South West
Academic Health
Science Network

South West Academic Health Science Network

ANNUAL REVIEW
2019–20

swahsn.com

> Working together to develop and spread innovative practice in health and care.

Contents

Welcome

The pace at which health and care has had to change and adapt in the last few months has been unprecedented. As we reflect in this annual review on our achievements and the progress we made in the year to March 2020, we also need to understand how it fits in the new, global context of the coronavirus pandemic.

COVIID-19 has highlighted how our core strengths and principles have proved an asset our partners can rely on to support them. Whether it's through our patient safety work, support for GPs to offer digital triage, or social prescribing test beds, we have stepped up to meet new challenges.

This year's annual review also looks forward to the opportunities we have to create better systems and pathways for health and care in the region.

The review demontrates the many examples of how we work with partners in three key areas: spreading innovative practice, building capability, and evaluation and learning. All of these are useful tools to have at our disposal as the health and care system defines and creates a 'new normal'.

As this new phase began, I was delighted to welcome back Jon Siddall, who joined as Chief Executive Officer in April 2020. Jon was part of the team which launched the SW AHSN in 2013 and most recently has worked as Director of Programmes at Guy's and St Thomas' Charity in London.

Jon will continue to build on the solid foundations we've created, such as the Spread Academy which has given hundreds of people unique training in how to spread innovation in health and care systems.

He is also ensuring that the SW AHSN has the organisational resilience to succeed in these new times. In a challenging environment, prepared, adaptable and agile organisations will continue to thrive. For us this means continuing to provide first-class support to our region as well as being an example nationally.

We continue to support teams across the region on quality improvement projects such as maternity and neonatal care, falls reduction and medicines safety. We have many success stories to share on our latest national programmes as part of the AHSN Network working for our main commissioners, NHS England and NHS Improvement, and the Office for Life Sciences.

We thank you for your continued support over the last year and look forward to working with you to bring innovation to ways of improving health and care in the South West.

ALASTAIR RIDDELL
CHAIR

Health and care systems around the world are facing an unprecedented challenge. Even before the emergence of COVID-19, increasing demand on services required us to rethink how we help people to stay healthy and support them to manage health conditions.

Since 2013 we've been helping our region step up to that challenge – and with an ageing population spread over three large counties, with considerable variation in life expectancy, it's a significant one. Nearly a quarter of people living across Somerset, Devon, Cornwall and the Isles of Scilly are aged 65 and over and, despite numerous thriving communities, the region includes some of the most deprived areas in the country.

Responding to the challenge will require us to innovate, improve and evolve how we deliver health and care services. That's where we come in. Established by NHS England in 2013 as one of fifteen Academic Health Science Networks (AHSNs), we help health and care partners across the South West to develop and spread innovative practice.

In this year's annual report we've focused on sharing examples of how we do just that - by supporting partners to adopt innovative new practice, building their capability to improve and helping them understand the impact of change through evaluation and learning.

I'm very grateful to the many and varied partners we've worked with throughout the year to make such impressive progress across all our work. From preventing cerebral palsy in pre-term labour through to scaling-up digital consultation primary care, our work reaches people across the region and in all parts of the health and care system.

AHSNs hold a very special place in the health and care system. We have the privileged position of focusing all our efforts on improving our health and care system, we have the opportunity to concentrate our efforts in a specific place and we have the neutrality to build partnerships across systems to improve people's health. I think those ingredients - focus, place and partnerships - are critical for improving health systems all around the world.

The challenges ahead are extraordinary and unpredictable. What's clear is that putting innovation into practice at scale will be a necessary part of how we respond to this uncertain future.

I look forward to working with partners across the region to respond to the challenge, spread innovative practice and ultimately improve, the health of people across the South West.

JON SIDDALL
CHIEF EXECUTIVE OFFICER

While this report focuses primarily on our activities in the 2019/20 financial year, the emergence of the COVID-19 pandemic as a national emergency meant that from March we redirected our efforts to support the rapid response of health and care organisations in the South West.

Throughout this report we have highlighted some examples of our response.. These include our patient safety work, particularly to support care homes in the region, and support to implement digital primary care and the triage of patients over the phone and online.

The South West AHSN has received over 250 contributions so far to its COVID-19 learning programme: we have now been commissioned by each county in the South West to help capture learning from their responses to the pandemic.

What we do

The South West Academic Health Science Network (SW AHSN) is one of 15 AHSNs set up by NHS England across the country in 2013. Our purpose is to spread innovative practice across the health and care system, improve population health and generate economic growth.

