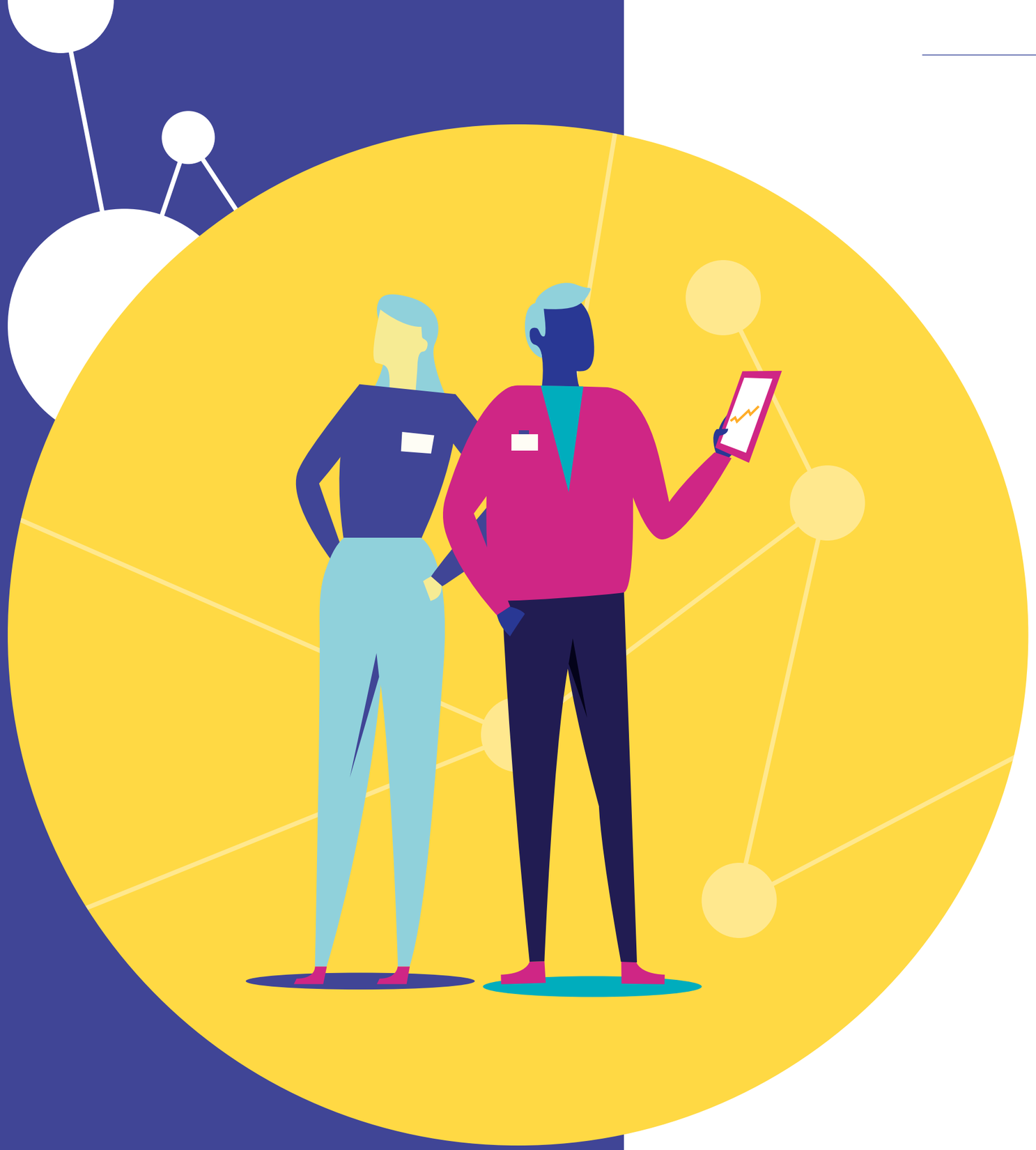
South West
Academic Health
Science Network

South West AHSN

Annual Review

2020–21

swahsn.com



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Welcome

At the end of this year I will come to the end of my second term, and will be stepping down as Chair of the South West Academic Health Science Network. I am not only proud of the impact the organisation has made in a relatively short time, I am also delighted with how the organisation has developed, and excited for its future.

When I joined in 2015, the Academic Health Science Networks were relatively young, still establishing a role in their regions and exploring their potential. Six years on, I believe they have become respected for their unique attributes. As the innovation arm of the NHS we bring together local, regional and national colleagues around innovative practice.

We respond to the wide range of needs of a sector, which continues to operate with COVID-19. Improvement through innovation is playing a critical role, from supporting the adoption of COVID Oximetry @home to supporting the uptake of a pioneering new asthma treatment. Working in partnership means our insight is gathered and shared from those working on the ground: from innovators, midwives applying new approaches to perinatal care, and teams who worked through the Exeter Nightingale Hospital.

As I reflect on the value the South West AHSN provides, I put it down to several key strengths that we have cultivated.

Our expertise in how to spread innovative practice – developed over many years working regionally and nationally, this is a considerable asset to the health and care sector in the South West. We have developed our popular Spread Academy, which has really helped teams to put their ideas into action, and supported innovators to take their next steps.

Our skills and knowledge in evaluating impact from improvement – knowing how to measure change and sharing the learning has consistently been vital in bringing people together, and demonstrating our ability to translate innovation into positive ongoing impact for our health and care system.

Our ability to support health and care organisations to build their capability – creating the opportunity for innovation, and the conditions for continuous improvement makes the most of our work with both frontline staff and strategic leaders regionally and nationally.

This year, the Board approved a new five-year strategy, focused on harnessing our experience in spreading innovation to improve health equity in the region. This will create areas of common purpose across the region, that we can all work on together.

It has been an honour to be the chair of the South West AHSN and its fantastic team. I feel confident the organisation is on a solid footing to face the challenges it will take on in the health and care system in the years ahead.

ALASTAIR RIDDELL
CHAIR

I joined the South West Academic Health Science Network as CEO in April 2020, driven by a belief in the unique role and potential of AHSNs to improve lives through innovation. The last twelve months demonstrated to me that our role and contribution to our local health and care system is perhaps more relevant now than ever before.

The last year has been dominated by the challenges of COVID-19. I'm incredibly proud of our team's work supporting partners across the region in this context. We've adapted in response to the pandemic, using our experience in the adoption and spread of innovation, evaluation and capability building to support the regional response to the pandemic.

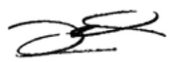
Our annual review is our opportunity to share the stories of our work with partners across the South West, including the roll-out of remote management of COVID-19 patients, supporting optimisation of vaccination delivery, capturing insights through the pandemic using rapid-cycle learning and our rapid support to innovators tackling the impact of the pandemic in real-time.

We've also been looking ahead to the future. In early 2021 we started work on our new five-year strategy, focused on one of the most significant issues for our region in the years ahead – health equity. Our approach is informed by a belief that we can increase the impact of our work through greater focus, concentrating our efforts on an overarching theme where significant progress can be achieved through the spread of innovative practice.

I'm excited by what we can achieve collectively through a focus of health equity. Working with our partners in the system I believe we can achieve an impact greater than the sum of our parts: combining our insights into health equity challenges, demonstrating how innovation can help close health equity gaps and building the region's capabilities to maximise our impact.

As a system, the next year will have the twin focus of recovery and transformation. COVID-19 has highlighted the significance of health equity gaps that exist across the region. The establishment of Integrated Care Systems and the ambitions set out in the NHS Long Term Plan provide significant opportunities across the system to improve health equity through innovative practice.

I hope you enjoy reading about our work and look forward to working with our members and partners in the months and years ahead.



