focussed health and care including remote and digitally supported care.

The event highlighted achievements and learning to date from across the South West, as well helping to inform the ways innovative practice can be optimised within integrated care systems across the region in the coming years.

- **One Northern Devon** has been embedding social prescribing across multiple organisations in seven Devon towns, to tackle health inequalities and other issues in and with communities.
- **PERIPrem** has been rolled out to all maternity settings, helping ensure the safety of babies born before 34 weeks (see pages 34–35).
- **Brain in Hand** is used by students with autism in almost every university in the country, supporting independent living, and supported in turn by a grant we helped the BiH team win (see page 18).
- **Healthy.IO** is expanding their digital wound-management solution, and in the South West, 200 Livewell Southwest staff have been trained to use it, and over 18,000 wound assessments have been completed.



**Over 100 people participated in the event across the day, hosted at our hub for innovation, Vantage Point in Exeter.**

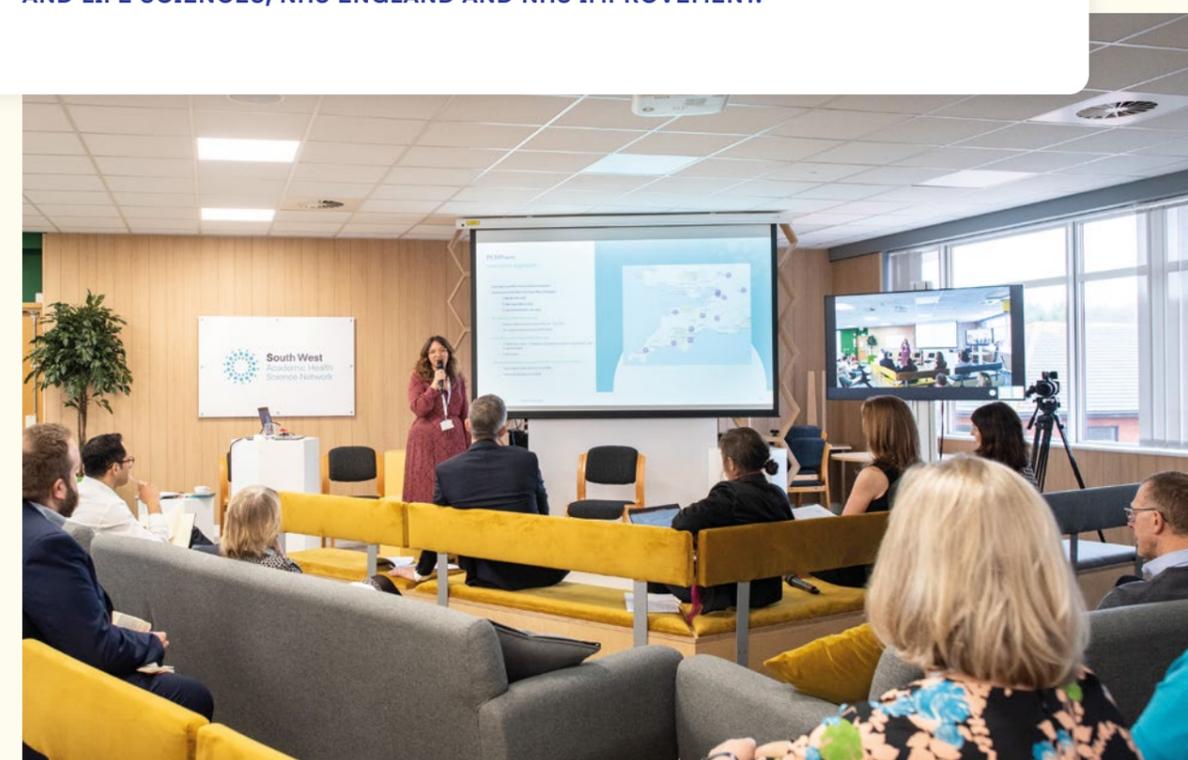
National commissioners from NHS England and NHS Improvement and the Office for Life Sciences were joined by local leaders from the three Integrated Care Systems, CEOs from our NHS providers, and representatives from our innovation and academic research partners.



**Through research and innovation we can improve patient outcomes and reduce health inequalities and so it is important to celebrate and spotlight their impact.**

**It's a great pleasure to visit the South West AHSN and meet those teams helping get some of the NHS's most promising healthcare innovations to patients faster."**

**— MATT WHITTY, CHIEF EXECUTIVE, ACCELERATED ACCESS COLLABORATIVE AND DIRECTOR OF INNOVATION, RESEARCH AND LIFE SCIENCES, NHS ENGLAND AND NHS IMPROVEMENT.**



Showcase on PERIPrem

# Improving health equity in perinatal pathways

## The South West AHSN is aiming to improve health equity in perinatal pathways, helping reshape elements of perinatal care, improve access and outcomes, and engage with those who are least likely to seek support.

Covering pregnancy and the first year of life, the perinatal period is key to the future health, development and life-chances of the child, so intervening early in a child's life brings opportunities for improved outcomes/a range of improved outcomes.

The South West AHSN's approach has included mapping perinatal user insights, interrogating health inequalities data, and gathering information from health and care staff.

### Programme method

- **Development of personas** that draw attention to the key health inequality factors that often contribute to poor outcomes for pregnant people.
- Increasing the sector's understanding of how to apply **pathway approaches**, which support insight and improvement, to perinatal health equity.
- **97 stakeholders engaged** in workshop activities to raise awareness of and consult on pathway inequalities.
- **Shared understanding** of the challenges in the system in delivering equitable outcomes.

### Working with innovators

Below are examples of how, with partners, the South West AHSN is working towards improving access to, and quality of, perinatal care and increase individual agency when it comes to managing perinatal health.

- Establishing a pilot in Cornwall for **Peppy Baby**, an employer-driven app providing parents in the workplace with personalised support from expert practitioners, to help improve access to, and quality of, care for workers.

- Supporting local researcher Dr Laura Goodwin (**University of the West of England**) in understanding which birthing people are most at risk of giving birth before arriving at hospital (BBA) and investigating the temperature management advice given to callers who ring 999 for the ambulance service reporting an imminent birth outside a hospital setting. Hypothermia is a risk factor for BBA, which is associated with poor outcomes in the South West. [Find out more.](#)
- Working with the **University of Exeter** to examine the impact of evidence-based training of individuals who support women with mild to moderate depressive symptoms/experiencing perinatal mental health disorders, through the expansion of staff training beyond maternity services and into community settings, including working with Action for Children and Splitz Support Service.
- Supporting Devon-based innovator **Health and Care Innovations** to develop **CONNECT Plus, Perinatal**, an app to support birthing people in the perinatal pathway and in areas of high deprivation, to better understand, access and engage with health information.
- Supporting the team behind **DadPad®** to develop their award-winning app providing information for new fathers – supporting their participation in early family life. DadPad was one of the winners of the first round of our Health Equity Challenge Fund, see page 20–21.
- Provided **cultural awareness training** courses to 45 midwives in the region. There will then be an evaluation of the impact that this training has on developments in the provision of services. The hypothesis being that a better understanding of different cultures drives improvements in service provision for diverse communities.
- Building on our networks and learning developed through our work in maternity and neonatal including the **PERIPrem project**. See page 34–35.

## The Lullaby Trust: Encouraging safer sleep

Supporting **The Lullaby Trust** to develop a safer sleep resource material that is applicable to a wider range of living situations.

This has been designed to facilitate supportive conversations between midwives or care professionals and parents or families who find themselves marginalised, or in challenging housing or domestic circumstances.

Following an early round table discussion, The Lullaby Trust was keen to work with the South West AHSN to redesign an existing leaflet to better account for differences in challenging domestic situations, or temporary or crowded accommodation.

Following a trial with midwives from University Hospitals Plymouth NHS Trust, a revised edition will be rolled out, together with an evaluation tool, to a further five sites.

The team will be sharing good practice from the early pilot at the [European Congress and Workshops on SIDs](#) in May, providing the first international opportunity for spread of this approach.

Approximately 10 members of staff, including midwives, nursery nurses and maternity support workers, used the leaflet as part of the four-week pilot with University Hospitals Plymouth NHS Trust.

Initial feedback suggests combining cultural awareness and consistency of message around sleep safety is a powerful combination.

Other teams working with families within the hospital setting are keen to use the resource, spreading it from its original target audience to new areas of care.

“Staff have found [the resource] very helpful and a fun activity despite a serious subject. It enabled less prescriptive discussion between both parents and staff. The activity was also very useful for parents with any learning difficulties who engage with pictorial information.”

— SALLY LOVELL, MIDWIFE FOR SAFEGUARDING, UNIVERSITY HOSPITALS PLYMOUTH NHS TRUSTS



[Find out more](#)



**97** stakeholders engaged in workshop activities to raise awareness of and consult on pathway inequalities.

**45** midwives in the region trained in cultural awareness.

# Children & Young People's Mental Health

**We work with system partners to identify priority population health and system issues. In response Children and Young People's Mental Health is our second regional health equity programme.**

Insight gathered from the sector:

- **Children's mental health needs in the South West** are higher than in any other region in England.
- **The South West has the highest hospital admissions rate** in England for self-harm in young people aged 10–24.
- **Rurality causes barriers** to accessing support, exacerbated by poverty, and other exclusion factors.
- **There is a greater proportion of children with social, emotional and mental health needs** in Cornwall and the Isles of Scilly than across the rest of England.
- **Children in Devon have poorer mental health outcomes** and higher hospital admissions than the national average, particularly in disadvantaged groups.

**Children and young people with mental health issues interact with a variety of organisations: local authorities, healthcare trusts and primary care, as well as voluntary sector groups. Between rurality, deprivation, social isolation exacerbated by COVID-19 restrictions, and the 'normal' pressures of teenage and young adult life, this is an area of real concern.**

In addition, we know children and young people who experience inequalities are more likely to have mental health challenges, and less likely to have support with their mental health.

The South West AHSN's regional programme for Children and Young People's Mental Health is focussed on identifying and spreading innovative practice that helps close health equity gaps. We want to provide strong evidence to support the need in our region, and engage with stakeholders to help shape the programme design.

These are some of our first wave of projects, with more to come.

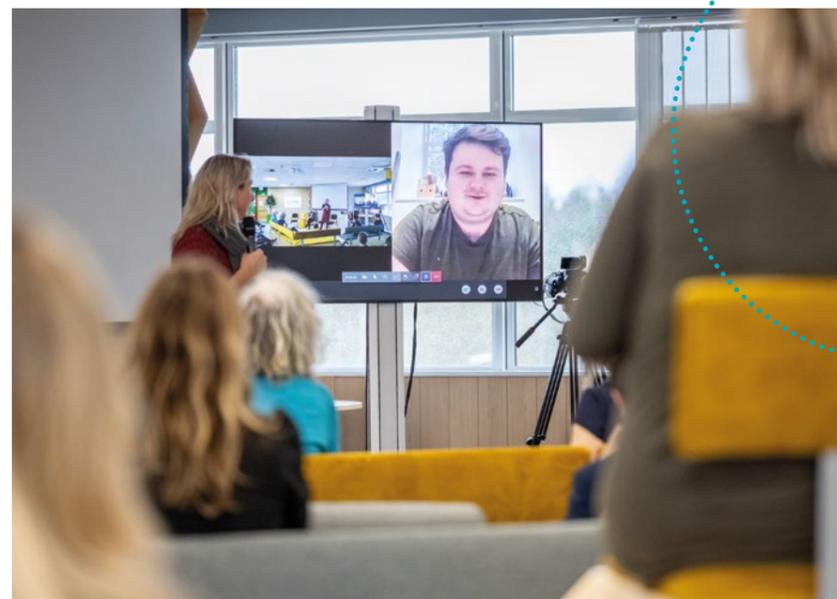
## Brain in Hand

Brain in Hand is an Exeter-based company offering a digital hybrid solution to support self-management in young people with autism. It comprises simple digital tools and practical human support to help people manage their anxiety, increase their confidence and live more independently.

Thousands of students from universities across the UK with autism use the app daily.

We supported Brain in Hand to obtain a Phase 2 and Phase 3 SBRI (Small Business Research Initiative) grant and a place on the NHS Innovation Accelerator fellowship in 2021.