Who we are

As 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.

Our work is funded by NHS England and NHS Improvement, the Office for Life Sciences, and through contributions from our members, as well as income generated through other activities aligned to our core mission and purpose.

In 2018, NHS England and NHS Improvement relicensed AHSNs for a further five years, setting out a clear long-term vision to drive health innovation and stimulate economic growth, and meeting the goals of the NHS Long Term Plan and NHS Patient Safety Strategy.

We are an independent company limited by guarantee, governed by a board of directors made up of senior NHS leaders from across our region as well as independent non-executive directors. Based in our award-winning office on the outskirts of Exeter, we work across the counties of Somerset, Devon, and Cornwall and the Isles of Scilly.

Collectively, in the last two years AHSNs have:

Helped over

479,000

patients benefit from our national adoption and spread programmes

Supported over

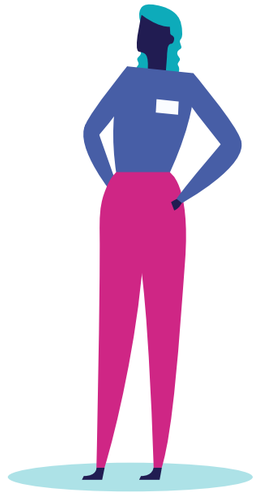
4,000

companies

How we work

This report illustrates some of our achievements across our three core capabilities, and demonstrates the variety of ways we supported our members and partners and have delivered on our national commissions in 2019/20.

- Spreading innovative practice across the health and care system through collaboration, practical support and knowledge sharing.
- Building capability in our region to spread innovative practice and improve quality.
- Supporting the evaluation of impact and application of learning to improve the delivery of health and care services.



Spreading innovation

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

- Over 800 people in the South West have benefitted from an exercise-based group rehabilitation programme for knee and hip pain, resulting in an expected saving of £160,000 over three years.
- We've supported training for over 350 care home staff in Somerset to spot serious illness and sepsis.
- With our support for digital primary care, 80% of GP practices in the South West have implemented online consultations.
- The Transform Ageing partnership improved the lives of nearly 100,000 people in later life in the South West and created 193 jobs.

National reach, local impact

Academic Health Science Networks are commissioned by NHS England and NHS Improvement. In 2019/20, we worked on the delivery of seven programmes, developed regionally and selected for adoption and spread across the AHSN Network in 2018-20. As these national programmes draw to a close, we reflect on the impact they've had on patient care in the South West.

Atrial fibrillation (AF)

Identifying and managing patients with an irregular and often abnormally fast heart rate, atrial fibrillation (AF), to reduce the number of AF-related strokes.

We supported the adoption of 250 AF detection devices for patients in the South West through GP surgeries and community pharmacies

PReCePT (PReventing Cerebral palsy in Pre-Term labour)

Administering magnesium sulphate to mothers during preterm labour to reduce the risk of cerebral palsy in new-born babies.

Every trust in the region now offers magnesium sulphate injections

Transfers of Care Around Medicine (TCAM)

Four acute trusts use Transfer of Care Around Medicines (TCAM), working with nearly 4,000 patients who required extra support with their prescribed medicines following discharge from hospital.

TCAM led to a 24% reduction in patient readmissions at Royal Cornwall Hospitals NHS Trust

Pharmacist-led Information technology iNtervention for the reduction of Clinically important ERrors (PINCER)

PINCER searches data on GPs' clinical systems to support pharmacists and GPs to identify patients at risk from their medications and take appropriate action.

PINCER has benefitted 2,000 people in the region

Enabling Self-management and Coping with Arthritic Pain using Exercise (ESCAPE-pain)

A group rehabilitation programme for people over the age of 45 with osteoarthritis in their knees or hips.

800 people have benefitted from ESCAPE-pain in the South West

Serenity Integrated Mentoring (SIM)

Bringing together police and health and care professionals to make a positive difference to the lives of people with complex mental health needs.

SIM pilots in North Devon and Plymouth are supporting 11 high-intensity service users

Emergency Laparotomy Collaborative (ELC)

A quality improvement approach within NHS trusts to improve the standard of care for patients undergoing emergency laparotomy surgery.

All 7 acute trusts have adopted elements of the ELC care bundle

In 2020/21, we will be starting our next portfolio of national programmes with the AHSN Network:

- Early intervention eating disorders
- Improving diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)
- Supporting primary care in the prevention and management of cardiovascular disease

Enabling Self-management and Coping with Arthritic Pain using Exercise (ESCAPE-pain)

A group rehabilitation programme for people over the age of 45 with osteoarthritis in their knees or hips, providing self-management support in the community.