JON SIDDALL
CHIEF EXECUTIVE OFFICER

Who we are

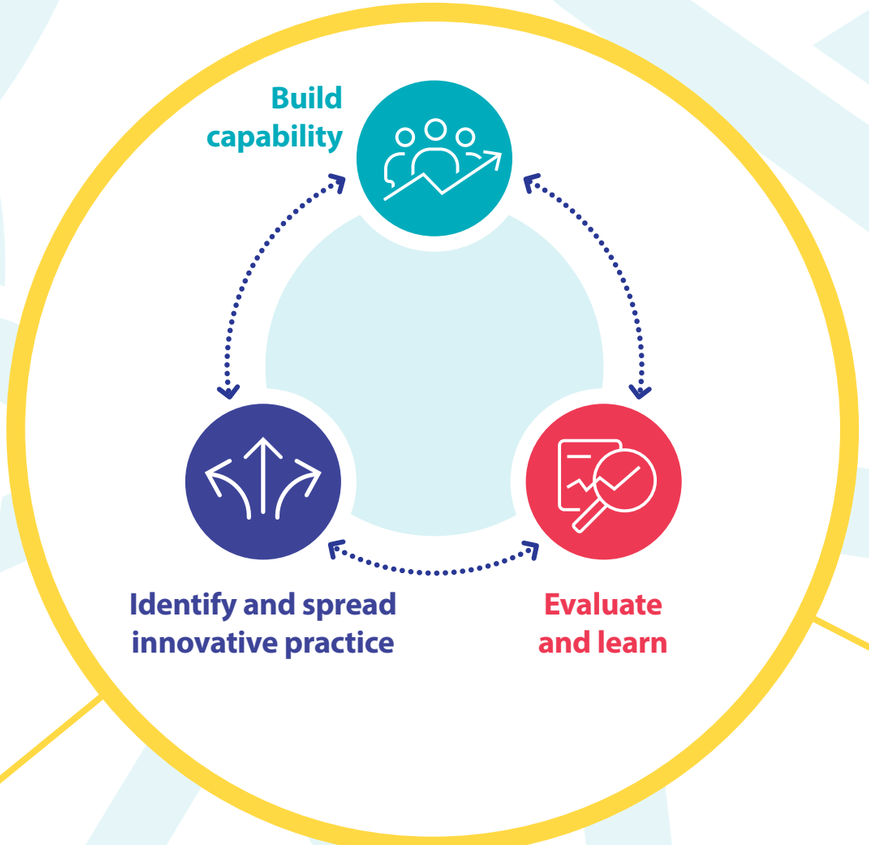
We are the only bodies connecting NHS and academic organisations, local authorities, the third sector and industry. AHSNs are uniquely placed to identify and spread innovation at pace and scale – driving the adoption and spread of innovative ideas and technologies across large populations.

Collectively, the AHSN Network plays a critical role in supporting the health and care sector. In the last year, our work during the pandemic as a network of AHSNs has:

- **Benefited over 258,000** people
- **Leveraged over £462m** of investment into the health and life science sector
- **Supported 2,888 companies** and created 700 jobs

The South West Academic Health Science Network (South West AHSN) is one of 15 AHSNs set up by NHS England across the country in 2013.

We were established to transform lives through the adoption and spread of innovation in health and care, and to generate economic growth as part of the national AHSN Network.



How we work

We work with partners across the health and care system focusing on three main types of support:

- **Identify and spreading innovative practice –** delivering national and regional programmes across the health and care system through collaboration, practical support and knowledge sharing.
- **Building capability –** supporting local health and care systems to build their capability to identify and adopt innovative practice.
- **Evaluate and learn –** supporting our local systems to evaluate the impact of improvements and generate learning.

Spreading innovative practice

We spread proven innovative practice across the health and care system by building networks, sharing knowledge, strengthening collaboration and providing practical support to our partners.

Impact headlines

- **Improved care for 370 babies** across 12 hospitals teams in the South West and West of England, through the delivery of the Perinatal Excellence to Reduce Injury in Premature Babies (PERIPrem) project.
- **1,440 care home staff** across Cornwall, Devon and Somerset have been trained in the use of RESTORE2 to spot serious illness and sepsis.
- **Signposted over 100 innovators** to support and distributed £83,000 of grants for COVID-19-focused innovation.
- **Supported 100% of GP practices** in the South West to use video consultation between May and June 2020, during the COVID-19 pandemic.

Priorities for 2021/22

Continue to deliver the AHSN Network national programmes in the following areas:

- **Adoption and spread** of proven innovation.
- **Innovation Exchange** to support and enable innovators to build partnerships with the health and care system in the South West.
- As hosts of the **South West Patient Safety Commission.**
- Develop a focused portfolio of **regional health equity programmes** that have the potential to achieve demonstrable improvement through the spread of innovative practice. The first programme is improving equity of health and wellbeing outcomes for mothers and for babies (perinatal programme).

An example of the process map highlighting the challenges and solutions identified in Devon's vaccination programme.

REGIONAL PROJECTS

Supporting the regional response to COVID-19

Accelerating the implementation of electronic GP consultations was vital to ensure continued healthcare during the pandemic, while optimising how vaccination centres were being run in Devon helped improve the efficiency of their vaccination programme.

In 2020 the South West AHSN helped GP practices to implement online and video consultation digital tools to support a 'total triage' model in primary care, assisting with software and hardware, as well as training and troubleshooting.

Support was given to scale up electronic Repeat Dispensing (eRD), alongside remote monitoring of residents in care homes. We also collaborated with the South West Peninsula Applied Research Collaboration to capture learning and insight on how to optimise the use of virtual consultations.

In January and February 2021, we undertook a six-week knowledge-gathering and data-modelling project at nine Primary Care Network-run COVID-19 vaccination centres in Devon. The aim was to optimise the use of workforce and space, creating adaptable modelling for different sites.

Predicting increased demand, as second vaccinations were handled alongside first vaccinations, we streamlined data-entry processes and workforce efficiency, testing different models to establish innovative practice. Results were presented at a South West Rapid Insights gathering in April 2021:

- **75% of practices in the South West** now utilise online consultation (compared to 50% in March 2020).
- **100% of practices in the South West** utilised video consultation between May and June 2020 to continue providing services during the COVID-19 pandemic.
- **Our work has led to as much as a 50% increase** in patient throughput at some vaccination sites as part of wider support given to enable system improvements.

REGIONAL PROJECTS

Devon Change Hub

The Devon Change Hub brings together system partners in the county to accelerate quality improvement capability in the region. Its projects have included the Think NHS 111 First campaign, and supporting Nightingale Hospital Exeter.

Think NHS 111 First

This project aimed to reduce numbers of those attending Emergency Departments (EDs) for non-urgent care, by encouraging residents to call NHS 111 for advice rather than attending EDs, and by supporting the adaptation and enhancement of existing alternative care pathways. We worked with Devon Sustainability and Transformation Partnership (STP) to roll out the programme across Devon, with coaching, facilitation, and evaluation.

The South West AHSN Quality Improvement Partner Panels (QuIPPs), our patient involvement group, also played a key role in developing communications for the launch of the programme.

Learning and improvement huddles were established to discuss and implement ways to reduce immediate pressure in EDs.

Impact:

- **The launch of Devon NHS Think 111 First** in December has resulted in an increase in 111 demand (telephone) and reduced emergency department attendances.
- **Six care pathways** improved through learning huddles.
- **The learning and improvement huddles** were seen as crucial to the success of the Think 111 programme.

Nightingale Hospital

The South West AHSN was involved with three projects supporting the Nightingale Exeter Hospital, which was set up in response to the pandemic:

- **Organisational support** for the field hospital team, including direct coaching, embedding real-time learning into the set-up.
- **A rapid-learning report,** compiled from interviews with key participants, outputting lessons learnt from the commissioning stage of the hospital.
- **A qualitative review** of system-wide working that occurred during the pandemic.

The insights and learning from each of the three projects have informed ongoing work in the Devon system, including winter planning. The methods developed and tested by the South West AHSN informed the learning and improvement huddles we deployed in the Think NHS 111 First campaign. These have been extended into the recommendations we have made to the system for how to most impactfully design and roll out virtual wards.

> ***"I would like to reiterate my appreciation and thanks for the skilled support provided by the South West AHSN in helping progress this work. In my nine years in commissioning, I have not been part of a working group where so many clinical representatives from across the healthcare system have met regularly. This is truly a success."***
>
> **— DAFFYDD JONES, THINK NHS 111 FIRST PROGRAMME BOARD MEMBER**

REGIONAL PROJECTS

A better outcome for preterm babies

The Perinatal Excellence to Reduce Injury in Premature Birth (PERIPrem) project aims to reduce brain injury and death caused by preterm birth by at least half.

PERIPrem is a bundle of eleven perinatal care interventions, designed to reduce the risk of injury and death in preterm babies. We worked with West of England AHSN to pilot test the PERIPrem bundle across trusts in both areas.

With participation from 12 hospital trusts, and 48 core perinatal clinicians across the region, we held 17 'share and learn' sessions for staff in the six months to April 2021. At this point, 370 babies have been cared for under PERIPrem. 1,100 sets of resources have been downloaded from the website, and the regional clinical passport has been translated into the top eight locally used languages. PERIPrem has been shortlisted for the HSJ Patient Safety Awards 2021, in the Patient Safety Pilot Project of the Year category.

Find out more about PERIPrem.

370 **babies to date** received improved care

11 **clinical interventions** rolled out working with 12 hospital teams across the South West and West of England

8 **key resource language translations** to support inclusive patient involvement

> *"This has been one of the most empowering journeys I have taken as a mum of preterm baby. Seeing my ideas incorporated into the design and roll-out of the PERIPrem bundle has been incredibly rewarding."*
>
> — LEANNE WAKELY, PERIPREM STEERING GROUP PARENT REP

REGIONAL PROJECTS

PReCePT

The first ever perinatal programme delivered at scale across England, PReCePT (Prevention of Cerebral Palsy in Pre Term Labour) brings together midwives, obstetricians and neonatologists in every maternity unit in the country. It is reducing the incidence of cerebral palsy in preterm babies, by offering eligible women magnesium sulphate during labour, which cuts the risk by 30%.