- 90% of users of Brain in Hand report **improved wellbeing**, and 83% better anxiety management.
- £2,800 average direct **cost savings** per user by local authorities.
- **Exploring application** with unpaid carers, learning disabilities, mental health challenges, acquired brain injury and more.



Showcase demonstration of Brain in Hand App



## Hunrosa

**Hunrosa** is a sleep consultancy. They are working with Children and Adolescent Mental Health Services (CAMHS) to improve sleep outcomes for children and young people with mental health issues in Cornwall. Together with We Are With You, their new project expands this service to young people with substance misuse issues, supporting their recovery.

This project is being supported through the South West AHSN's Health Equity Innovation Challenge awards.

Hunrosa will offer training spaces to We Are With You staff on their accredited online 'SleepRight' training, and clinic time for the young people themselves.



[Find out more](#)

# Health Equity Innovation Challenge Fund

**In 2021, as part of the South West AHSN's focus on improving health equity in rural and coastal areas, we launched our first ever Health Equity Innovation Challenge, offering up to three innovators £25,000 to improve health equity in the region.**

The challenge was developed as part of the South West AHSN's long-term commitment to contributing to a reduction of health inequalities in the communities in which we work, delivering impact where it is needed the most.

Aligned to the South West AHSN's first regional health equity programmes, the fund focused on perinatal health, and children and young people's mental health. The challenge responded to some of the unique health and care challenges that we face in the South West, which are exacerbated by our complex geographical and demographical make-up and longstanding instances of deprivation.

Our open call resulted in 14 collaborative applications, across industry, the NHS, social care, academia and the voluntary and community sector. Successful applicants were:

## **DadPad® — Perinatal Health**

Clear, evidence-based dad-focussed resource to support new fathers, in both e-book and app formats. Engagement of fathers is proven to improve outcomes for babies, their mothers, the fathers, and the wider family. The resource includes information around baby care, mental health, bonding/attachment, and child development. [Find out more.](#)

## **Hunrosa & We Are With You**

Working with young people with substance abuse issues, to improve their sleep and aid recovery. See our section on Children and Young People's Mental Health, on page 18 for more information. [Find out more.](#)

## **University of Exeter**

Perinatal Mental Health (PMH) disorders are those which occur in pregnancy or the first year after childbirth. Women with mild to moderate depressive symptoms fall outside current support provision. But with this project (Future Learn), the University of Exeter will train workers who interact with them. The focus is on deprived areas of Devon and Torbay, via Children's Centres. See our section on Perinatal health equity, on page 16, for more information.



**Thank you all very much for your ongoing support over this last year, it's been very welcome and of real value in helping us grow. This support has been a great help to us as a team in many ways – through SPREAD, supporting our academic evaluation, MySunrise day and now the Health Inequalities work that the Discovery Team have led so well towards the end of this year. We look forward with real excitement to 2022 as we prepare our new developments and hope to continue our journey working with you all.”**

**— DR GEORGE BRIGHTON, MYSUNRISE**



**[Find out more about the South West AHSN Innovation Exchange and future Health Equity Challenges](#)**

# Developing the innovation pipeline

As part of the national Innovation Exchange, funded by the Office for Life Sciences, the South West AHSN manages an innovation pipeline.

## In 2021 the South West AHSN:

- Supported **192 companies**.
- Launched the first **Health Equity Innovation Challenge** (see pages 20–21).
- In collaboration with our Partnership Function **leveraged £10,191,349 of investment** into region.
- Supported the creation of **18 new jobs** and **safeguarding a further 136 jobs**.

Building on experience from the AHSN pipeline, our innovation pipeline provides opportunities for innovators at all stages of their journey.

- **Discover:** front door demand & signalling, identifying projects, triaging & prioritising.
- **Develop:** appraising & quantifying, testing & developing projects, and developing project plans for adoption.
- **Deploy:** deploying projects across the health and care system, and capturing benefits & learning.



This year we published our guide for those seeking to work with research and innovation institutions in the South West.

## South West AHSN Supported Innovators

### Tickertest



Offering convenient, secure and accessible health checks for those who can't or won't visit GPs. The South West AHSN is helping Tickertest to explore how at-home consultations can be expanded, investigating uptake, refusals and barriers, as well as potential to expand to other conditions and situations.

An estimated 38.5m people aged between 40 and 70, the age for routine GP health checks, are in employment, meaning they may have to take time off to attend an in-person GP appointment.

### MySunrise



An award-winning cancer app, boosting virtual consultation and creating significant time savings for healthcare staff. The app includes an extensive information library, and access to video consultations, as well as signposting.

The South West AHSN is supporting the team to create design improvements, evidencing value, and increasing patient engagement, making the content more accessible across its communities.

- 2,500 downloads since 2020.
- 94% of users found it easy to use.
- 75% of patients reported reassurance or confidence from the app.

### CONNECTPlus by HCI



As the developers of the CONNECTPlus app, Health and Care Innovations Limited (HCI) have created a tool which remotely supports and educates patients, providing education and guidance for over 50 conditions, procedures and treatments, and a 60+ symptom tracker.

The South West AHSN is working with HCI to explore using digital tech to tackle perinatal inequity in areas of high deprivation. Our work together includes:

- A discovery project to review health equity in the perinatal pathway.
- Running focus groups with birthing people in Paignton.
- Evaluation on a diabetes regional scaling programme of work.
- Advice and guidance on a Torbay and South Devon NHS Trust project digitising the paediatric neurodiversity pathway.
- Watch their 2-minute positive patient feedback video [here](#).

### Other innovators

See more about the winners of our Health Equity Innovation Challenge, DadPad®, Hunrosa and University of Exeter (see pages 16 & 17).

[Please see our website for more information](#)



# Smartline

**Bringing together researchers, organisations and businesses to understand the various challenges people face linked to health and wellbeing, and people's aspirations for using technology to help overcome them.**

**Smartline is a collaborative research and innovation project led by the University of Exeter in partnership with Coastline Housing, Cornwall Council, Volunteer Cornwall and the South West AHSN. The project is part-funded by the European Regional Development Fund (ERDF) and Cornwall Council.**

Smartline provided us with a valuable opportunity to further connect with early stage innovators, as well as build on our networks with university and community partners in the region.

Central to our research are more than 200 social housing households owned and managed by Coastline Housing. The community share their aspirations, constraints and challenges to help us explore how digital technology can improve daily life. Our partners work together to put our research findings into practice, while we're also engaging with over 280 businesses across Cornwall and the Isles of Scilly to launch new digital products, processes and services.

Through Smartline's work, partners are gaining a better understanding of people's health and wellbeing needs. Smartline has been exploring behaviours that drive those needs, and the role of the volunteer sector in community change. Smartline are also uncovering how ready and willing people are to use digital technology that aims to improve health and wellbeing.

Smartline's work is supporting the development of an innovative eHealth and eWellbeing enterprise sector, driving improvements in health and wellbeing for individuals and the community. Our research is being used to support Small and Medium Enterprises (SMEs) in Cornwall and the Isles of Scilly.

Here at the South West AHSN, we have delivered bespoke webinars and events designed to support SMEs and voluntary sector organisations looking to engage with the health sector. Events delivered include market insights to the NHS as a customer, ensuring each innovation is ready to spread and utilising user engagement in the development of innovations.

Future plans include seeking further funding opportunities that can support innovators in the region, as ERDF funding will come to an end in early 2023.

In addition, our team plans to strengthen links to Smartline's pipeline to realise the potential of innovations in the region, with particular consideration to low income/high impact innovations.

- **Delivered six webinars** to South West based SMEs and VCOSs across the year.
- **Linked South West AHSN Innovation Exchange to Smartline pipeline.**
- **Supported two Smartline innovations** through the Health Equity fund, with others applying and receiving feedback and other support through the Discovery team.

[Find out more about Smartline.](#)

[Find out more about the South West AHSN Innovation Exchange.](#)



# EPIC – eHealth Productivity and Innovation in Cornwall and the Isles of Scilly

**EPIC is a European Regional Development Fund project that the Discovery team work with the University of Plymouth to deliver.**

The project supports small and medium sized businesses in Cornwall to develop their ideas and products through academic support and funding. Since our EPIC Innovation Challenge was launched, we have:

- **Provided £187,500 of funding** to 17 Cornish based SMEs.
- **Leveraged £150,000** in match funding in the region.
- **Convened a committee** of local experts and industry partners to assess and feedback to local SMEs.
- **Onboarded Cornish-based SMEs** onto the South West AHSN Innovation Pipeline to continue support upon completion of EPIC projects.

The EPIC project provided a unique opportunity for us to engage with early innovators, as well as strengthen links with university partners in the region.

What EPIC offers to businesses keen to work within Cornwall and the Isles of Scilly:

- Support to understand the **local market, working with the NHS and Integrated Care Systems.**
- **Bespoke academic collaboration** to help boost innovations, covering end-user input, evaluation techniques and usability considerations.

- Networking events to **bolster valuable connections** in the region.
- **Access to the Challenge Fund**, to help test feasibility of ideas and hone innovations. Grants are available for amounts between £4,000 and £26,500 with a scaling element of match-funding.
- Fully funded **use of the EPICentre**, a purpose-built modern venue and demonstration space in Truro for businesses to use for meetings and hosting events.
- Invitations to EPIC's **professional development events**, focusing on all aspects of digital health.
- Long-term **links with the University of Plymouth** and its Centre of Health technology.

At the South West AHSN, we have the responsibility of managing the Challenge Fund, delivering £375,000 of funding to Cornish SMEs, with individual awards of up to £26,500.

Future plans include seeking further funding opportunities to support innovators in the region, replacing ERDF funding that will come to an end in early 2023.



**Having the Challenge Fund administered and managed by the South West AHSN has been fantastic. The insight the panel brings to each application and the decision-making process has meant that the project is supporting robust and solutions-focused ideas from local enterprises.**

**We look forward to spending the last 10 months of the project delivering bespoke sessions to our registered SMEs, to impart knowledge from the South West AHSN experts about all different facets of innovating within the health sphere and the South West of England.”**

— KIRSTY MARRS, EPIC

**£187,500**

**of funding** provided to **17 Cornish based SMEs** and £150,000 leveraged in match funding in the region through our partnership with EPIC.



# MedTech Funding Mandate

The MedTech Funding Mandate (MTFM) policy launched on 1 April 2021, to support devices, diagnostics and digital projects that are effective, and deliver material benefits and cost savings to the NHS.

## MedTech projects must:

- **Be effective** (demonstrated through positive NICE guidance),
- **Deliver cost savings** to the NHS (over £1m over 3 years),
- **Deliver cost-savings in-year** (net saving within 12 months),
- **Be affordable** (costs less than £20m in any of the first three years).

In 2021/22, the South West AHSN supported with the promotion and uptake of four MedTech Funding Mandate products across local systems. The products were: placental growth factor-based testing (PIGF); SecurAcath; HeartFlow and gammaCore.

## As a result of our support, we saw:

- **Good adoption** of innovations across all Trusts within the South West.
- **Five out of seven Trusts** have now implemented SecurAcath.
- **Continued adoption** of gammaCore within three out of four Trusts.



[Find out more](#)



We have had fabulous success with gammaCore as a safe and effective way to treat cluster headaches. Many patients have very limited treatment options and treatments often have side effects and can be expensive. Using gammaCore is a 'no brainer' and often means patients need fewer triptans and fewer trips to A&E.

We were amongst the first services in the country to be entirely nurse led and have a huge number of patients on treatment. We run a really responsive service which has enabled patients to access treatment quicker"

— BECKY STUCKLEY AND NATASHA WOOD, HEADACHE NURSE SPECIALISTS, UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST

## Rapid Uptake Products

The Rapid Uptake Products programme (RUP) identifies and supports products that are in line with the NHS Long Term Plan's key clinical priorities but which have had a lower than expected uptake to date. All products are NICE approved, and there is an open selection process, with the list of RUPs updated annually.

In 2021/2022, the South West AHSN supported three different categories of Rapid Uptake Products, which focused on asthma diagnosis (FeNo), asthma treatment (Asthma Biologics) and Cardiovascular Disease.