We actively promoted this programme across our region and delivered training to allow over 40 physiotherapists and exercise professionals to deliver ESCAPE-pain across 30 sites in the South West. It has been delivered in both leisure centres and NHS care settings, and has been shown to generate cost savings across both primary and secondary care.

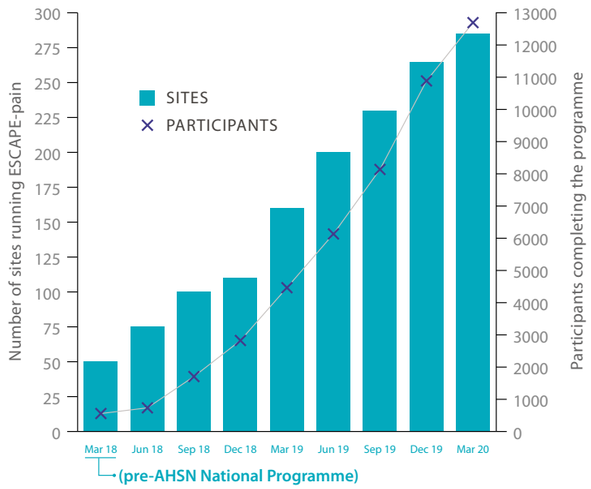
Approximately 800 people have benefitted from ESCAPE-pain in the region, which financial modelling from previous research estimates would save the system approximately £160,000 over three years.

Benefitted

800

people from ESCAPE-pain in the South West

National spread of ESCAPE-pain



Kim Hastings is a lower limb clinical specialist physiotherapist with Somerset Partnership NHS Foundation Trust, which trialled ESCAPE-pain.

Our first trials were in Bridgwater and West Mendip, where we worked with physios to check who might be appropriate for the programme.

One of the benefits we've seen are the sessions where patients share their experiences. They can manage their symptoms much better through this group therapy. The prevention approach clicks with people a lot better and they have more understanding of their position and that surgery is not the only option.

About 80 people have completed the programme so far. From our initial pilot we have rolled out ESCAPE-pain to be a normal part of our practice. We have had very good feedback – most people find it very helpful and would recommend it to others in their position.

I have made improvement to my mobility and to the amount of exercise I can do before being limited by pain. I have lost my muscle ache and pain levels have reduced. ESCAPE-PAIN PATIENT

'Exercising through pain has been good. Being part of the group gave me the confidence to continue after the course.'

ESCAPE-PAIN PATIENT

'I think the course has had great benefits for me, making me more aware of the benefits of exercise and the need to make it part of my daily routine.'

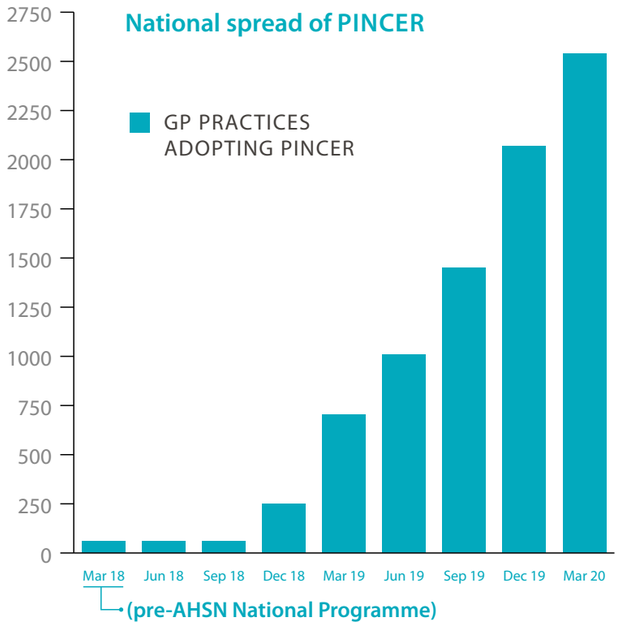
ESCAPE-PAIN PATIENT

Pharmacist-led Information technology iNtervention for the reduction of Clinically important ERrors (PINCER)

Supporting pharmacists and GPs to identify patients at risk from their medications and taking the right action.

PINCER has been shown to reduce medication error rates of up to 50 per cent. We have supported 100 GP practices and over 50 of our region's primary care pharmacists to use the PINCER principles, leading to a reduction in the potential harm caused by common prescribing errors for over 2,000 patients already.