Funded by NHS England, PReCePT was one of the seven programmes being adopted and spread across England by the 15 Academic Health Science Networks during 2018-2020.

To further this spread and adoption, the intervention is part of the PERIPrem care bundle. In the South West, despite COVID, 87.3% of eligible mothers received the dose, above the national target of 85%.

Find out more about PReCePT.

87.3%

of eligible mothers in the South West received magnesium sulphate during 2020–2021, reducing the incidence of cerebral palsy in preterm babies.

REGIONAL PROJECTS

Social prescribing boosts health and wellbeing

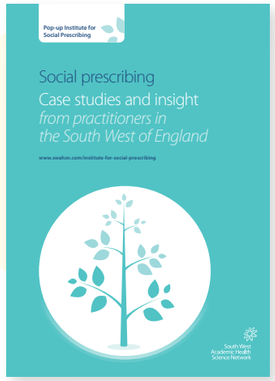
Social prescribing contributes to a personalised approach to healthcare, using practical, social and emotional support to boost people's health and wellbeing.

Through our **Institute for Social Prescribing**, we have supported a range of 'test beds' to connect primary care and community responses and support vulnerable individuals during the COVID-19 pandemic. Each test bed has been supported to identify, develop and spread their distinct approach to social prescribing to meet local needs.

Following this work, we produced a comprehensive insight and learning report which highlights:

- **Conditions which enable spread** and adoption of innovation in social prescribing
- **The eight building blocks** of social prescribing.

Read the full report here.



The eight building blocks of social prescribing:

- **Buy-in and access –** widespread publicity, easy referral routes, peer recommendations
- **Personal conversations and time –** making time for wide-ranging conversations, identifying existing support and future goals
- **Relationships and collaboration –** between individuals, with professionals and in communities
- **Local and place-based**
- **Connections to community support**
- **Funding** to build community resilience
- **Appropriate and relevant measurement**
- **Leadership and workforce development –** through networks and peer support

Celebrating the impact of the South West social prescribing test beds 2020–2021

St Austell test bed

Providing digital social prescribing support to young people.

St Austell Healthcare, a group of GP practices, redirected its new health and wellbeing services app, Help at Hand, to include online and delivery services, to support the community, working with partners to prioritise and support the most vulnerable:

- **30,000 residents,** generally more elderly and deprived than the UK average
- **1,600 contacts** with the most vulnerable residents March–May 2020
- **300 patients** receiving prescription deliveries

Read more case studies here.

Frome test bed

Using peer-to-peer digital training for vulnerable community members.

Health Connections Mendip supported and promoted community-based efforts to ensure connection within communities, and health support, both informally and as social prescribing:

- **30,000 residents**
- **16,000 website visits,** March–May 2020
- **47,000 wellbeing booklets** delivered

Ilfracombe test bed

Taking a place-based partnership approach to social prescribing.

Starting at street level, in parishes and towns, the social infrastructure and relationships built by One Northern Devon enabled rapid community-led volunteer support to develop for those affected by COVID-19.

- **160,000 residents**
- **Combined volunteer workforce** of over 1,000 people
- **Over 7,000 leaflets** printed and delivered to households

NATIONAL PROJECTS

Remote monitoring during COVID-19

During the first wave of the pandemic, it became clear that using simple and cheap pulse oximeters to measure the oxygen saturations of people most at risk from COVID-19 could help people self-monitor safely at home and spot if their condition was worsening.

As part of a national commission from NHS England and NHS Improvement, with support from NHSX and NHS Digital, Patient Safety Collaboratives (PSCs) led on the implementation and spread of innovative practice to scale up COVID Oximetry @home and virtual wards pathways with local healthcare systems.

Pulse oximeters were distributed through clinical commissioning groups (CCGs) to support a 'COVID Oximetry @home' primary care-led pathway. This step-up model of care monitored vulnerable people who had tested positive for COVID-19, ensuring timely admission to hospital if necessary, often before other symptoms presented.

The PSC was then asked to support a secondary care-led, step-down 'virtual ward' model, which allowed patients with coronavirus to be discharged from hospital with a pulse oximeter to monitor their recovery.

Both of these care pathways helped improve the flow of patients through hospital, ensuring timely admission for deteriorating patients, and supporting people to have a supported discharge home faster when beds were at a premium.

> ***"The South West AHSN provided the Devon system invaluable support around the planning and mobilisation of COVID Oximetry @home and COVID virtual wards. They were able to act as the link between our system and others in order that we could share learning, ideas and information quickly at a time when there was a huge amount of pressure on systems to get these new services in place."***
>
> **— LAUREN BENHAM, SENIOR COMMISSIONING MANAGER, COMMUNITY SERVICES, NHS DEVON CLINICAL COMMISSIONING GROUP**

To achieve the national target at speed required the system to work together and react quickly. The South West AHSN supported stakeholders across its three CCGs and seven acute hospital trusts, for example:

- **Implementation support** for COVID Oximetry @home and shared learning from other areas to adapt the national protocol to suit their area and team, such as capacity modelling, workforce issues, and applying for oximeters.
- **Hosted learning sessions** to cascade key national and regional updates and facilitate evaluation and shared learning.
- **Undertaking two learning projects** on the potential development of other virtual ward approaches in Devon and Somerset.

888

people have benefitted from COVID Oximetry @home and virtual wards across Cornwall, Devon and Somerset.

100%

of COVID Oximetry @home services fully available and all acute trusts had access to virtual wards.

> ***"The South West AHSN supported us to set up the oximetry scheme rapidly, using learning from national pilots and other local CCGs, and kept us up to date with any changes."***
>
> **— ANONYMOUS EVALUATION PARTICIPANT**

NATIONAL PROJECTS

Improving patient safety together

Through the South West Patient Safety Collaborative (PSC), the AHSN supports regional systems with programmes and initiatives that build a culture of continuous learning and improvement.

The South West Patient Safety Collaborative is one of 15 PSCs across England delivering the **National Patient Safety Improvement Programmes** (NatPatSIP).

To deliver these programmes, we work with teams to help them reduce the risk of harm and make care safer for all. During COVID-19, PSCs focused on supporting the rapid development of remote monitoring pathways, as part of its managing deterioration workstream **see page 16**.

National Patient Safety Improvement Programmes (NatPatSIPs)

- Managing Deterioration
- Maternal and Neonatal
- Medicines Safety
- Mental Health
- Adoption and Spread

Read more about the programmes here.

NATIONAL PROJECTS

RESTORE2: working with care homes

Recognising deterioration in a timely manner can help to prevent serious illness such as sepsis. The SW PSC has increasingly focused on supporting care providers in the community to spot deterioration, such as care homes and domiciliary care, using a tool called RESTORE2.

The tool has been designed by West Hampshire CCG and Wessex AHSN to help care and nursing professionals to recognise when someone may be at risk of physical deterioration, obtain a set of physical observations (such as blood pressure or temperature) and act appropriately, escalating their concerns to a health professional in a timely way to get the right support.

Some of our work has included:

- **Supporting health and social care systems** to train staff from 350 care homes in the use of the RESTORE2 deterioration tools.
- **Input from the South West AHSN** to support the roll-out of RESTORE2 in the region.
- **Launching an interactive** RESTORE2 and RESTORE2*mini* toolkit to support development of training in the region.

Supporting the adoption of RESTORE2 is one of the ways we are supporting care homes in the region, helping to meet the NHS priorities for **Enhanced Health in Care Homes** and **Personalised Care and Support Planning**. We have also created a South West Care Home Network, which brings together care home managers, staff, leaders, clinical commissioning groups, local authorities and other experts to build collaboration between care homes and others in the healthcare sector, and share good practice.

Find out more about **RESTORE2 and access the resources** on our website.

1,440

care home staff across Cornwall, Devon and Somerset trained in the use of RESTORE2.

> ***"The RESTORE2 training has given staff the confidence to communicate with health professionals in a concise way. The training has enabled staff to check soft signs and seek appropriate medical attention before a resident's health declines."***
>
> **— MILDRED MHLANGA, REGISTERED MANAGER AT SILVA CARE**

Increasing access to rehabilitation therapies

The Rehabilitation Enablement in CHronic Heart Failure (REACH-HF) is a 12-week, evidence-based programme that was developed to help increase participation of heart failure patients and carers in rehabilitation therapies by bringing care into their own homes, minimising trips to hospital or GPs.