[Find out more](#)

# Improving the lives of patients with Asthma

Asthma affects 1 in 12 adults and 1 in 11 children. Diagnosing asthma can be difficult, so the South West AHSN has been rolling out enhanced testing, which enables a swift diagnosis and a clear benchmark for response to treatment. In addition, our Asthma Biologics Programme has been improving care for patients with severe asthma.

## Asthma Biologics

Asthma Biologics is a new type of treatment for patients with severe asthma, which makes a dramatic difference to their lives, helping them return to their normal activities.

The South West AHSN, working with the West of England AHSN, have supported the South West Asthma Network, and been awarded funding by the Pathway Transformation Fund. We're using this to develop multi-disciplinary meetings across the region, ensuring appropriate patients are offered the treatment. There are potentially 1,700 additional suitable patients in the South West.



Life before biologic treatment gradually got worse and worse over a period of 5–10 years and, towards the end, I couldn't really do much at all. Since starting biologic treatment, life has been absolutely brilliant. The treatment worked right from the first day and now I'm back playing golf four times a week. I've gone from there not being much I can do, to there being nothing that I can't do."

— TREVOR, ASTHMA BIOLOGIC PATIENT

A key achievement of our work in Asthma Biologics has been the development of an Multi Disciplinary Team referral proforma that facilitates identification and referral of cases from primary care.

## In 2021/2022, the Asthma Biologics project achieved:

- **Benefit to 650 patients.** This equates to 98% of the business plan and an increase of 506 patients compared to the previous year (2020).
- **Continued development and access** to a weekly specialist Asthma MDT meeting in all South West Asthma Network hospitals.
- **Ongoing education and training** to clinicians in primary and secondary care to raise awareness of Asthma Biologics and to facilitate the early identification and referral of patients with severe allergic or eosinophilic asthma to the asthma MDT.
- **Development of a video** to highlight benefits to asthma patients.

650

patients benefited from asthma biologics, an increase of 506 patients compared to the previous year (2020).



## FeNO – Fractional exhaled Nitric Oxide

The FeNO test can more quickly diagnose asthma, and give a benchmark to help measure effectiveness of treatment. It measures the levels of nitric oxide exhaled, to determine inflammation in the lungs.

The South West AHSN has been rolling out the necessary equipment to primary care settings across the region, and linking staff into a South West FeNO collaborative, to support one another.

The FeNO programme is part of our Rapid Uptake Product programme, and is also supported by the Pathway Transformation Fund. We are collaborating with the South West Respiratory Clinical Network.

- **41 machines purchased.**
- **32 machines distributed across the South West.**
- **Uptake trajectory exceeded by 680%** for machines, and 538% for mouthpieces.
- **Ongoing collaborative forums** with over 50 people in attendance.

[Find out more about Rapid Uptake Products.](#)

# Cardiovascular Disease Programme

The South West AHSN is supporting national pathway transformation Cardiovascular Disease (CVD), co-working with clinicians and enabling patients' self-management and behaviour change.

## Lipid Pathway

We aim to ensure that more patients 'at risk' of and with CVD are effectively treated for their cholesterol. Our support involves increasing awareness of the NICE lipid pathway, collaboratively planning training opportunities with education hubs and supporting prioritising of CVD prevention measures in localities.

## Familial Hypercholesterolaemia (FH):

FH is an inherited condition that causes raised cholesterol from birth. The South West AHSN is aiming to increase numbers of individuals genetically diagnosed with FH, and address inequalities of access to testing and management. We are working with PCNs and ICSs to increase awareness of FH pathways and prevention strategies, reducing variation in treatment and inequalities.



[Find out more](#)



## Across the Lipid Pathway, in 2021/22:

- The South West AHSN funded 10 places for the online national genomic FH primary care course. This will support the **building of a skilled workforce** in the South West and the drive for a regional FH service.
- A FH clinical **support peer group was launched**.
- **Lipid Pathway article was published in Practice Nurse** to increase awareness of the importance of the lipid pathway and tools available to support management of high-risk individuals.

## Blood Pressure Optimisation:

The Blood Pressure Optimisation (BPO) Management project launched nationally in March 2022, with involvement from the South West AHSN since January 2022 to support the National team develop metrics and implementation methods. Our role continues to be to:

- **Optimise timely identification of patients** who are at risk of high blood pressure, early diagnosis, treatment and appropriate monitoring.
- Support adoption and spread in the South West of the UCLPartners **Proactive Care Framework** for high blood pressure.

# First Steps

Young people with suspected Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD) in the South West face up to a 12-month wait for triage and paediatric assessment within the current system. This delay in response is disempowering families and schools.

First Steps is a pilot based in Torbay and South Devon NHS Trust which aims to change the use of language and facilitate joint working, to change the question from 'what is wrong?' to 'what can we do?' to enable rapid recognition and response to every child's needs.

The South West AHSN invited the First Steps team to attend the Spread Academy in October 2021 (See page 54 for more) and supported them to develop methods for spreading and implementing their shared vision for joint-working to support the development of an effective referral and care pathway for under fives referred for a neurodiversity assessment.



Thank you to all of you, from the bottom of my heart – it is a real pleasure to be part of this team and particularly after the event yesterday, I feel like we can achieve things together that will really make a difference to children and families.”

— DR LISA TEOH, CONSULTANT COMMUNITY PAEDIATRICIAN, TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST – FIRST STEPS' MODEL FOR CYP NEURODIVERSITY REFERRALS AND ASSESSMENT

Following on from this, we invited First Steps to share their innovation journey at our showcase event in March, including their learnings and recommendations to other innovators seeking to work across teams in social care, education and health.

The South West AHSN has subsequently hosted a First Steps Collaboration launch event to help to mark a key milestone in the development of service-led quality improvement, and to support decision-making to embed joined-up and child-centred assessment for children. This has helped the team to accelerate the development of their work, and provides a case example to other regions seeking to develop family-centred support.

As a result of the investment and support offered by the South West AHSN, the First Steps team:

- Were able to engage over **200 regional stakeholders** in the run-up to the launch event.
- Hosted over **100 community stakeholders** at the launch event, either in-person or online.
- **Gained ICS, CCG and CFHD commitments** to support the First Steps pilot as a test for change across systems.

# Technology-enabled Workforce

The South West AHSN is working with health and care partners in the South West region to improve the effectiveness of workforce teams in primary and secondary care settings within our eRD and TCAM projects.

Electronic Repeat Dispensing (eRD) enables GPs to authorise up to a year's worth of repeat medication for patients, making it easier for GP surgeries to issue prescriptions, and for patients to request them. With our health and care partners in the South West, we are supporting our local systems to increase the use of eRD prescriptions in primary care, thereby saving GPs significant amounts of time.

This project is part of the AHSN National Workforce Programme, supporting the health and care workforce. The South West has so far had variable uptake of eRD, so this project is building on our previous work in tech-enabled care to support the uptake. It has:

- Enabled further integration of general practice and community pharmacy teams and increased collaboration between local organisations in the primary care sector.
- Trained professionals: 88 in Somerset, 33 in Cornwall, 12 in Devon.

**258%**

increase in the number of eRD prescriptions at Truro PCN, 190% in Taunton PCN and an 83% increase in Nexus PCN.

- Led to a 258% increase in the number of eRD prescriptions at Truro PCN, 190% in Taunton PCN and an 83% increase in Nexus PCN.
- Delivered an end-of-project event that raised awareness of the benefits of eRD across Somerset, Devon, and Cornwall and the Isles of Scilly, and groups including ICSs, GPs, community pharmacy teams and more.



eRD frees up man hours, streamlines processes, improves communication between community pharmacy and GP practices and enables us to identify patients with medication issues that we may not have discovered... The South West AHSN and the training provider have validated the reason to do eRD."

AMANDA PELL, LEAD PHARMACIST, TRURO PCN (RECIPIENT OF THE ERD TRAINING)



Activities in the project include:

- Partnering with a local training provider to deliver an evidence-based 12-week training programme in three PCNs across Cornwall, Somerset and Devon.
- Convening three county-wide steering groups including representatives from each ICS, PCN, and Local Pharmaceutical Committee, meeting monthly and facilitating the progress of the project.
- Gathering qualitative and quantitative data, allowing us to identify and share regional enablers and barriers.

Future plans: Publication and dissemination of our evaluation report; continuous stakeholder engagement and cultivation of relationships; facilitation of knowledge sharing internally and across organisations in the South West.

# Transfer of Care Around Medicines (TCAM)

TCAM enables the digital transfer of information from the hospital pharmacy team to the patient's usual community pharmacist upon discharge.

This technology has previously resulted in a reduction of re-admission rates, improved relationships between trusts and community pharmacies and an improved understanding amongst patients about their medicines.

When staying in hospital, most of patients' medicines change intentionally. Upon discharge, however, 30-70% of patients experience unintentional changes to their medicine treatment, with 20% of patients experiencing adverse effects within three weeks of discharge.

The South West AHSN has supported Yeovil District Hospital NHS Foundation Trust (YDH) to implement TCAM by supporting them financially to purchase the required license. As a result, the hospital's electronic records about medicines are automatically integrated into digital referral to community pharmacies.



Find out more

For the first two weeks, the team at YDH sent referrals to a small selection of local community pharmacies. Thereafter, they extended the service to all Somerset community pharmacies. One month later, referrals were also made to Dorset community pharmacies.

The process is being tweaked to improve the quality of the information and communication between the trust and community pharmacies. The project ends in July 2022.

Since the project started at YDH in July 2021:

- 995 referrals have been made from YDH to community pharmacies across Somerset and Dorset (as of January 2022)
- The team at YDH has improved the referral process by including feedback from community pharmacies
- The team at YDH achieved a decrease in the rejection rate of referrals from 6% to 1.5%.

**995**

referrals made from Yeovil District Hospital to community pharmacies across Somerset and Dorset (as of January 2022).



By safely transferring digital information, up to 20 minutes per referrals can be saved."

— ANDREW PROWSE, CHIEF PHARMACIST AND CONTROLLED DRUGS ACCOUNTABLE OFFICER, PHARMACY DEPARTMENT, YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST





# South West Patient Safety Collaborative

**The South West Patient Safety Collaborative (PSC), hosted by the South West AHSN, is one of the PSCs across England delivering the NHS England and NHS Improvement (NHSEI) National Patient Safety Improvement Programmes (SIPs).**

The SIPs aim to support and encourage a culture of safety, continuous learning, and improvement across the health and care system, helping to reduce the risk of harm and make care safer for all. In 2021/22 they supported five core areas of work:

- Managing Deterioration
- Maternity and Neonatal
- Medicine Safety
- Mental Health
- Adoption & Spread

In addition to this, the South West PSC worked closely with our partners across our region to ensure patient safety practices were established and maintained during the pandemic.

## Key achievements

- RESTORE2 training delivered via partners to 2,100 staff in 374 care homes across the South West.
- Figures published this year show maternity and neonatal units in the South West achieved the highest delayed cord clamping rates (in 2020) in England, as measured by the National Neonatal Audit Programme (NNAP).
- Three pilots improved the safety of medicines administration in local care homes.
- Nearly half of mental health wards in the South West are now engaged with the Mental Health SIP.
- 42% improvement in the South West for the Chronic Obstructive Pulmonary Disease (COPD) Appropriate Care Score.



# PERIPrem

**Babies born prematurely are at risk of lifelong brain damage or death. The South West AHSN is working to reduce brain injury and death caused by preterm birth, by at least half.**

Perinatal Excellence to Reduce Injury in Premature Birth (PERIPrem) is a bundle of 11 evidence-based care interventions and implementation support designed to improve rates of survival free from brain injury among premature babies (born before 34 weeks).

In partnership with the South West Neonatal Network and West of England AHSN, all 12 maternity and neonatal units in the region, along with parent groups, helped design and test the care bundle.

The South West AHSN led the evaluation of the project. This included interviewing maternity, obstetric and neonatal healthcare professionals around their experience of delivering PERIPrem, to understand the barriers and enablers to implementation. We also analysed the data around adherence to the bundle and the 11 individual interventions.

The interventions include ensuring babies are born in the right place, administration of medications and treatments for the mother in labour and the baby after birth, optimal cord management on delivery, and ensuring babies receive early breast milk.

Ensuring their implementation helps protect the babies against a variety of conditions and complications, including cerebral palsy and early onset neonatal Group B Strep infection.