National spread of PINCER



Benefitted

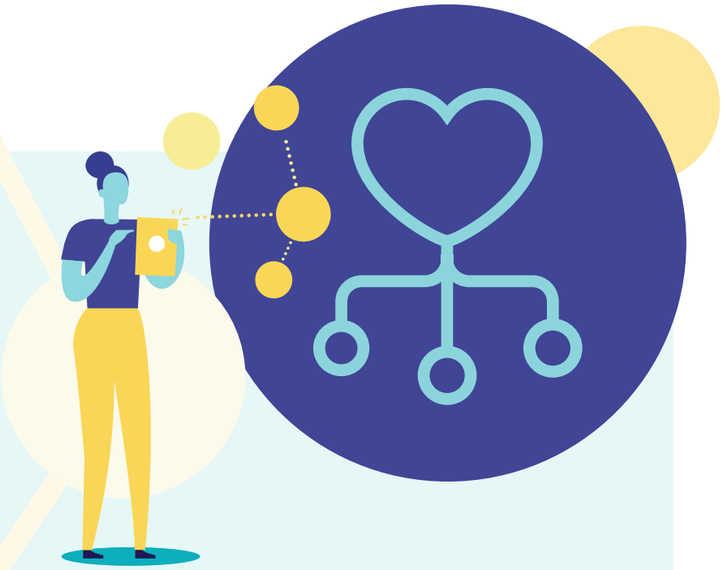
2,000

people have benefitted from PINCER in the South West

Medication error rates

>50%

reduced from use of PINCER



Rachel Nestel is the senior clinical pharmacist at Brannam Medical Centre in Barnstaple. She has been using PINCER both in her own practice and through her work with the local Primary Care Network covering four practices serving a population of around 50,000 people.

At my practice, we picked on two areas to focus on initially: lithium prescribing and the use of disease modifying anti-rheumatic drugs, which require a lot of blood testing.

We looked at the management of these patients: changing systems and how we handle the prescriptions. With lithium we discovered that some patients were getting the wrong tests for their regular three and six-month visits. We liaised with the lab and now there is just one form for both tests, to eliminate any errors.

Having PINCER search our clinical systems gives us an easier way of finding these at-risk patients.

We're also lucky that in North Devon we have a small cohesive group of pharmacists who are keen to be involved.

At our North Devon clinical pharmacist quarterly meetings, we have started to use some of the smaller PINCER searches as an area to look at. It's focusing our minds on the specific safety concerns in the practices. It's also promoting good teamwork in the Primary Care Network and making us more proactive.

RACHEL NESTEL

Serenity Integrated Mentoring (SIM)

Bringing together police and health and care professionals to make a positive difference to the lives of people with complex mental health needs.

This highly targeted intervention works with a limited number of people, but can produce profound results. We have supported two SIM pilots in North Devon and Plymouth, which are supporting 11 of Devon's high intensity service users.

Community safety police sergeant Noel Bourke is based in North Devon. After the SW AHSN approached Devon and Cornwall Police, they piloted SIM as their 'High Intensity Partnership' in Plymouth and North Devon.

Mental health is the highest demand on health services. In North Devon, I've seen increased call-outs to incidents where people have been suffering real mental health crises. It takes a lot of time to deal with until a proper clinical assessment has been made.

The High Intensity Partnership is a cultural change in how we work together with Devon Partnership NHS Trust mental health support staff. Our first case in North Devon was a persistent caller who would often be arrested several times a week. We managed to reduce around 40 calls a month to none. The individual has successfully almost completed detox and will then be supported back into community.

We've trained 48 people in North Devon and a similar number in Plymouth, to ensure continuity. We hold weekly multi-disciplinary team meetings to discuss how to deal with cases, and we've seen a reduced amount of calls and emergency department attendance.

Another benefit has been increased officer confidence in dealing with issues, with greater clarity on when they can be more robust with enforcement. It's changed the dynamic for the individuals concerned and local police teams are well briefed.

POLICE SERGEANT NOEL BOURKE

Innovation Exchange

We are an innovation broker. We help innovators understand the needs of our health and care system and support them to build partnerships to improve patient care and generate economic growth.

Funded by the UK Office for Life Sciences, we work with individuals and organisations who have innovative solutions – such as services, products or new processes – that can be used to improve the NHS and the care system.

We also provide signposting for early-stage innovators who have an idea that might require time and resource to reach the market.