The REACH-HF programme features a suite of resources on self-care, a choice of exercise programmes, as well as psychological support designed by clinicians, academics and patients.

The original programme was developed with funding from the National Institute of Health Research (NIHR) by the University of Exeter and the Royal Cornwall Hospitals NHS Trust, in collaboration with clinical and academic partners across the UK including the Universities of Birmingham, Dundee, Glasgow, Plymouth and York together with the Aneurin Bevan University Health Board, NHS Lothian, Ninewells Hospital & Medical School, Dundee, Sandwell and West Birmingham Hospitals NHS Trust, University Hospitals of Leicester NHS Trust and York Hospitals NHS Foundation Trust.

In 2020, the REACH-HF team won the BMJ Award for Stroke and Cardiovascular Team of the Year, with judges describing the team as 'an impressive example of excellent teamwork producing a real-world solution'.

REACH-HF received support through the South West AHSN's Innovation Exchange, funded by the Office for Life Sciences. This support enabled the team to develop and deliver online training to health professionals during the height of the COVID-19 pandemic, and respond to demand from health professionals to train as REACH-HF facilitators.

89

health professionals received online training developed by the REACH-HF team through support from South West AHSN, increasing the accessibly of home rehabilitation during the COVID-19 pandemic and beyond.

> ***"Training practitioners can be very time consuming. When the pandemic arrived, we had to think quickly, to help nurses and therapists to train online. The support from the South West AHSN enabled us to develop and deliver online training to 89 practitioners. That not only helped to support patients in their own homes, but also enabled us to use this experience as proof of concept to make REACH-HF training and delivery as accessible as possible."***
>
> **— HASNAIN (HAYES) DALAL, ASSOCIATE PROFESSOR, UNIVERSITY OF EXETER MEDICAL SCHOOL AND CO-CHIEF INVESTIGATOR ON THE REACH-HF STUDY**

NATIONAL PROJECTS

Accelerating the spread of new medical technologies

The MedTech Funding Mandate (MTFM) is a NHS Long Term Plan commitment to get selected NICE-approved cost-saving devices, diagnostics and digital products to NHS patients more quickly.

Working with the Accelerated Access Collaborative (AAC) and other teams across the national AHSN Network, we have been supporting adoption in the NHS of transformative technologies and medicines through the AAC's Rapid Uptake Products (RUP) programmes and MedTech Funding Mandate (MTFM), and until April 2021 through the Innovation and Technology Payment (ITP) programme.

These programmes make it easier for NHS providers to access medical technologies that are effective, benefit patients, and can deliver savings.

During COVID-19 the focus was on delivering products where a pathway exists, building networks for new products and supporting Pathway Transform Bids across our three systems.

Rapid Uptake Products supported in 2021/22:

- **Lipid management –** to improve a person's lipid profile, by reducing cholesterol concentration in blood by treating patients with the right medicine along the evidence-based pathway.
- **Measuring fractional exhaled nitric oxide (FeNO) concentration in asthma –** to improve patient care and outcomes by more effective diagnosis of patients suspected of having asthma.
- **Biologics for treating severe asthma –** to improve patient care and outcomes by providing a better treatment option for patients with severe asthma.

A collaboration between the South West AHSN, the West of England AHSN and the South West Asthma Network led to a successful bid, securing £129,000 of pathway transformation funding in 2021 from the AAC. The funding will be made available to 10 trusts across the South West from Bristol to Cornwall, in addition to Bristol Royal Hospital for Children (BRHC).

Within the region covered by the bid there are over 250,000 patients on the asthma register, with over 12,000 patients being classified as having severe asthma and over 2,000 being eligible for biologics, however the number of patients currently benefiting from biologic treatment is relatively low.

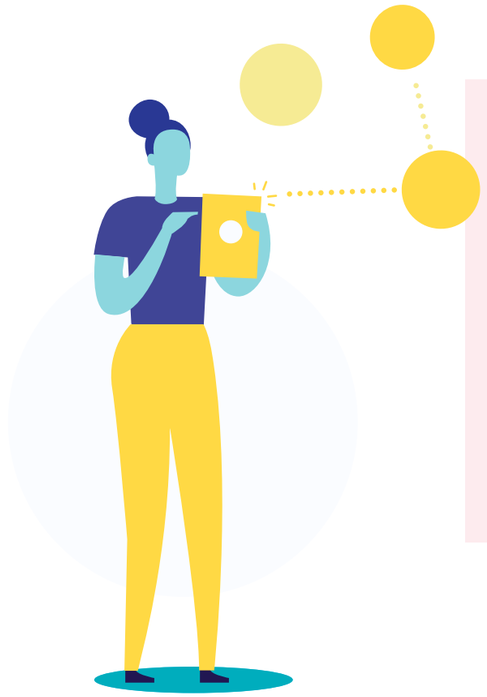
Access to biological therapies for severe asthma will be improved by supporting referrals from primary care, developing a specialist multi-disciplinary team to reduce waiting times at all points in the patient pathway, and by raising awareness of asthma biologics amongst patients and clinicians in primary care. The bid will also support the team at BRHC to develop a robust and comprehensive clinical service for children and young people with asthma. The project will run until March 2022 with the aim of securing substantive funding for service continuation through CCGs upon presentation of a business case.

The project will also be used as an opportunity to gain a deeper understanding of the characteristics of the severe asthma population in the South West and to identify localities where there is variation in the service or outcomes.

> ***"The advent of biologic treatment has revolutionised the management of patients with severe allergic or eosinophilic asthma. The project will enable better and timelier identification of patients potentially suitable for asthma biologic treatment. Achieving this will improve equity of service across the region."***
>
> **— DR ROB STONE, CLINICAL LEAD FOR THE SOUTH WEST ASTHMA NETWORK**

> ***"Having a PlGF test available for women with suspected pre-eclampsia aids our clinical decision making. These women may have previously been admitted, or had a plan for repeated blood pressure and urine checks in the community, but they can now be reassured and discharged which provides them with a more positive experience."***
>
> **— KATE YARDLEY, BETTER BIRTHS LEAD MIDWIFE, ROYAL DEVON AND EXETER NHS FOUNDATION TRUST**

> ***"We have found the SecureAcath devices extremely useful in preventing PICC displacement and have noticed a marked difference in the number of rewires we are now having to do, compared to the time when we were not using them."***
>
> **— SHIRLEY FOX, ONCOLOGY AND HAEMATOLOGY DEPUTY MATRON AT THE MACMILLAN ONCOLOGY AND HAEMATOLOGY DAY UNIT, YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST**



MedTech products supported in 2021/22:

- **Placental growth factor based testing (PlGF) –** a blood test to rule out pre-eclampsia in pregnant women, being implemented across seven acute hospitals in the South West.
- **SecurAcath –** for securing percutaneous catheters.
- **HeartFlow –** creates a 3D model of a patient's coronary arteries and assesses the extent and location of blockages. In development across six of the region's acute hospitals.
- **gammaCore –** a handheld device which alleviates the symptoms of severe cluster headaches.

NATIONAL PROJECTS

Early interventions for eating disorders

We are supporting FREED (First episode Rapid Early intervention for Eating Disorders) to speed up diagnosis and treatment of 16 to 25-year-olds with a first episode eating disorder.

Eating disorders are serious mental health problems with high levels of mortality. Peak onset for eating disorders is during adolescence and early adulthood, and evidence from research studies suggests that treatment outcomes are best if the condition is identified and treated at the earliest opportunity, within the first three years of illness.

The South West AHSN is supporting the spread of FREED, an evidence-based, specialist care package for 16 to 25-year-olds with a first episode eating disorder.

Thirty people have already benefited from the model in the early-stage implementation of FREED by Somerset NHS Foundation Trusts. We also supported Cornwall Partnership NHS Foundation Trust to successfully apply for £35,000 funding for a FREED Champion, and supported Livewell Southwest and Devon Partnership NHS Trust to develop FREED-like services. Cornwall launched its FREED service in May 2021, Livewell Southwest in July, and Devon is due to launch in September 2021.