Initial outcome data is encouraging and shows that rates for both severe brain injury and mortality have fallen in the region. The shared purpose created through the PERIPrem care bundle is set to give many more vulnerable babies the best chance at a healthy life.

**PERIPrem was highly commended in the Health Service Journal (HSJ) Patient Safety Awards 2021, in the Patient Safety Pilot Project of the Year category, won outstanding presentation at the UK Preterm Birth Virtual Conference 2021, and was a finalist in the Provider Collaboration category of the main HSJ awards.**

- **698 babies cared** for across the South West and West of England AHSN regions between April 2021 and February 2022.
- **Patient resources translated** into top eight locally used languages.

#### Between 2019 and 2021:

- Adherence to 8 of the 11 interventions showed a statistically **significant improvement** by between 8-63%.
- 26% increase in the proportion of mothers/babies who received all of the interventions that they were eligible for (from 3% to 29%).
- 23% increase in the proportion of eligible interventions received by mothers/babies (from 55% to 78%) across the South West and West of England AHSN.

[Find out more about PERIPrem and how insight from this project is supporting learning across the system.](#)



**23%**

**increase** in the proportion of eligible PERIPrem interventions received by mothers/babies (from 55% to 78%).



**I truly believe that this care package saved my twin boys' lives. I have two beautiful little boys who are just starting to smile and that is down to the care bundle."**

— LAUREN, NEW MUM

**PERIPrem has created a brilliant community, where clinicians have joined together to ensure that every preterm baby born in our region has access to the most effective care."**

— DR SARAH BATES, PERIPREM JOINT CLINICAL LEAD

**My early analysis indicates a reduction in mortality of 22% so far, which if scaled up nationally would mean 220 fewer preterm babies dying per year."**

— PROFESSOR KAREN LUYT, PERIPREM JOINT CLINICAL LEAD



Graphic developed with West of England AHSN

# Innovation in care homes



## Working to reduce deterioration- and medicine-related harm in care homes in the South West.

The South West AHSN is working with the NHSEI Safety Improvement Programmes for Managing Deterioration and Medicines Safety. We also enable the sector to work together through new networks and quality improvement methods.

### Managing Deterioration

Recognising deterioration in a timely manner can help prevent or minimize the need for escalation to hospital settings among care home residents. Spotting deterioration has been particularly pertinent during the COVID-19 pandemic.

The South West PSC has continued to support the training of care home staff in the use of valuable managing deterioration tools RESTORE2 and RESTORE2mini.

RESTORE2, originally developed by NHS West Hampshire Clinical Commissioning Group and Wessex AHSN, is recommended for taking vital signs measurements and recognising deterioration in residents. RESTORE2mini is a 'soft signs' only version of the tool for use in settings where it is not possible to make clinical observations.

“The [RESTORE2] dashboards clearly demonstrate areas that need more support, i.e. the learning disability sector. This has initiated a workstream that is successfully addressing this shortfall.”

— AMANDA THOMPSON, ESF CURRICULUM DEVELOPER – REACH CORNWALL (RAISING EXCELLENCE AND ASPIRATION IN CARE AND HEALTH)

By the end of March 2022 over 2,100 care home staff in 374 care homes across the South West had been trained in RESTORE2, with 226 homes using the RESTORE2 and RESTORE2mini tools. We are capturing this local adoption and spread of RESTORE2 training and usage in our impact dashboards and maps, which we produce with training teams.

In partnership with [Blue Stream Academy](#) and Somerset LARCH, we established an online programme for RESTORE2mini training accessible 24/7 (see image above), enabling nursing and care professionals to gain new deterioration management skills and improved knowledge and understanding of the people for whom they care, around the clock.

Throughout 2021-22 our Deteriorating Patient Safety Network brought together staff and carers from care homes across our region and staff from the wider health and social care sector, to explore challenges and solutions in key patient safety areas such as safety culture, QI methodology, patient involvement, and addressing inequalities.

### Improving Medicines Safety

Medication administration errors can cause avoidable and unnecessary harm to residents, as well as impacting their families and creating additional challenges for staff to overcome.

The South West PSC facilitated quality improvement pilots in local care homes to improve the safety of medicine administration by carrying out tests of change in a range of areas, including:

- Managing interruptions
- Three-way communication
- Safety huddles
- Learning from events

400+

care home staff and wider support staff from the social care setting attended South West Care Home Network events across 2021-22 and consult on pathway inequalities.

2,100

staff in 374 care homes across the South West trained in RESTORE2

## Case Study — Managing interruptions at Langley House, Somerset

Langley House provides specialist care for 11 residents with complex needs.

The South West PSC supported Langley House staff to nominate Medicine Safety Champions to guide staff in behaviour change and improve competency in giving medications. New red aprons were worn by staff on medicine rounds, and staff were reminded to redirect questions to their other colleagues not on a round.

Over one week, the total number of interruptions during medicines rounds reduced from 45 to 13. A survey completed by staff before and after the pilot showed staff felt disagreements post-pilot were resolved more appropriately and their input was well-received.

“As I became involved with the pilot I became very aware that [managing interruptions] could have a major positive impact upon our service. I was able to engage my staff team enthusiastically as it didn't add pressure to their roles, and they could see the positive development within the service.”

— TREVOR JACKSON, DEPUTY MANAGER, LANGLEY HOUSE, SOMERSET



More about RESTORE2



South West AHSN Programmes

### South West Care Home Network (covering Somerset, Devon, Cornwall and the Isles of Scilly)

Prior to the pandemic, many care homes were working in silo. The South West AHSN established the South West Care Home Network to unite care homes on a virtual platform. Over 400 care home staff and wider support staff from the social care setting attended our quarterly network events across 2021-22, which provided opportunities to improve their care and services through learning and sharing good practice as well as exploring solutions to common issues.

At the events we launched and hosted our South West Care Home Awards to celebrate good practice, improvement and innovation across the region, in categories including 'safety culture', 'exceptional leadership' and 'COVID heroes'. The awards have provided recognition, appreciation for the sector, and highlighted some of the extraordinary work that care homes are carrying out to support their residents, families and the NHS.

Visit our [Vimeo channel](#) to watch videos about our care home winners.

### LoveCare: Supporting the care workforce

In December 2021 we hosted Devon County Council's LoveCare Appreciative Inquiry to explore recruitment and retention within social care, attended by local MPs as well as many care workers and providers. The Inquiry is part of a wider LoveCare programme to find new ways to address the workforce challenges facing adult social care. [Watch a video on the Inquiry.](#)

### Improving dementia care

In partnership with Musica (Music and Wellbeing CIC) and the National Academy for Social Prescribing, the South West AHSN delivered an online music course, Press Play to Rewind, to over 200 care home staff in the South West, free of charge. The course supported the local delivery of the NHS England Enhanced Health In Care Homes framework, building staff skills and knowledge in using meaningful music as part of their care of people living with dementia.

[Please see our website for more information.](#)

# COPD Care Bundles: Improving Implementation



[Find out more](#)

**For people with Chronic Obstructive Pulmonary Disease (COPD), a care bundle upon discharge can help them cope better once home.**

COPD discharge bundles comprise a set of care practices including:

- Arrangement of follow-up care.
- Checking inhaler technique.
- Referral for smoking cessation support.
- Assessment for pulmonary rehabilitation.
- Emergency drug pack provision.
- Self-management plan provided.

Implementing these bundles for people with COPD results in fewer readmissions to hospital\*, with associated reduction in costs and implications for improved patient outcomes.

The South West PSC has been working with Royal Cornwall Hospitals NHS Trust (RCHT) since 2019 to support the improvement of COPD and asthma discharge care bundle implementation in the region, as part of the Adoption & Spread National Patient Safety Improvement Programme.



**Support from the South West AHSN helped us to employ an audit facilitator to enter NACAP audit data, enabling me to track and report on the progress of the new Asthma & COPD Nurse service. This data has helped me make a case to expand our service and employ a second specialist nurse.”**

— JILL LEYSHON, RESPIRATORY SPECIALIST NURSE, ROYAL CORNWALL HOSPITAL

\* Ospina et al 2017: A systematic review of the effectiveness of discharge care bundles for patients with COPD | Thorax (bmj.com)

The South West PSC provided bespoke quality improvement support and ‘pump-prime’ funding to recruit an audit facilitator to support completion of the National Asthma and COPD Audit Programme (NACAP).

## Impact since the project began in 2019:

- **46% increase in people** with COPD receiving all elements of the bundle for which they are eligible.
- **54% more people** with COPD have had appropriate follow-up care arranged on discharge.
- **51% more people** have had their inhaler technique checked.
- **51% more people** have been referred for smoking cessation support.

**46%** increase in people with COPD receiving all elements of the bundle for which they are eligible.

**54%** more people with COPD have had appropriate follow-up care arranged on discharge.



# Lung Health @home

**At the beginning of 2022, a national consortium of partners led by the South West AHSN (on behalf of the wider AHSN Network) including UCLPartners, MTech Access and Kaleidoscope Health and Care, commenced work on a package of enhanced support for the Lung Health @home approach. This work has been commissioned and is being led by the Clinical Policy Unit and NHS @home, NHS England and NHS Improvement.**

Lung Health @home aims to establish the foundations for NHS England and NHS Improvement to deliver a replicable and scalable framework to meet two initial priority objectives, and support system recovery in 2022/23:

- Improve delivery of pulmonary rehabilitation (PR) through case finding and prioritisation, and by streamlining and personalising pathways.
- Increase access and participation in supported self-management, education, exercise and other activity.

# Home-Based Parkinson's Care project

**The innovative Home-Based Parkinson's Care project was highly commended in the Digital Innovation category of the 2021 BMJ Awards. Implementing smart and wearable technology to empower Parkinson's patients to monitor their condition at home, the project launched in 2019 and was supported by the South West AHSN.**

Piloted in Devon and Cornwall, this initiative has been spread across the UK, led by the University of Plymouth and University Hospitals Plymouth NHS Trust (UHPNT).

The project included 150 patients in Plymouth, West Devon and East Cornwall in the pilot, before being rolled out across the UK.

This advancement works towards reducing the burden of attending hospital clinics, and ensures appropriate and timely contact with health services. The overall aim is to improve the quality of life for people with Parkinson's and their care partners.



# Evaluation & Application of Learning

Supporting partners in the evaluation of change and impact, and to apply learning.



## Impact headlines 2021/2022

- **Bespoke evaluation support and advice** provided to over 50 projects
- **Engagement with over 150 participants** co-producing and working on clear problem definition for our projects.
- **Worked with over 120 participants** as part of advisory groups to guide effective Real World Evaluation (RWE)
- **Design and launch of the evidence-informed interactive ORCER** (Optimising remote consultation for elective recovery) maturity toolkit, providing actionable insights to support health and care organisations to improve remote consultations.
- **Developed an approach to blend the very best evaluation and practitioner expertise**, to evaluate the work of the Turning Corners project which aims to increase the resilience and wellbeing of young people..

## Priorities for 2022/2023

Evaluating and applying learning through:

- **Real world evaluation** of innovations
- **Working with our partners** including our neighbouring AHSNs and PenARC to help share insight for spread of innovation
- **Building capability within innovative practice** for accelerated spread and adoption

# Future Challenges

**Future Challenges is a programme run by the West of England AHSN that supports innovators and local partners to pilot innovations and validate them in a real-world setting. As part of this programme, the South West AHSN Evaluation and Learning team were commissioned to evaluate the impact of KiActiv® Health in two projects; Moving to Better Health and Replenish-ME.**

KiActiv® Health is a personalised and guided online intervention that empowers participants to optimise physical activity within their everyday lives.

## Moving to Better Health

The evaluation of Moving to Better Health aimed to understand the impact of implementing KiActiv® Health for people living with Chronic Obstructive Pulmonary Disease (COPD) and the barriers and enablers to implementation.