> ***"We're thrilled about the successful bid for the FREED funding. With the increasing awareness of the impact an eating disorder has on individuals and those around and supporting them, it is essential that we are able to act quickly to offer assessment and treatment in order to improve outcomes and FREED will support us in this aim."***
>
> **— DR LYNN OLVER, CLINICAL LEAD AND TEAM MANAGER, AND LOUISE WILLIS-RICHARDS, FREED CHAMPION, ADULT EATING DISORDER SERVICE, CORNWALL PARTNERSHIP NHS FOUNDATION TRUST**

NATIONAL PROJECTS

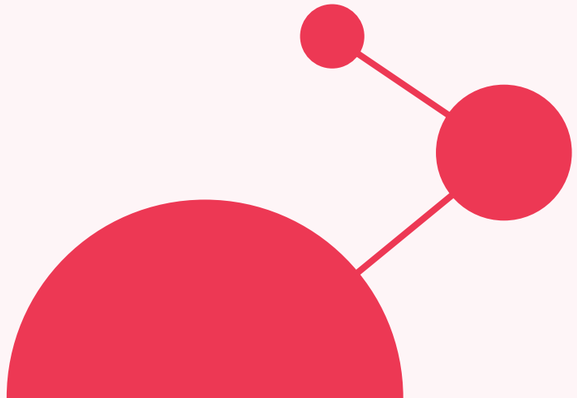
Accelerating innovative practice

As part of the national AHSN Innovation Exchange (commissioned by the Office for Life Sciences), we have been working with partners across the South West to identify, select and support the adoption of innovations that improve our economy and patients' lives.

During the pandemic, we had to re-focus our Innovation Exchange programme in 2020–21 to meet the challenges of COVID-19. We provided signposting support to over 100 innovators and distributed £83,000 of grants to support COVID-19 focused innovation. These included:

- **Technical Health Ltd**, who offer the award-winning MySunrise App which supports patients through their cancer treatment journey.
- **Health and Care Innovations**, who support clinicians in the remote delivery of patient care and education.
- **Brain in Hand**, a digital self-management support system for people with autism.

In 2020–21 we supported the launch and delivery of two major research-led economic growth programmes in Cornwall: the Innovation Challenge Fund which focused on e-health small and medium enterprises (SMEs), and the Smartline Project which offers spread and adoption training to Cornwall-based SMEs. Together they have approved £58,500 of grant funding and supported over 20 innovators.



NATIONAL PROJECTS

Keep Cornwall Fed

Our joint Health and Wellbeing Challenge Fund for social investment, led by local investor Resonance, leveraged a further £1.5million to extend support to help social enterprises deliver services to vulnerable groups across the South West. One social enterprise which has benefitted is Keep Cornwall Fed, who donate one meal to someone in food poverty for every meal they sell commercially.

> ***"We are really pleased that we've received this investment to help us achieve our dream of assisting 5,000 people a year, who are struggling with food poverty. This finance will enable us to scale up our impact."***
>
> **— STUART MILLARD, KEEP CORNWALL FED**

NATIONAL PROJECTS

Place-based innovators

The South West AHSN invested £140k in 20 placed-based approaches across the South West during the first year of the COVID-19 pandemic.

- **£60k of this funding** was invested in projects located in the third most deprived areas in England.
- **Delivered over 100 hours** of evaluation and learning support to place-based approaches in the region to support them to establish robust logic modelling, and impact measurement.
- **Equipped 67 delegates**, across 12 teams with the skills and strategies they need to unleash community-centred approaches that address health inequalities through our Spread Academy programme.
- **Enabled over 100 patients** and young people to improve their health, wellbeing and employment opportunities.

NATIONAL PROJECTS

Brain in Hand

Exeter-based Brain in Hand aims to transform the model of care for autistic people who are supported by the NHS and social care to help them live more independently. The system provides a practical digital solution for the delivery of personalised care, putting people in control of their own care while involving carers and supporters.

We supported Brain in Hand to successfully secure £800,000 funding from the Small Business Research Initiative for Healthcare (SBRI Healthcare) programme and also to secure a place on the **NHS Innovation Accelerator** programme.

> ***"The South West AHSN have been brilliant partners for Brain in Hand. Not only are the experts on the team very accessible, knowledgeable and helpful; they also have the rare combination of awareness of the private sector, academia and public sector. They genuinely understand the challenges faced by a rapidly scaling business developing a solution for health and social care.***
>
> ***More specifically, we received invaluable support with our Phase 2 SBRI application. This included introductions to potential collaborators, feedback on our pitch to the grant panel and participation in our advisory board. We are now the grateful recipients of a significant Phase 2 grant with the support of five mental health trusts and an excellent clinical/academic lead."***
>
> **— LOUISE MORPETH, BRAIN IN HAND**

Building capability

We help our partners build the culture and capabilities vital to the development, adoption and spread of innovative practice across the regional health and care system.

Impact headlines

- **420 people** have participated in our Spread Academy to date.
- **Worked with 11 test sites** throughout the UK and led co-design sessions with over 70 stakeholders to enhance the provision of information about social prescribing.
- **Delivered 100s of hours** of quality improvement training to healthcare teams across Somerset.

Priorities for 2021/22

- **Continue our partnership** with Somerset Quality Improvement Faculty, ensuring a systematic approach to improving and embedding positive change.
- **Develop our partnership** with the Billions Institute in the USA to maximise the impact of our Spread Academy programme.
- **Support continued development** and provide innovation and improvement advice and expertise to each of our region's Integrated Care Systems (ICS).
- **Work with NHS Horizons** to accelerate the delivery of improvement projects with Integrated Care Systems in Cornwall, Devon and Somerset.

Spread Academy

In March 2021, we held our third Spread Academy, focusing on tackling health inequalities, with teams from 13 organisations working in the region.

Funded through our Office for Life Sciences Innovation Exchange programme we launched a Spread Academy focused on supporting local innovators to address health inequalities across our communities. 13 teams were sponsored to attend the academy which spanned a range of innovation areas include health technology, suicide prevention and dementia care. The academy was complemented by the development of a toolkit to map/highlight health inequality projects across the region.

The Spread Academy is an immersive training programme, run in partnership with the renowned US-based social change agency **Billions Institute**, who are global leaders in large-scale change. The third Spread Academy took place online, and focused on levelling the playing field for those who are disadvantaged, enabling teams who have innovative ideas to explore them further, and discuss ways to drive them forward.

With COVID-19 forcing the rapid adaptation of technology, driving efficiencies, and opening up new ways of connecting within communities, the patient experience has changed, hopefully for the better. We are planning our next 'Tech for Change' Spread Academy for October 2021, designed to support teams who've developed technical innovations to solve problems in community, health and care settings.

Find out more about our Spread Academy here.

> ***We all learnt so much about each other and the way we work, accepting, adapting and growing together through every task."***
>
> ***"I have recognised that I can't always fix problems for people."***
>
> ***"The team feels more psychologically safe to share and challenge each other since attending."***
>
> — OUR SPREAD ACADEMY PARTICIPANTS

Quality improvement training

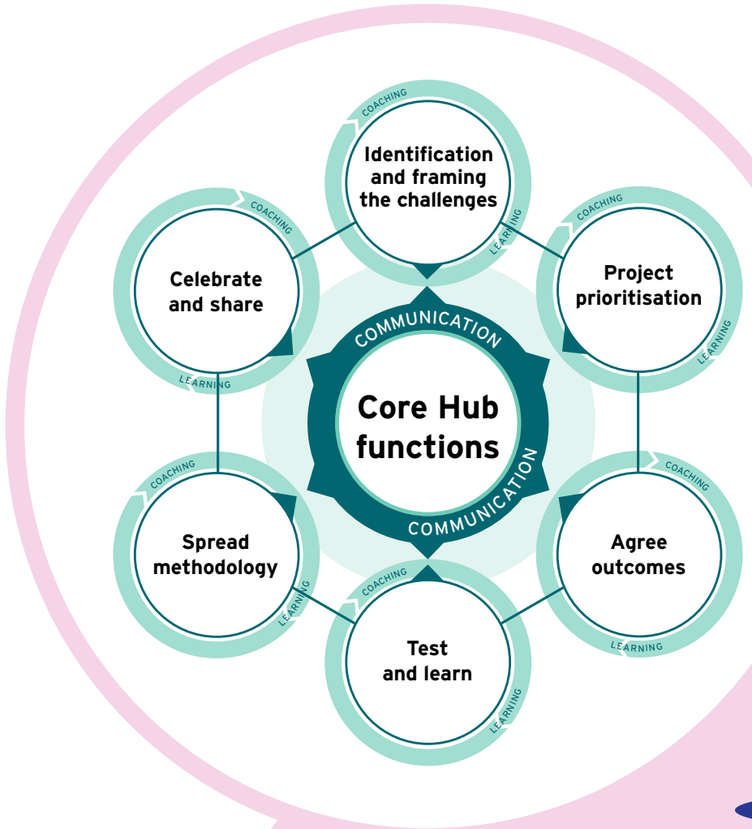
Training in quality improvement (QI) helps to build the capability within teams to find and test change ideas and make measurable improvements for a specific challenge.

The South West quality improvement training includes the Silver QI & Culture Programme. This is based on the **Seven Steps to Quality Improvement**, developed by NHS England and NHS Improvement.

We delivered four modules of Silver QI training during 2020/21, across Somerset, which equates to several hundred hours of training. Devon CCG received training on the background and context of QI in healthcare, the methodology of QI and the inter-relationship of culture.