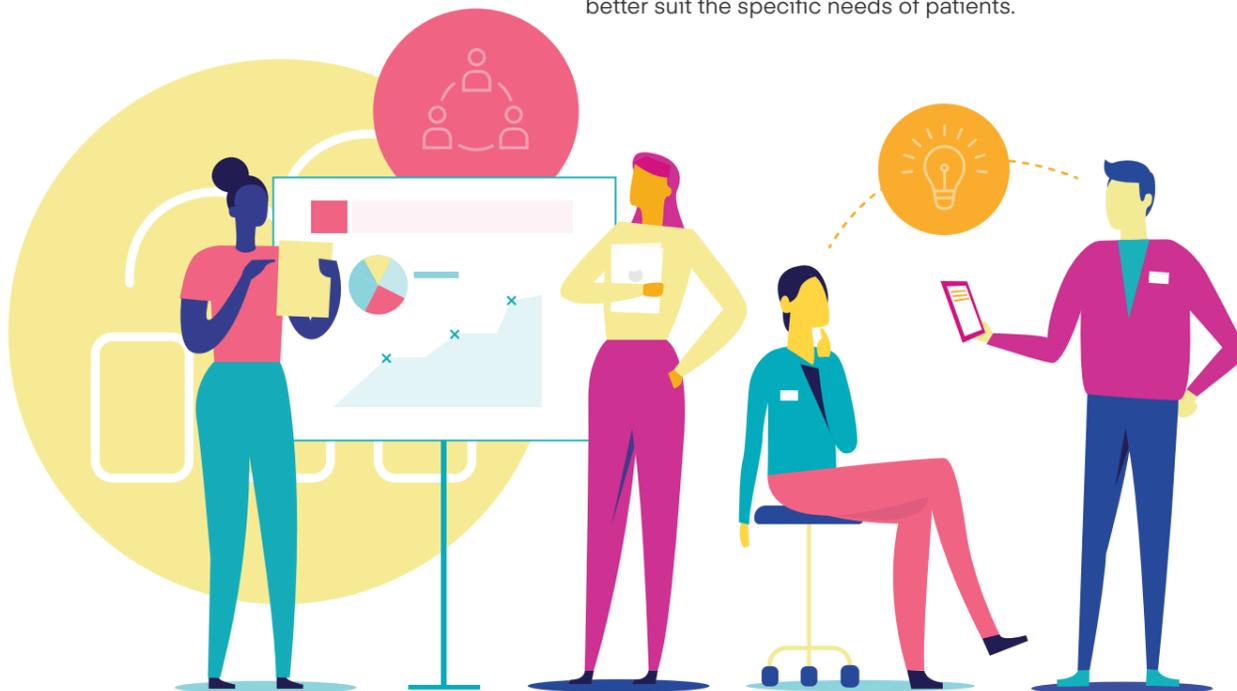
Our evaluation suggested using KiActiv® Health to increase physical activity can empower some patients with COPD. The West of England is continuing to support KiActiv® to explore opportunities for the product in managing COPD and other long-term conditions.

## Replenish-ME

The Bath Centre for Fatigue Services (BCFS) 'Activity, Rest and Sleep Log' encourages adults experiencing long-standing fatigue linked to Myalgic Encephalopathy (ME) and Chronic Fatigue Syndrome (CFS) to capture their physical, cognitive and emotional energy expenditure.

The West of England AHSN connected the BCFS team to KiActiv® Health to explore if their technology could be a suitable Log alternative or an additional way of recording energy expenditure among patients.

Our evaluation of the programme showed that using KiActiv® in combination with specialist ME/CFS resources can have a positive impact on some patients. Our report also suggested ways to develop the KiActiv® technology to better suit the specific needs of patients.



## Best Start in Life

There is a growing consensus that the first 1001 days of a person's life, from pregnancy to the age of two, significantly influence all aspects of that individual's development, and life course trajectories.

The Best Start in Life (BSIL) Programme is focused on improving outcomes for young children, with focussed early intervention, targeting at-risk families. Our work on this project is part of our work improving health equity in perinatal pathways (see page 16 for more information).

The BSIL trial within the Cornwall Council Best Start Community Health and Wellbeing Service includes practitioners and apprentices from varied backgrounds, often individuals with lived experience of the issues faced by the families being supported.

The South West AHSN commissioned an evaluation of the early months of the programme to better understand who was being supported and the impact of the approach.

- **87 families were supported** between August 2021 and March 2022.
- **The varied backgrounds and lived experiences of staff** were seen to be beneficial to the outcomes for families e.g. around signposting to other services.
- The programme is **meeting families' basic needs**, in order for them to engage with other support available.
- Staff and families felt that the programme had a **positive impact on parent child attachment, family resilience and mental health.**

## This Mum Can

This Mum Can was a small 12-week physical activity programme pilot led by Devon Partnership NHS Trust (DPT), aiming to create a support network and embed a healthy active lifestyle among women in the antenatal and postnatal period to sustainably improve their physical and psychological wellbeing.

The South West AHSN was tasked by DPT to produce a case study of the pilot.

- **4 women** completed the programme.
- Programme involved **exercise sessions, educational materials and perinatal community services.**

By the end of the pilot, two women felt their mental health had improved and were more willing to participate in exercise in a group setting, one felt less anxious, and two felt happier at the thought of participating in physical activity from then on.

Funding from The National Lottery Community Fund has been received for 24 women to participate in This Mum Can in 2022. This second programme will focus on women who are overweight or obese, and those who are on anti-psychotic medication. We are working with the DPT team to plan and evaluate the next phase of the programme roll-out.

# Community Assessment and Treatment Units (CATUs)



**CATUs are specially designed units, to assess and treat vulnerable and frail older patients closer to home, reducing costs, confusion, risk and length of hospital stay.**

Subject to an accelerated launch by Cornwall Partnership NHS Foundation Trust to meet need during the pandemic, these wards are in two community hospitals in east and mid Cornwall and a sub-acute hospital in west Cornwall. Patients are admitted for a medical/ nursing/ therapy assessment, leading to a diagnosis, multi-agency treatment plan, treatment and discharge as appropriate.

Alongside the NIHR ARC South West Peninsula (PenARC), the South West AHSN is working with the CATUs and Integrated Care Systems to co-produce an evaluation to guide decision-making. This work is being undertaken through the NHS National Insights Prioritisation Fund.

Our aim is to also produce a 'Rapid Insights Guide' that documents the approaches and shares learning from the foundation of the CATUs, and provides actionable guidance and resources for Integrated Care Systems.

## Impact potential from successful CATU projects can mean:

- Patients are **treated faster**, in a single location.
- Vulnerable patients **avoid having to attend the busy Emergency Department (ED) unit** in Truro (the only one in Cornwall), alleviating pressure there and improving all-round patient care.
- Appropriate, **targeted care** is provided by specialists.
- Patients are **treated closer to home**, and released earlier.
- **At-home** care is supporting the CATUs post-discharge.

As part of our evaluation, we will be looking to understand the extent to which the above impacts and outcomes are achieved by the CATU model. We are exploring the potential to roll-out and share our insights and learning with other areas facing similar circumstances and context.

# Turning Corners

**The South West AHSN is an evaluation and learning partner for the Turning Corners project, which links closely to our health equity work, focusing on young people's mental health (see pages 18–19).**

The project works in partnership with various agencies to reduce the risk of young people becoming involved in violence, anti-social behaviour and crime, through early intervention and prevention.

In addition, it seeks to build resilience in young people, and features interventions which include parent support groups, supporting young people to transition successfully between primary and secondary school, and outreach services, meeting young people where they go, outside school.

As an evaluation and learning partner, our approach is to blend the very best evaluation and practitioner expertise, developing an evaluation approach that is deeply embedded in practice, so that findings can be fed directly back into practice to continue to increase the wellbeing and resilience of young people.

## Impacts:

- **A robust Theory of Change** co-produced with over 20 project stakeholders to understand and document how and why Turning Corners will achieve change for young people.
- **An Evaluation Framework and Measurement Strategy** to provide a clear approach about how the project can measure and understand its impact.
- **Data systems and processes implemented** to gather data to test the assumptions and theory about the change the project will achieve for young people.
- **Close working relationships established** with those overseeing and delivering the interventions in the project to enable learning to influence and shape service delivery.



# Optimising Remote Consultation in Elective Recovery (ORCER)

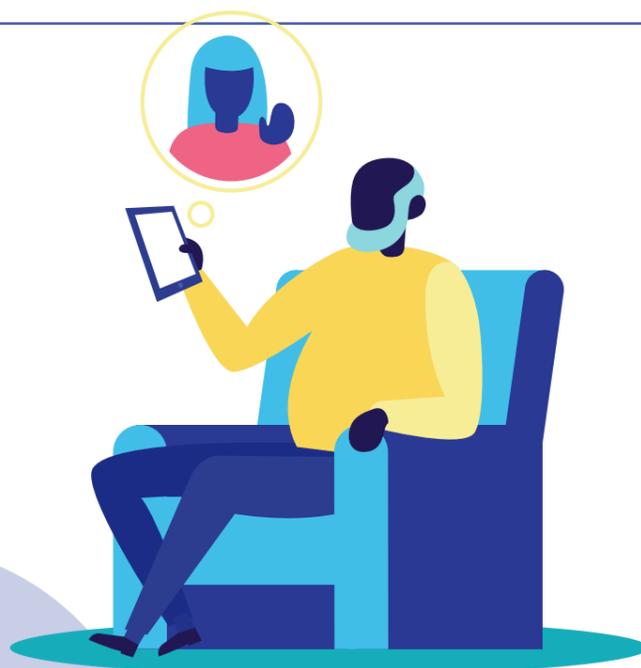
The COVID-19 pandemic resulted in the acceleration of innovation in health and care services. Remote consultations were an essential innovation for outpatient services to support elective recovery but were scaled-up so rapidly that many organisations were unable to systematically plan for, improve and embed usage.

In 2021, the NIHR funded the South West AHSN to design a project to harness insight from the acceleration of remote consultations, in conjunction with our partners the West of England AHSN, South West Peninsula Applied Research Collaborative (PenARC) and Applied Research Collaborative West (ARC West).

An interactive toolkit ORCER has been developed and designed in close conjunction with those intended as the end user. This will help secondary care organisations rate their digital solutions across seven 'domains': vision, transformational capacity, operating model, workforce, patients and public, monitoring activity quality and safety, and technology.

The ORCER pilot currently running will:

- Provide organisations with a **change management tool** to improve their implementation of remote consultation services.
- Help these organisations highlight areas they need to work on to **improve remote consultations**.
- Provide **case studies, templates, tools and signposting to support** the specific areas requiring improvement.



Find out more



## Phase 1

ORCER includes a comprehensive remote consultations maturity toolkit. The toolkit guides users through a process for organisational learning. Users firstly score themselves on seven domains (above) looking at the maturity of their implementation of remote consultations; and secondly can access evidence, case studies and examples of how to improve in each component. The toolkit was developed and designed in close conjunction with 20 participants who formed part of our expert reference group to ensure the applicability of the toolkit, in addition to a detailed literature review.

## Phase 2

From May 2022, the South West AHSN will be providing facilitated support to early adopters of the toolkit and creating a community of users to share learning and best practice. The expected outcome of this phase will be an increase in telephone and/or video consultation use, hopefully improving patient care and releasing capacity for elective recovery.

In future months there is potential to expand across the region and nationally for wider impact and insights on beneficial changes from remote consultation.



The ORCER tool has great potential to improve remote consultations. The South West AHSN consulted with us as they developed it, listening to the clinical and administrative experts while following their own rigorous process. They worked in partnership with us to design a bespoke pilot workshop in our pain management speciality. We hope that the output of the pilot will help us optimise video consultations across the Trust.”

— DR STUART KYLE, CONSULTANT RHEUMATOLOGIST, NORTHERN SERVICES  
CLINICAL LEAD FOR OUTPATIENT TRANSFORMATION ROYAL DEVON  
UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST



# Building Capability

Building the capability of partners to spread innovative practice.



## Impact headlines 2021/2022

- **25 teams supported with data and analysis support** to help understand population health opportunities in primary care.
- **100% in our quality improvement evaluation** reported feeling engaged with the course and finding each session useful.
- **Supported nearly 460 professionals** to date across the South West AHSN Spread Academies to spread their innovations.

## Priorities for 2022/2023

- **Building the culture, capability and capacity** for innovation & improvement in organisational and system.
- **Working in partnership with our systems** to create the optimal conditions for research, innovation and improvement.
- **Quality improvement, spread and systems leadership training.**
- **Leadership development** in community health providers and primary care.

# Rapid Insights

Early in 2022, the South West AHSN was commissioned by NHS England and NHS Improvement (NHSEI) to support a series of rapid learning events to capture insights from the South West COVID-19 Vaccination Programme.

This work builds on a method created by Wessex AHSN. The project is an example of combining our capabilities in evaluation, learning and capability building to support improvement and spread.

The objective of these sessions is to quickly gather and analyse lessons learned on how vaccination services have been successfully implemented at pace, along with potential future improvements.

The role of the South West AHSN is to facilitate these events, reflect the key themes from participant feedback in real-time, carry out a more in-depth analysis on the themes post-event, and produce a report for stakeholders. Each event so far has focused on a different part of the wider vaccination team: Primary Care Networks (PCN), community pharmacy, outreach, and the school-age immunisation programme. This programme of events will continue into 2022/2023.

Feedback from participants will be used to shape national and regional learning and policy in the area of mass vaccination.

- **Two full scale reports** produced in just over a month.
- Almost 400 pieces of **feedback analysed**.
- **Creation of a cross-organisational multi-disciplinary team across the South West AHSN and NHSEI**, where members have been upskilled to deliver rapid insights for future programmes.

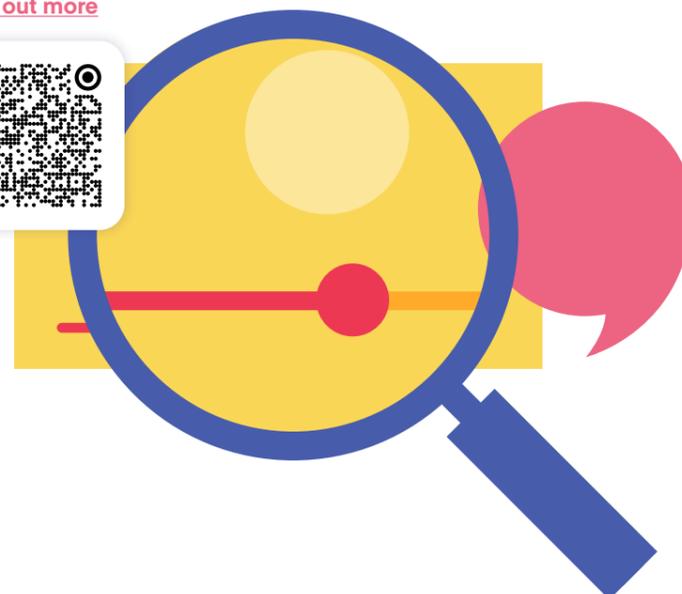
“ The South West vaccination programme was a great success and we want to know how to ensure the innovations and best practice developed can inform services in the future. The South West AHSN team have been fantastic in their support – helping us to rapidly gather reflections and ideas from staff across the NHS.”

— JO HOWARTH, DEPUTY DIRECTOR, NURSING AND QUALITY, DIRECT COMMISSIONING, NHS ENGLAND AND NHS IMPROVEMENT SOUTH WEST

“ Thanks all – really useful session.”

— PARTICIPANT AT THE PCN RAPID INSIGHTS WORKSHOP

Find out more



# Supporting primary care

Improving efficiency and effectiveness in primary care services, and supporting staff, as the NHS moves towards Integrated Care Systems.

The South West AHSN has been working with colleagues in primary care, mostly in Devon, to share expertise in the following areas:

- **Leadership Development** to help teams align in the ICS environment.
- Working with **12 teams from individual practices** and Primary Care Networks (PCNs) to ICS localities and entire ICSs.
- Agreeing **vision and action planning** to help teams pull together and deliver care, while retaining local perspectives.
- **Data and Analysis** to support practice to use population data, patient profiles, and the differing needs of the patients they support.
- 21 teams supported enabling practices to provide **the right staff and services to meet the needs of the patient population**.

In many GP practices, the pharmacist or physiotherapist or social prescriber is the only person with that job title or role, which can lead to isolation, and missing out on current thinking. To date in March 2022 in Devon, the South West AHSN has:

- Hosted an **online event for pharmacists** (65 participants) and an in-person event for additional roles within primary care (85 participants).

- Facilitated the **introduction of new ideas and best practice**, as well as networking with others in the same role, at both events.

We are exploring opportunities to roll these events out to Cornwall and Somerset.

## Population management support

From April 2022, we are offering population management support to Devon ICS, with plans to expand to Cornwall and Somerset.

We are hosting five sessions per area, in which colleagues from across the public and private health and social care sectors come together to look at the combined population statistics for their area. The broad cross-section of data available allows us to support these multi-agency groups to review the data and establish the likely future needs, developing plans to tackle issues or support those impacted.

Honiton Surgery in Devon has incorporated our workflow analysis tool and clustering technique to group patients to review in their asthma clinic with the following results:

- **60% of patients** were identified as not needing an asthma review in 2019.
- **Eight hours of nurse time saved per month** during the trial.



Find out more

60%

of patients were identified as not needing an asthma review in 2019 in Honiton Surgery in Devon after incorporating our workflow analysis tool and clustering technique to group patients to review in their asthma clinic.



# Quality improvement and culture change



[Find out more](#)

## Training in quality improvement (QI) helps to build the capability within teams to find and test change ideas and make measurable improvements for a specific challenge.

The South West AHSN provide various levels of training, including the Silver QI & Culture Programme, based on the Seven Steps to Quality Improvement, developed by NHS England and NHS Improvement.

During 2021/22, we delivered the following training courses:

- Six in Devon.
- Five in Somerset.
- Two in Cornwall.

As part of the Silver QI training package, attendees work on a project from their own organisation. There were a wide range of project topics ranging from, maternity, antenatal and neonatal to stroke and paediatric focussed projects.

Attendee feedback from an evaluated set of cohorts from across the region was highly positive.

- 100% reported feeling engaged with the course and finding each session useful.
- 78% reported achieving all of the learning outcomes.

In terms of sustained impact from quality improvement training, the feedback from a cohort evaluated after three months showed:

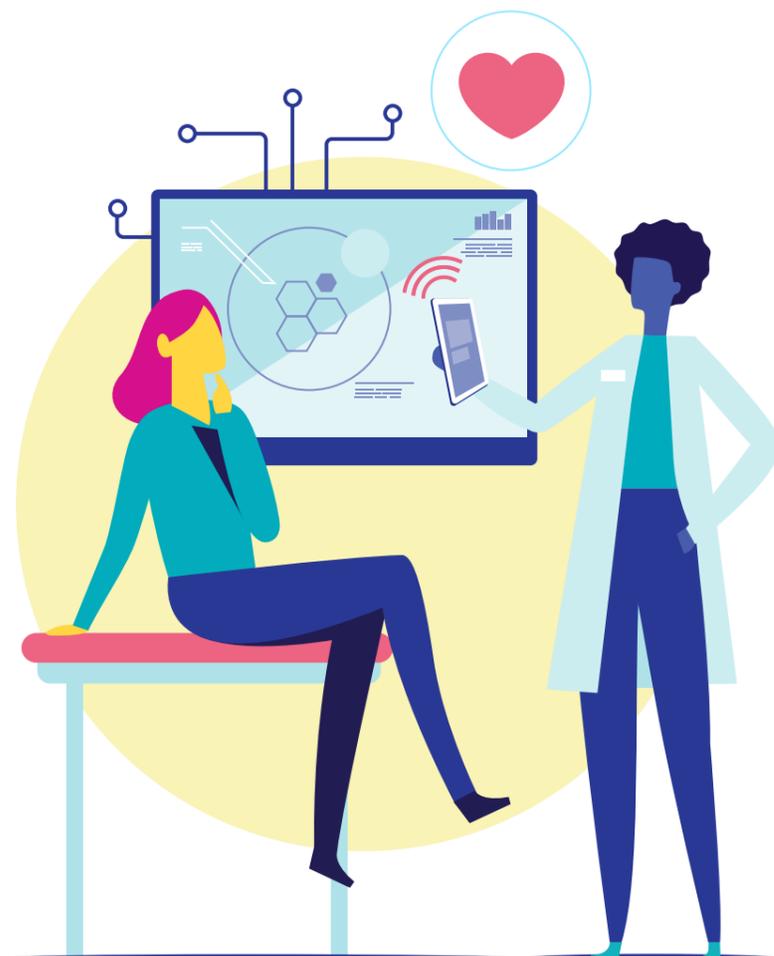
- All but one attendee (95%) reported feeling confident to carry out QI projects.
- 84% reported feeling confident to share learning from that project.
- The majority were in the planning stages for their project, but 22% noted being actively involved in testing cycles of change.

When asked what changes they have made to their working practice since the training, attendees highlighted a range of topics from better engaging with their teams and advocating quality improvement, to changing their approach to how they deal with certain situations.

QI course participants reported: "I have been more analytical in my approach to quality improvement and more confident of the steps to take."

“ I just love coming into a completely honest and curious space – thanks everyone!”

— ANONYMOUS QUOTE FROM A NETWORK PARTICIPANT



## Quality Improvement Partner Panels (QuIPPs)

QuIPPs is a public involvement initiative designed to improve the quality of health and care services.

QuIPPs has been developed by the South West AHSN to support the work of health and social care organisations and innovators by ensuring the voice of the public is involved in improvement projects and the development of innovation. Over 30 members of the public form four different panels covering the South West of England.

We held 15 sessions with QuIPPs members between March 2021 and April 2022:

- Eight user-centred design and engagement workshops and two updates, to co-design with staff a new Public Patient Involvement and

Engagement (PPIE) approach for the South West AHSN.

- Five panels with presentations from innovators, South West AHSN staff and NHS trusts/CCGs, covering a range of topics from mental health to remote consultation.

Feedback gathered from presenters in post-panel surveys has been overwhelmingly positive. All respondents agreed that the input from QuIPPs panellists will support the development of their projects, that it was easy to develop a discussion within the group, and they would recommend QuIPPs to a peer or colleagues.

100% of QI participants evaluated reported feeling engaged with the course and finding each session useful.



[Find out more](#)

### Improvement for the Curious

In 2021, the South West AHSN created an improvement network that delivers online evening events called Improvement for the Curious to its 46 members. The agenda of each session is co-designed by participants and coaches to create a psychologically safe and impactful space in which to talk about the challenges and opportunities of working on improvement projects in the South West. The network has been funded through Q by the Health Foundation and NHS England and NHS Improvement.

# Spread Academy



In October 2021, the South West AHSN held a 'Tech for Change' focussed Spread Academy to support teams who have developed technological innovations that solve problems in community, health and care settings.

COVID-19 has been the driving force behind the rapid adoption of technology, which has provided new ways to connect with communities and enhance patient experiences. We therefore wanted to capture these innovations and facilitate teams to spread and scale their projects so more people can benefit.

Spread Academy is a tried and tested three-day immersive programme, which we have run in partnership with the **Billions Institute** since 2019. The sessions are built on a framework for designing and leading large-scale change via the 'Model for Unleashing'.

The course helps participants to apply the model through a series of experiential exercises, facilitating both strategic and personal development.

Shortly after the 'Tech for Change' Academy, we carried out an evaluation based on feedback from participants and staff.

To date, we have supported nearly 460 professionals across our Spread Academies to refine their aims, reach new audiences, and build an operation to spread their ideas across large systems.



[Find out more](#)

Participants fed back that the course content and training was of a high standard – with concrete examples and powerful storytelling seen as the highlights.

By day three, participants felt empowered to be able to deliver large-scale change and were ready to take their projects forward.

See more about Spread Academy Participants on the following pages **First Steps** (page 29) and **MySunrise** (page 23).

Spread Academy participants join for their intensive practical session at Vantage Point, our Innovation Hub for the region (page 68) and using our online facilities for virtual onboarding in advance of arriving onto the programme.

## Sharing learning about spread and adoption of innovation

Our approach to supporting spread and adoption of innovation, including through the use of Spread Academies was included in this **AHSN network review** during 2021. The South West AHSN were proud to be co-researchers and authors of this publication which provides the sector with a range of ways of supporting innovation within complex health and care settings.



[Find out more](#)

“ I love how this process has made me completely reassess the problem that I am so passionate about. It's not about the 'hows' and the 'whats', it's about the 'who by' and the 'who with!' Collaboration is key.”