We will be delivering a QI training programme specifically for maternity and neonatal specialists in the South West system, and are supporting the development of a similar system in Devon.

We are also helping to expand the Change Hub model, currently in place in Devon **(see page 11)**, using their learning to work with and support expertise in Cornwall and Somerset.



Supporting the healthcare workforce

We have offered a range of initiatives aimed at maximising the effectiveness of workforce teams in primary and secondary care settings.

Data and capacity building in primary care

This work has included reviewing and sharing insight to aid the spread of video consultations, supporting domiciliary care workforce teams by running an innovation challenge to find solutions that are ready for adoption and spread, and utilising rapid uptake of virtual wards innovation to assess and spread behaviour change.

With the arrival of COVID-19 the use of non-face-to-face services in primary care across the region increased dramatically. We have examined population health data from 20 practices in Devon, Cornwall and Somerset to streamline services for vulnerable patients and their families.

Each GP practice has thousands of patients. Dealing effectively with incoming requests for appointments can help get the right care to the right patient, and also support workforce challenges heightened during the pandemic.

Many practices are using E-consult to help them manage online or phone consultations. Using insight from the GP practice, and data analysis tools, the South West AHSN helps GP practices move from a 'one size fits all' approach to a more tailored approach, streaming patients through different pathways into the practice with the aim of improving efficiency, continuity and patient experience.

Supporting leadership in primary care

We supported Devon Clinical Commissioning Group with its primary care development, designing and facilitating a bespoke workshop to help identify how they could improve clinical systems leadership, with a focus on primary care. The workshop explored:

- **Skills for leading and influencing** within their primary care networks (PCNs) in the context of the current environment.
- **An understanding of the Integrated Care System (ICS)** and the role of primary care within the system.
- **Potential governance and structures** for working collaboratively across PCNs and localities.

This is just one example of the workshops developed, designed and facilitated by the South West AHSN, which have helped teams establish how they will use leadership models in tandem with effective data management, to establish these practices and methods as they transition to a new Integrated Care System.

Personal care digital projects

Working with the NHS England Personal Care team we have led two significant projects to enhance the provision of information throughout social prescribing. Currently there is limited capability to enable information to flow between the various providers of social prescribing. We have supported the development and evaluated a minimum data set pilot, working with 11 test sites throughout the UK. We led co-design sessions with over 70 stakeholders throughout the system to support the roll-out of consistent descriptions of need and support.

To enable this to be reported, working with the NHS England Personalised Care team we have led the development of a set of standards. All software suppliers of case management systems will have to comply with to be accepted on to the Health Systems Support Framework for procurement, enabling the 90% of the market without a system to find one that meets their needs. We are also producing a Buyer's Guide (to be launched later in 2021) aimed at all parts of the social prescribing system to support them in this process.

Evaluation and learning

We support partners to evaluate impact and apply learning to improve the delivery of health and care services. We share knowledge and provide rapid, actionable insights to inform improvements and spread innovative practice.

Impact headlines

- **Our Quality Improvement Partner Panels** provided support to projects and innovators through 24 panel sessions.
- **Led 5 COVID-19 rapid cycle learning projects** across the region.
- **7 innovations funded by our COVID Innovation Fund** were provided with evaluation/analysis support.

Priorities for 2021/22

Continue to support local systems to evaluate the impact of improvements and generate learning:

- **Supporting national and regional programme evaluation**
- **Evaluating innovations seeking to spread**
- **Rapid cycle learning**
- **Work with the South West Peninsula Applied Research Collaboration** on a one-year project to evaluate how to achieve beneficial outcomes from virtual consultations
- Evaluate innovations selected for the **Workforce Domiciliary Care Challenge** run jointly with West of England AHSN.

Evaluation for impact

Change must be evaluated to optimise and embed it, especially in fast-moving situations. We have specialist expertise in the evaluation of healthcare programmes and new innovations.

In the last year, we have been involved in evaluating several key national projects across the South West and in partnership with other AHSNs nationally:

Perinatal Excellence to Reduce Injury in Premature Birth (PERIPrem) – Working in collaboration with the West of England AHSN, the SW AHSN evaluation and learning team have been commissioned to evaluate PERIPrem. The evaluation is currently underway and aims to understand the effectiveness of using quality improvement (QI) methodology to support maternity and neonatal units in implementing a standardised bundle of care to mothers who deliver their babies at less than 34 weeks' gestation. The evaluation will assess if the PERIPrem approach works and how it works **(see page 12)**.

Artificial Intelligence in Health and Care Awards – We partnered with Kent, Surrey Sussex and Oxford AHSNs to provide evaluation guidance and support to the Accelerated Access Collaborative (AAC). The Artificial Intelligence (AI) Award is run by the AAC in partnership with NHSX and the National Institute for Health Research (NIHR). It will make £140 million available over three years to accelerate the testing and evaluation of the most promising AI technologies which meet the strategic aims set out in the NHS Long Term Plan.

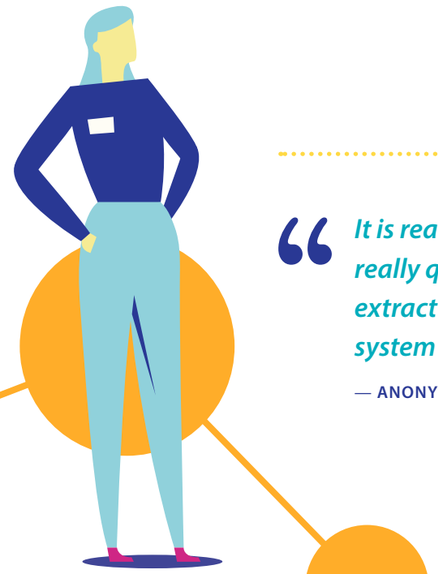
NHSX Regional Scaling Up Programme – In October 2020, NHSX released £1.5million of funds across the seven South West region STPs (Cornwall, Devon, Somerset, Dorset, Gloucester, BNSSG and BSW) in order to support the scaling up of remote monitoring. This work had three primary objectives, with 14 project teams delivering the work:

- **Remote monitoring in care homes** through the implementation of the SystmOne Care Home Module.
- **Remote monitoring and self-management support** for people with learning disabilities.
- **Piloting and use of digital clinical communication tools** across all seven STPs.

As part of this programme of work we provided support around the identification of benefits and evaluation approaches. In March 2021, two learning sessions were held, bringing together the project teams from across the seven systems. The meetings identified key learning points that have been taken forward into ongoing South West digital programmes, including support around sharing learning between sites and benefit quantification.

The COVID Innovation Fund **(see page 23)** **–** In addition to their financial grant, we supported innovators to improve their capability around evaluation. This included developing logic models, evaluation frameworks, data analysis and report writing.

Somerset Red Quadrant – We have delivered teaching sessions and project support on data and evaluation to Somerset County Council's Co-Labs project. Our support increased the capability of commissioning teams to embed evaluation and use to data as part of the Improving Lives Transformation Programme.



> ***"It is really important that when something has happened really quickly, we make sure we're doing what we can to extract learning at every possible moment, and helping the system to optimise the changes that have been made."***
>
> — ANONYMOUS EVALUATION PARTICIPANT

The evaluation team has evaluated our internal events, training and network collaboratives to ensure that our content and structure are offering the most benefit to our stakeholders and the health and care system more widely.

Through our Innovation Exchange, our team has worked with innovators, seeking to spread:

- **KiActiv® Health –** We were commissioned by West of England AHSN to evaluate the impact of KiActiv® Health a personalised and guided online intervention that empowers participants to optimise physical activity within their everyday lives. The evaluation has enabled the innovator and commissioners to understand the impact of KiActiv® for patients with COPD and Chronic Fatigue Syndrome and the potential for wider spread and adoption.
- **Healthwave –** In December 2020, we supported Healthwave Limited to secure £155k from Innovate UK to assess inequality of access to NHS healthcare during the COVID-19 crisis. The consortium, led by Healthwave Limited in partnership with the South West Academic Health Science Network and Somerset Clinical Commissioning Group (CCG), is exploring how people access digital healthcare services during the pandemic and will recommend improvements.
- **Health & Care Videos in the Torbay surgical pathway –** We have supported the commissioning of an economic evaluation and modelling for the use of videos provided by Health and Care Videos (HCV) in the cardiac resynchronisation therapy (CRT) and pacemaker pathways in Torbay and South Devon NHS Foundation Trust. The evaluation and modelling was funded through our commission by the Office for Life Sciences. It will support the trust to make informed decisions about where videos may best support the patient journey in other surgical pathways.