‘TECH FOR CHANGE’ SPREAD ACADEMY PARTICIPANT

“ It was a real privilege to work closely (and finally meet in person!) like-minded colleagues with a shared ambition, and a luxury to focus on an objective in depth; support and challenge from the facilitators was also very helpful and appreciated...”

— PAUL HEPDEN, PROGRAMME MANAGER  
DIGITAL TRANSFORMATION - REMOTE HEALTH MONITORING  
NHS ENGLAND AND NHS IMPROVEMENT - SOUTH WEST  
‘TECH FOR CHANGE’ SPREAD ACADEMY PARTICIPANT

# System leadership for innovation and improvement

The South West AHSN has worked increasingly closely across the year with the Devon Integrated Care System to build on our analysis about what enables innovation and improvement, including learning gathered from during the pandemic.

We were asked by the system to identify approaches to the integration of innovation and improvement into ICS design from around the UK.

Within this work we identified the 10 key factors that emerged that can support successful ICS design through the use of innovation and improvement. They are being used by Devon Integrated Care team to help plan and develop work, and to support the South West Peninsula through our work collaborating across all three integrated care systems.

## The 10 factors for successful use of innovation and improvement in ICS design:

### 1. Provide corporate level leadership to develop and implement service transformation practices

- Invest in programme management, analysis, evaluation and learning skills for innovation and improvement projects.
- Coach and develop leaders with the soft skills to implement innovation and improvement at pace, systemically, in context.

### 2. Motivate and support teams to connect, co-design and co-produce

- Allow space and promote the value of exploratory conversations that build shared purpose and identify shared challenges.

- Promote/enable a continuous improvement culture, developing an internal network of staff who freely champion improvement and implementation approaches across traditional boundaries.

### 3. Invest in those who can be called upon to support improvement and implementation

- Building from the improvement expertise in the system, invest to develop a systemic capability in improvement practice.

- A commonality of methodological approaches to improvement and innovation are more likely to support wider cultural change.

### 4. Identify and frame the challenge: matching innovation with un-met need

- Learn to love the problems - continuously gather information to deepen the understanding of the problems.
- Assess potential impact of action on a thorough review of the capability and capacity in the system as well as the evidence of the fit of the intervention to the problem.

### 5. Cultivate and access an innovation pipeline

- Harness the wider innovation ecosystem capability of the research and clinical community.
- Develop an innovation pipeline able to routinely and continuously scan, classify, test, select and adapt innovations.

### 6. Support prioritisation to enable delivery of innovative practice

- In the short term, prioritise the adoption and spread of available innovations that will confer near-immediate benefit.
- Medium to long term - prioritise innovation and improvement projects that offer 'high leverage' for the changes you are seeking.

### 7. Routinely gather insight from services users, and co-design

- Define the role of user insight in decision making, at design, delivery and strategic level.
- Ensure those who will be impacted by innovations/interventions are actively engaged as equal contributors in research/co-production.

### 8. Test and Learn

- Create and curate mechanisms and approaches (tests of change, peer networks, huddles and learning logs) that support excitement for and ultimately a healthy addiction to continuous learning so that improvements to methods occurs iteratively.
- Maintain/build the awareness, will and skill levels necessary for the challenges ahead - sharing learning/impact stories.

### 9. Design and integrate enabling evaluation plans

- Set specific, timebound, measurable aims and select meaningful and measurable indicators of the change the system needs.
- Continuously learn, monitor and support progress through the integration of analysis and evaluation into delivery.

### 10. Apply insight to increase the impact of the innovation and improvement ecosystem

- Review your innovation ecosystem to identify where your next set of investments will return the biggest benefit.
- Support knowledge transfer and dissemination of improvement and implementation practice across wide areas - creating strong bridges between research and improvement networks/systems to attract resources to the ecosystem.

## Organisational Development

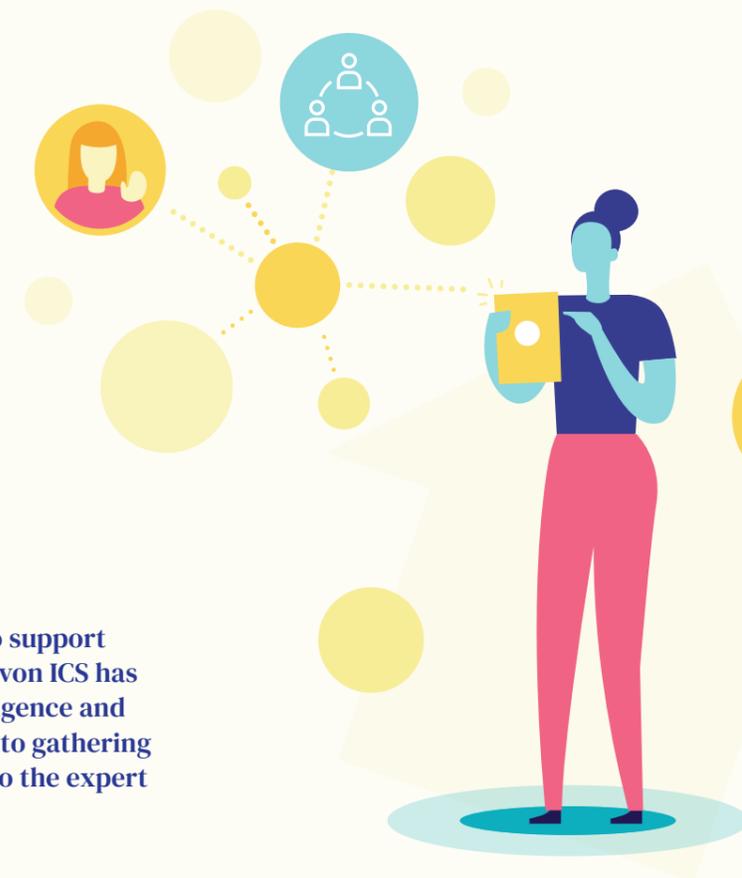
The South West AHSN was invited by the Devon system to identify new approaches to organisation development that it could use as it transitions to become an Integrated System. We combined our capabilities in evaluation, learning, leadership development and improvement to identify five opportunity areas for the ICS to integrate into its future transformation programmes.

The opportunity areas were identified following an extensive range of desk and field research and validated through deep engagement across the system. This has involved document reviews, thematic analysis, interviews, focus groups, surveys and we convened a bespoke review with a system based working group.

The results of this work will be presented to leaders of the Devon system in May 2022.

“The work done by the South West AHSN to support organisational development within the Devon ICS has been invaluable. I've appreciated their diligence and commitment, from their robust approach to gathering insight and evidence from across Devon, to the expert facilitation of the system working group.”

— TRACEY COTTAM, ICS OD PROGRAMME DIRECTOR, DEVON INTEGRATED CARE SYSTEM



# Looking — ahead



# Looking ahead

## Research, Innovation and Improvement in rural and coastal Integrated Care Systems

The South West AHSN has been working with leaders of the three Integrated Care Systems (ICS) within the Peninsula to explore how to most effectively embed research, innovation and improvement (RII) into the new ICS structures.

Teams working across Somerset, Devon, and Cornwall & Isles of Scilly are acutely aware of the specific challenges of health and care in our rural and coastal region. In this context, RII have a significant role to play in supporting workforce and service users.

Learning from other systems informs our work with ICSs. A number of opportunities for increasing and accelerating the impact from RII have been identified:

- Create a single point of entry for innovators from all origins (NHS, academic, industry, voluntary sector).
- Develop an aligned approach to managing the innovation pipeline, building on the AHSN pipeline model to support innovation at all stages of development.
- Establish collective decision-making processes to define local system priorities and help align these to innovations within the pipeline.
- Use a learning system approach to create standardised approaches for evidence synthesis, project evaluation, benefits realisation and capturing/sharing learning across ICSs.
- Integrate innovation pipeline management with ICS transformation programmes to ensure the pipeline is demand led, based on local population health priorities and integrated within ICS transformation work.
- Build system capability by capitalising on existing expertise, establishing methods and approaches to adoption and spread, and providing support for the workforce.

The South West AHSN is working with leaders in the three ICSs to develop an approach that can enable effective deployment of RII in our coastal and rural region. This work builds on our capacity building activities with all three ICS teams over a number of years, including learning from rapid change during COVID-19.

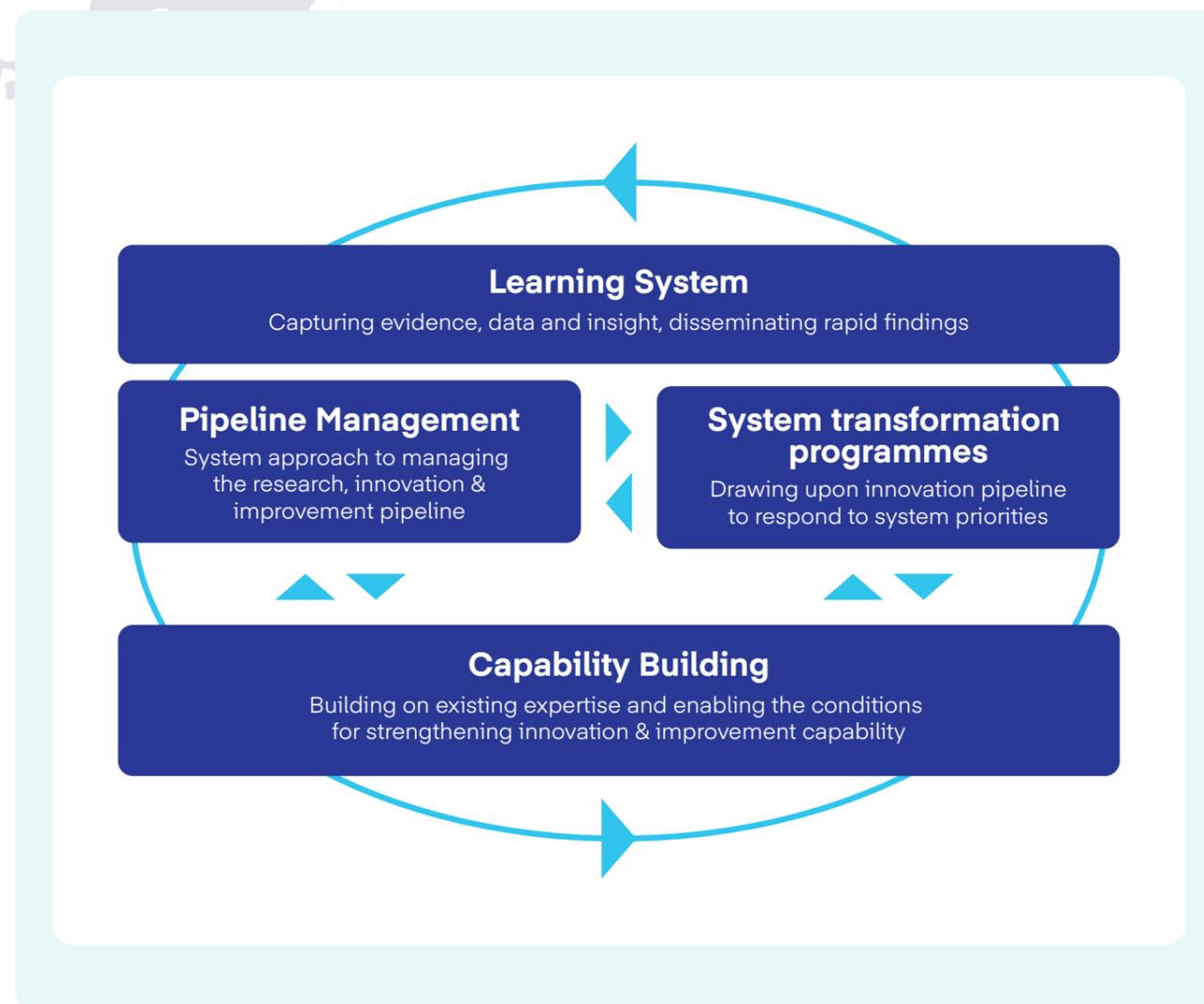
The approach aims to enable benefits realisation from RII within and across ICSs, including in places most in need of transformation but with the least capacity to benefit from innovation. It is also designed to support continuous learning and development of each ICS as well as across all three ICSs in the region.

The approach seeks to:

1. Strengthen the innovation pipeline, aligning with ICS system transformation programmes, and support evaluation and capacity building within and between systems.
2. Embed a learning system approach to accelerate adoption of innovation, and onward development of a pipeline of proven innovation for adoption in other rural and coastal areas.
3. Enable the design and delivery of programmes around unified innovation priorities for the region which align with national drivers.
4. Develop other crucial regional and national partnerships to support research, innovation and improvement and leverage further investment into the region.

Beyond the South West, learnings from this process can be shared with other areas in the country, including where similar challenges and opportunities exist to those in the South West, such as regions where coastal and rural challenges directly impact the population's experience of health.

Developing a pipeline of research, innovation and improvement



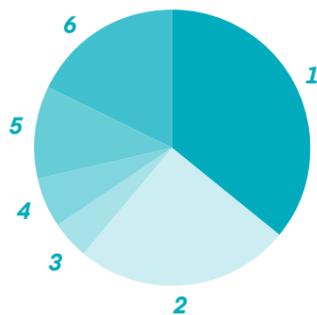
# How our work is funded

# 21 22

## Income

1. NHS England & NHS Improvement	£2,074,029
2. Project income	£1,460,791
3. Member income	£255,000
4. Patient Safety Collaborative contract	£349,202
5. Office for Life Sciences funding	£612,947
6. Carried forward from previous financial year	£1,023,675

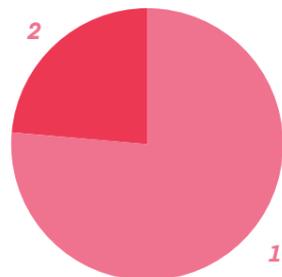
**TOTAL £5,775,644**



## Expenditure

1. Programme expenditure	£4,427,142
2. Corporate operations	£1,348,502

**TOTAL £5,775,644**



## Our board & executive team

# Our board



**Anna Walker**  
Chair

Anna has extensive experience of strategic roles from across healthcare and other essential services, in the public, private and charity sectors. This includes on the Board at South London and the Maudsley NHS Foundation Trust, Chair of the St George's Hospital charity, as a Lay Member of the Nursing and Midwifery Council, and Member of the Competition Appeals Tribunal.



**Kate Shields**  
Cornwall ICS Representative

Kate became NHS Kernow's accountable officer on 16 August 2021 and is the Chief Executive Designate for the Cornwall & Isles of Scilly Integrated Care Board.

Kate is an experienced NHS leader having worked as director of strategy and partnerships at University Hospitals Leicester. She was a registered nurse and mental health nurse at the beginning of her NHS career. Kate has also worked for NHS England as a regional director of specialised commissioning and as the national head of specialised commissioning.



**Dr Paul Johnson**  
Devon ICS Representative

Dr Paul Johnson is Devon CCG's clinical chair and the interim system medical director for the Integrated Care System for Devon (ICSD). Having qualified as a GP in 2008, Paul has worked in Newton Abbott since 2010 during which time he has led the practice through a significant period of change, resulting in improved patient care, increased profitability, and a more stable and skilled workforce.

He was previously the clinical chair for NHS South Devon and Torbay CCG and from November 2016 he was a locality clinical director in the Newton Abbot area.



**Jonathan Higman**  
Somerset ICS representative

Jonathan is CEO of Somerset ICS, having previously led Yeovil District Hospital NHS Foundation Trust until its merger with Somerset NHS Foundation Trust. He was on the board there for many years, and is passionate about the integration of health and care services, implementing many joined-up care solutions for the local population.

Jonathan Higman took over from Maria Heard as Somerset ICS representative on our Board in May 2022.



**Professor Richard Smith**  
University of Exeter Representative

Richard is Deputy Pro-Vice Chancellor at the University of Exeter Medical School and has experience across a wide range of national and international policy, funding and academic bodies. Before joining the University of Exeter Medical School in 2018, Richard served as dean of The London School of Hygiene & Tropical Medicine's Faculty of Public Health & Policy.



# Our board (continued)



**Professor Bridie Kent**  
University of Plymouth  
Representative

Bridie is Professor of Nursing at the University of Plymouth. Bridie is a registered nurse with a background in clinical and academic appointments, and extensive experience in quality improvement, practice change, health services education and implementation research. Bridie is a member of our Nominations Committee.



**Professor Stuart Logan**  
NIHR Representative

Stuart is a practicing paediatrician, with training also in epidemiology, but his major role is as a researcher and Director of The NIHR Applied Research Collaboration South West Peninsula (PenARC).



**Gavin Brake**  
Independent Non-Executive  
Director

Gavin has a financial background and was previously a managing director with the global investment banking firm Goldman Sachs. Gavin is Chair of our Finance Committee and a member of our Remuneration Committee.



**Dr Joanna Bayley**  
Independent Non-Executive  
Director

Jo is a GP, with a background in emergency medicine, and the chief executive of G DOC LTD, the county-wide GP provider in Gloucestershire. She is also non-executive director of the medical indemnity provider MDDUS.

Jo is Chair of our Nominations Committee, a member of our Remuneration Committee and a member of our Finance Committee.



**Neil Stevens**  
Independent Non-Executive  
Director

Neil began his career in an information management role before becoming a director of informatics in Somerset where he led a team providing services to two acute trusts, a mental health and social care trust, community hospitals and primary care. Neil is also a non-executive director of Stalis Ltd. Neil is Chair of our Remuneration Committee and a member of our Finance Committee.



# Executive team



**Jon Siddall**  
Chief Executive Officer

Jon joined the South West AHSN in April 2020, following three years as director of programmes at Guy's & St Thomas' Foundation. Jon has experience across a range of health and social issues, working with funders, investors and government agencies in the UK, Ireland and New Zealand. Jon also spent four years at the South West AHSN, helping to launch the organisation in 2013.



**Dan Lyus**  
Director of Partnerships

Dan joined the South West AHSN in August 2019. An executive director with experience across commercial, not-for-profit and public sectors, Dan has business development and commissioning expertise as well as strong and broad networks across the health, care, support and housing sectors.



**Anita Randon**  
Director of Programmes

Anita joined the team in autumn 2020. An experienced consultant in strategic transformation across multiple sectors including health and care, Anita has a track record in driving innovation and delivering sustainable change.

Before joining the South West AHSN Anita was leading the design and delivery of new digitally-enabled models of outpatient care for Surrey Heartlands Health and Care Partnership.



**Richard Watson**  
Director of Finance

Richard is a fellow of the Association of Chartered Certified Accountants who joined the South West AHSN in summer 2018.

Previously, Richard has worked at Plymouth Marjon University as Director of Finance and Facilities, helping the university to regenerate its finances and develop its campus for the next generation of students, and in college and research finance at the University of Exeter.

**Our executive team are also members of the board.**

# Our Members

The South West AHSN is a membership organisation. Thank you to all our members for their continued support.

- Cornwall Partnership NHS Foundation Trust
- Devon Partnership NHS Trust
- NHS Kernow Clinical Commissioning Group
- NHS Devon Clinical Commissioning Group
- Livewell Southwest
- Royal Cornwall Hospitals NHS Trust
- Royal Devon University Healthcare NHS Foundation Trust\*
- NHS Somerset Clinical Commissioning Group
- Somerset NHS Foundation Trust\*\*
- South Western Ambulance NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- University of Exeter
- University of Plymouth
- Yeovil District Hospital NHS Foundation Trust\*\*

\*Formed following the merge of Northern Devon Healthcare NHS Trust and the Royal Devon and Exeter NHS Foundation Trust on 1 April 2022.

\*\*At the time of publication of this annual review, Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust were in the process of merging.



## Working with the South West AHSN

### Staff

We have a team of approximately 50 talented and dedicated staff who offer wide-ranging professional expertise in finance, healthcare, project management, communications, business development, data analysis, evaluation, knowledge management, HR, and office and events support.

Job opportunities are published on our website and shared through our communications channels including Twitter and LinkedIn.

### Associate Network

Our Associate Network is a hive of experts, creators, thinkers, and influencers, brought together to tackle big challenges in health and care by developing innovative solutions to transform the patient experience. In curating our Associate Network, we've established a pool of like-minded people who provide ideas and expertise, help to spread our work, and act as ambassadors.

### Our Values

**We are impact-led** – we are solutions focused and action orientated, and adapt plans to achieve desired end goals.

**We are improvement focused** – we seek to understand problems, look at things from different angles, test ideas and learn from our experiences.

**We are collaborative** – we value diversity of perspectives, commit to and place trust in others to contribute towards collective goals.

### Diversity and inclusion

We believe that an inclusive and diverse environment can help us achieve greater impact in our work. We are committed to the AHSN Network diversity pledges and are developing a progressive and ambitious five-year action plan led by our Diversity and Inclusion Working Group. Through this work, we are seeking to further develop a culture of inclusivity and increase diversity as part of our wider South West AHSN organisational strategy 2021–2026.

### Vantage Point Innovation Hub

Vantage Point is award-winning. It is our regional innovation hub and home of the South West AHSN. Close to the M5, accessible by train and taxi, it hosts teams gathering across the region as they develop and innovate and run improvement projects. Many use it as the base to build their capabilities through their own training or leadership programmes or in partnership with our team at the South West AHSN. Vantage Point is also host of our events programme – a mixture of face-to-face, hybrid and online events spanning our activities.

Email [info@swahsn.com](mailto:info@swahsn.com) or call 01392 247903 to find out more and to book.





In March 2022, our amphitheatre played host to a major Showcase event (see pages 14-15), at which national and local NHS colleagues were able to meet with innovators and other partners from across the sector, hearing presentation from those present, and others joining remotely. Over 100 participants were involved with this all-day event, and said that the space at Vantage Point enhanced their experience.

We are delighted to be in the heart of our region, less than two miles from the M5, and less than five miles from Exeter St David's station.



# The South West AHSN at Vantage Point

**The South West AHSN is based at Vantage Point. This acts as a central innovation hub for the South West's health and care sectors.**

Our proximity to partners at the university and health, care and industry-based organisations means that we are a logical choice to host small teams to multi-agency events.

Custom-designed with state-of-the-art facilities to meet the needs of our team, and those of our innovators and partners, Vantage Point has several individual zones which are hired for a variety of events, as well as used for meetings for health and care professionals.

These spaces include an amphitheatre with a tiered seating, dual screens for hybrid meetings, and clustered break-out spaces, a pair of conference rooms which are used separately or opened into a single large room, and a glass-walled innovation space, perfect for workshops. We also have a café/kitchen area, which guests use, and desk space for individuals is in use throughout the week.



As well as being accessible, Vantage Point has been specifically designed to encourage conversation and positive interaction, inspiring creative thinking and fostering a culture of collaboration and innovation – in line with our purpose and ethos.

**If you would like to find out more about using Vantage Point to support your business or event needs, please email us at: [info@swahsn.com](mailto:info@swahsn.com).**



# Find out more

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To learn more about any of the projects, programmes or activities you've seen here, visit our website ([www.swahsn.com](http://www.swahsn.com)), email [info@swahsn.com](mailto:info@swahsn.com) or call 01392 247903.

## Sign up to our newsletter

Receive the latest news, events and opportunities in innovation, health and care in the South West by signing up to our monthly e-newsletter. Visit: [www.swahsn.com/newsletter](http://www.swahsn.com/newsletter)

## Join our events

We host an annual programme of events online and in-person aimed at people interested in supporting innovation and improvement in the NHS. See our latest events at: [www.swahsn.com/events](http://www.swahsn.com/events)

## Follow us on social media

You'll find many South West AHSN staff on Twitter, as well as regular updates on our main [@sw\\_ahsn](https://twitter.com/sw_ahsn) profile. We're also on LinkedIn at: [www.linkedin.com](http://www.linkedin.com)

## Work with us

Our rooms, desks and amazing amphitheatre in our award-winning office, close to the M5 at Pynes Hill, are available to hire.

Email [info@swahsn.com](mailto:info@swahsn.com) or call 01392 247903 to find out more and to book.





**ACCELERATED  
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**swahsn.com**  
**info@swahsn.com**

South West Academic  
Health Science Network  
Vantage Point  
Pynes Hill, Exeter  
EX2 5FD

01392 247903