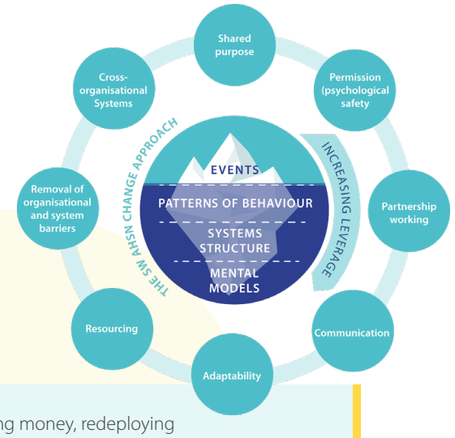
IQoro evaluation support

Dysphagia, an impairment to the swallowing process, is a significant issue, linked to higher rates of depression as well as eating difficulties, plus prolonging hospital visits with consequent additional cost to the NHS.

IQoro training stimulates sensory receptors around the mouth, improving tone in the muscles involved in swallowing. NICE approved further research into IQoro, which was undertaken with a group of patients, measuring real-world results, after continued training with the IQoro device.

Through our commission by the Office for Life Sciences, we provided capacity building and evaluation support for the Royal Devon & Exeter Hospital to implement and evaluate the project. Alongside this we have been supporting the company behind IQoro engage the wider AHSN network in considering how to scale their innovation nationally.

Find out more.



The eight conditions for rapid change:

Adaptability: Finding ways to change what is already working to meet needs in a crisis.

Shared purpose: A unifying driver for change – in this case protecting against COVID-19.

Psychological safety: Permission to try, 'give it a go' without fear of blame, build things through trial.

Removal of organisational barriers: Moving beyond existing systems to promote solutions-based activities.

Resourcing: Providing money, redeploying staff, freeing up time and space.

Development of cross-organisational systems: Moving away from silos because success was sometimes only possible between teams.

Communication: Using information across teams to plan and deliver urgent changes.

Collaborative mindset: Finding new or strengthening existing partnerships to swiftly build services or amplify availability of support.

Learning fast from the pandemic

During the early days of the pandemic, we developed rapid cycle learning to measure and evaluate in specific situations, and draw out actions to improve and sustain activity.

Examples of rapid learning commissions made during 2020/2021:

- Learning from the set-up of the **Nightingale Exeter hospital** **(see page 11)**.
- Rapid learning during COVID-19 with **Cornwall Sustainability and Transformation Partnership**.
- Rapid learning during COVID-19 with **Devon Integrated Care System (ICS)**.
- Rapid learning during COVID-19 with **Somerset Sustainability and Transformation Partnership**.

This insight gathered to date indicates that there are eight conditions that have most frequently facilitated rapid change during lockdown (see the diagram opposite). Individually and combined, these provide useful insight for ongoing efforts to make our health and care system more resilient.

Applied Research Collaborations (ARCs) and AHSN partnership

This is a joint initiative with West of England AHSN, South West Peninsula Applied Research Collaborative (PenARC) and Applied Research Collaborative West (ARC West) to capture innovations in health and care services initiated or accelerated as a result of the COVID-19 pandemic.

Its working themes are:

- **Remote consultations**
- **Remote monitoring**
- **New approaches to delivering services**
- **NHS and social care workforce issues**

Members have been asked by the National Institute of Health Research (NIHR) to undertake the two phases of activity:

Phase 1: Collect information relating to specific areas of change relating to its themes, confirm regional priorities, with actions, and explore opportunities for national collaboration around those themes. This was completed at the end of March 2021.

Phase 2: This phase is now underway and will take the very best evidence around remote consultations, and develop a toolkit so that we can support remote consultation across our region. In particular, this will support system recovery in elective care.

> *"The Change Hub is helping the team question its assumptions and set up a culture of learning."*
>
> — DR ROB DYER STRATEGIC MEDICAL DIRECTOR, NHS NIGHTINGALE HOSPITAL, EXETER

Looking ahead

2021–2026

In March 2021 we agreed our five-year strategic plan to bring greater focus to our work, and increase our impact by maximising improvements to health equity through innovative practice.

We will concentrate our efforts on the overarching theme of health equity to inform our approach to national programmes and define the focus of our regional programmes.

Our focus on health equity:

- **Reflects our context** including the population health needs and the assets and energy in our region.
- **Provides the opportunity** for us to make demonstrable improvements through the adoption and spread of innovative practice.
- **Enables us to make a defined contribution** at a regional and national level – building and sharing the knowledge and experience we generate.

Our purpose: Transform lives through healthcare innovation

Our focus: Health equity

Our impact:

- Access to care
- Quality of care
- Opportunity for healthy life
- Individual agency in managing health

Our future work will focus on identifying and spreading innovative practice that helps close gaps in health equity.

Why health equity in the South West?

We believe tackling health equity is crucial for improving population health in our region.

Working with our members and partners, we share the challenge of improving population health in a region with:

- **Complex patterns of health inequality:** we have some of the most and least healthy places to live in the country.
- **A dispersed population:** we live and work over a large geographical area, with a mix of rural and urban settings and relatively underinvested transport infrastructure.
- **An older, ageing population:** creating challenges in delivering equitable care across the whole population.

There are pockets of **deep, longstanding and increasing deprivation** in our region, existing in both urban and rural settings.

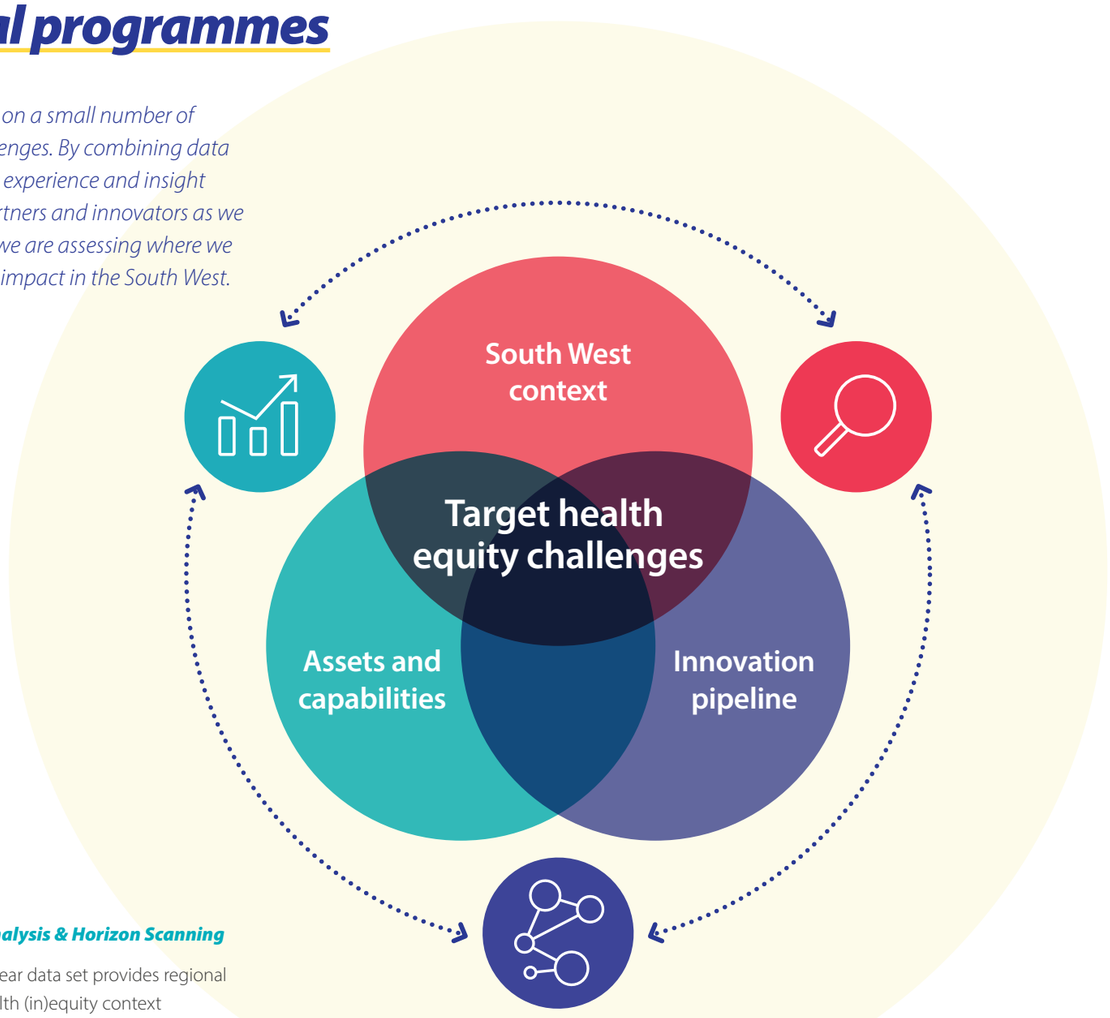
Deprivation is relatively more of an issue for children than elderly people. **Children are 2.9x more likely** to live in the lowest decile for deprivation.

22% of people in Kernow, Devon, and Somerset CCGs live in the lowest decile for proximity to their GP, versus 10% across the UK.

The South West has the **second lowest investment** into transport infrastructure in England **(£171 per capita)**.

Our approach to developing regional programmes

Our aim is to focus on a small number of health equity challenges. By combining data analysis, first-hand experience and insight from members, partners and innovators as we develop our work, we are assessing where we can have the most impact in the South West.



Data Analysis & Horizon Scanning

- A clear data set provides regional health (in)equity context
- Benchmarking status for key determinants
- Indicators and targets identified

Listening and Engagement

- Identifying gaps in knowledge
- Analysing data in real-world context
- Assessing insight against our unique capabilities and emergent innovations
- Highlighting partnerships and synergies

Innovation Pipeline & Evidence Gathering

- Targeting info to plug knowledge gaps
- Enabling improvement and learning processes
- Adding insight from pilots
- Identifying potential outcomes / impact indicators

Health equity regional development process

1

We analysed raw data and research, grouping it together to help structure the research around key areas of inequity identified by the King's Fund.

2

We've interrogated the data to see where there are particularly strong variances within the region and between the region and the national rates.

These are grouped together to show potential risks to health equity in the region.

3

Using the insight and evidence collected we produced **example programme summaries** and draft scorings against criteria for success.

4

Using **ongoing analysis and engagement** we continue an ongoing process to identify areas for impact.

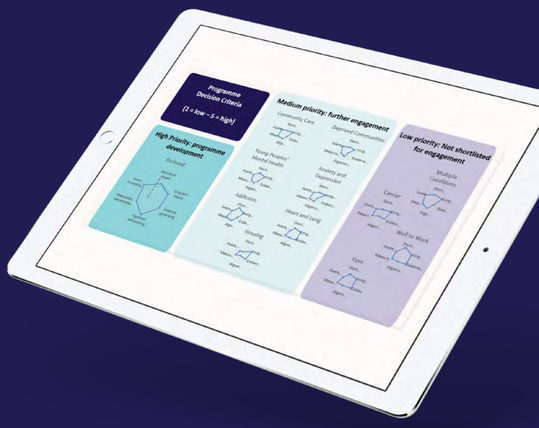
Our first regional health equity programme — perinatal health and care

Development of our perinatal health equity regional programme commenced in April 2021. Emerging plans for this exciting programme include building on our legacy of strong spread and adoption of innovation, with a focus on where families and babies can be supported:

- **Technology which supports** quality improvement programmes, evaluation and learning projects for perinatal teams and patients
- **Behavioural change activities** supported by technology such as apps, and new care models and pathways.
- **Appreciative inquiry and user-led design** projects to build programmes that reflect patient and workforce needs.
- **New projects emerging** from integrated care systems to identify potential solutions to existing problems and priorities.

An engagement and selection process is under way for future programmes. Projects within these programmes will be selected for their immediate and long-term, measurable impacts and potential for scale, or to generate evidence that will align with existing work, and capabilities.

If you would like to talk to us about our work focused on health equity, or have insight to share, **please get in touch**

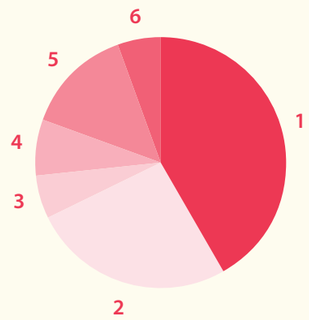


How our work is funded

The tables below show a summary of our income and expenditure for 2020/21.

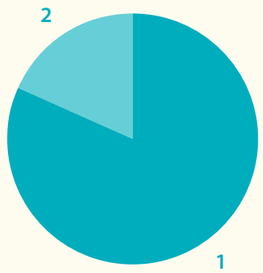
Income

1.	NHS England and NHS Improvement	£1,890,250
2.	Project income	£1,177,031
3.	Member income	£255,000
4.	Patient Safety Collaborative contract	£318,408
5.	Office for Life Sciences funding	£631,320
6.	Carried forward from previous financial year	£243,810
	TOTAL	£4,515,819



Expenditure

1.	Delivery expenditure	£3,697,353
2.	Corporate operations	£818,466
	TOTAL	£4,515,819



Our board and executive team

Board

Dr Alastair Riddell

CHAIR

Alastair joined the South West AHSN as Chair in January 2016. Alastair began his career as an Army medical doctor and has over 20 years' experience in the pharmaceutical, life science and biotech industries.

Professor Stuart Logan

NIHR REPRESENTATIVE

Stuart is Director or the National Institute for Health Research (NIHR) Applied Research Collaboration South West Peninsula (PenARC). Stuart is a practicing paediatrician, but his major role is as a researcher and Director of PenARC.

A representative from the Cornwall and Isles of Scilly ICS is due to join the board in 2021.

Dr Sonja Manton

DEVON ICS REPRESENTATIVE

Sonja is the Executive Director and Senior Responsible Officer for the Integrated Care Partnership (Western Devon). She represents Devon Integrated Care System on our Board. Sonja has managed acute and integrated community health and social care in the NHS, most recently for Torbay and South Devon NHS Foundation Trust.

Professor Bridie Kent

UNIVERSITY OF PLYMOUTH REPRESENTATIVE

Bridie is Professor of Nursing and Deputy of Doctoral College at 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. Bridie is a member of our Nominations Committee.

Board (cont.)

Maria Heard

SOMERSET ICS REPRESENTATIVE

Maria is a Programme Director at NHS Somerset Clinical Commissioning Group and represents Somerset Integrated Care System on our Board. Maria has over 25 years' experience in the NHS, Management Consultancy and Private Healthcare sectors.

Dr Joanna Bayley

INDEPENDENT NON-EXECUTIVE DIRECTOR

Jo is a GP and chief executive of G DOC LTD, the countywide GP provider organisation for Gloucestershire. She is also non-executive director of the medical indemnity provider the MDDUS. Jo is Chair of our Nominations Committee, a member of our Remuneration Committee and a member of our Finance Committee.

Professor Richard Smith

UNIVERSITY OF EXETER REPRESENTATIVE

Richard is Deputy Pro-Vice Chancellor at the University of Exeter Medical School. 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 & Safety.

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.

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.

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.

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.

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.

Richard Watson

DIRECTOR OF FINANCE

Richard joined the team in 2018. Previously, Richard was a finance director at Plymouth Marjon University and worked in college and research finance at the University of Exeter.

Our executive team are also members of the board. Clinical Director to be recruited in 2021.

Our members

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

We welcome involvement from organisations across the health, care, industry and Voluntary, Community and Social Enterprise (VCSE) sectors who provide health and care services.

For more information on membership opportunities please contact **info@swahsn.com**.

- Cornwall Partnership NHS Foundation Trust
- NHS Devon Clinical Commissioning Group
- Devon Partnership NHS Trust
- NHS Kernow Clinical Commissioning Group
- Livewell Southwest
- Northern Devon Healthcare NHS Trust
- Royal Cornwall Hospitals NHS Trust
- Royal Devon & Exeter NHS Foundation Trust
- NHS Somerset Clinical Commissioning Group
- Somerset NHS Foundation Trust
- South Western Ambulance Service 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

Staff

Our staff team comprises approximately 40 passionate and dedicated people 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.

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.

EMAIL INFO@SWAHSN.COM TO FIND OUT MORE.

Contact us

South West Academic Health Science Network

swahsn.com

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

01392 247903

NHS England

Part of The AHSN Network

Office for Life Sciences

Find out more

To find out more about any of the projects, programmes or activities you've seen here, visit our website (**www.swahsn.com**), email **info@swahsn.com** or call 01392 247903.

SIGN UP TO THE SOUTH WEST AHSN NEWSLETTER

Keep up-to-date with the latest news, events and opportunities in innovation, health and care in the South West with our monthly e-newsletter delivered to your inbox.

To sign up, visit: **www.swahsn.com/newsletter-signup**

JOIN AN EVENT

We have a busy programme of events throughout the year aimed at people interested in supporting innovation and improvement in the NHS.

See our latest events at **www.swahsn.com/events-list**

JOIN US ON SOCIAL MEDIA

You'll find many South West AHSN staff on Twitter, as well as regular updates on our main **@sw_ahsn** profile.

We're also on LinkedIn at: **www.linkedin.com**

Work with us

You can hire rooms, desks or our amazing amphitheatre to hold your meetings and events or hotdesk at our award-winning, modern offices, close to the M5 at Pynes Hill.

Email **info@swahsn.com** or call 01392 247903 to find out more and to book.