Office for Life Sciences

The types of support offered include:

- **Feedback** from our patient-led Quality Improvement Partner Panels
- **Advice** on spread and adoption of innovations
- **Information** on navigating the health and social care system
- **Guidance** from our learning and evaluation team on understanding the benefits to the wider health and social care system
- **Connections** to contacts and partners with the relevant experience

The Innovation Exchange is part of an AHSN Network coordinated approach to identify, select and support the adoption of innovations that improve our economy and patients' lives. Nationally, AHSNs support the regional 'import and export' of healthcare innovation to increase its impact.

To find out more and register with the Innovation Exchange, visit our website: **www.swahsn.com/what-we-do/innovation-exchange.**

Helped to leverage over £10m investment to support economic growth and life science development

Helped to support the creation of 50 jobs in partnership with our delivery partners

Engaged and supported 200 companies

Our **Pathfinder website** is the starting point for anyone looking to take their innovation to the next stage of development. It features case studies and resources to help innovators strengthen their business case.

COVID-19 innovation challenges

We are providing intensive support to innovations that support the aims of our three COVID-19 programmes:

- Improving patient safety
- Supporting digital-first pathways
- Addressing health inequalities

We will be launching a series of innovation challenges in 2020/21 to support collaboration between industry and the health and care sector, to support these themes.

Transform Ageing

Transform Ageing was a three-year learning programme, aiming to demonstrate that combining social entrepreneurship and community action with a design-led approach could improve people's experience of ageing.

Funded by The National Lottery Community Fund, the programme was delivered through a partnership of Design Council, UnLtd, South West Academic Health Science Network and the Centre for Ageing Better. The programme formed part of our work funded by the Office for Life Sciences.

Over the life of the programme, 62 social enterprises responded to the challenge creating innovations as diverse as forest bathing, movement classes, sea-based exercising, Indian dancing and a car restoration project to combat social isolation.

FIND OUT MORE AT
WWW.DESIGNCOUNCIL.ORG.UK/TRANSFORMAGEING

£815,000
invested in 62 social enterprises

193
jobs created

800
volunteers engaged

89,500
people in later life reached in the South West

COVID-19: digital primary care

In 2019, NHS England recommended all GP practices consider moving to a 'total triage' process. This is where practices log all patient requests either online or over the phone before making appointments.

Clinicians carry out an initial review of these queries and allocate appointments accordingly, which can then be delivered on the telephone, by video or face-to-face.

COVID-19 has accelerated the implementation of online and video consultation digital tools, which support this total triage model. While many South West-based practices were already using online consultations, most practices across Somerset, Devon, Cornwall and the Isles of Scilly were not using video consultation. During the initial stages of lockdown, we worked alongside NHSX and the NHS England and NHS Improvement regional digital team in supporting all GP practices in the South West to implement video consultations.

80%
of GP practices in the South West have implemented online consultations

In South Devon, Dr Laura Woollett and Dr John McCormick, GPs at the Kingskerswell and Ipplepen Health Centre, had already started an initiative in January to work more effectively with care homes.

The pandemic meant a shift in focus to reduce face-to-face consultations as much as possible. Their approach has been a mix of telephone and video consultations, with each care home allocated a specific day for regular telephone triage. They provided basic observation equipment such as a blood pressure machine and thermometer.

Dr Laura Woollett GP says, 'Aside from early concerns around the success of telephone triage, it has been a great achievement for all involved. Being able to mobilise so quickly for the benefit of the residents, their health and the staff has been warming and humbling.'

The system is proving effective. Dr Woollett estimates that she 'saw' approximately 200 patients through this triage system in the first two months of lockdown. Face-to-face visits are still necessary for specific, urgent needs, but the system has proved to be a safer process for everyone involved during the pandemic.

Telephone and video consultations have provided essential options before an in-person consultation is arranged. Working with the care home staff to triage in this way has therefore minimised the risk of spreading COVID-19, especially between vulnerable people in care home settings and key worker staff.

LAURA WOOLLET

FOR MORE INFORMATION VISIT
WWW.SWAHSN.COM/COVID-19-PROGRAMMES/SUPPORTING-DIGITAL-FIRST-PATHWAYS

COVID-19: patient safety

Spotting when a patient's condition is deteriorating is often managed using the National Early Warning Score (NEWS2).

However, in situations where it is harder to take the measurements and observations required to calculate a NEWS score, other tools that spot the 'soft signs' of deterioration can be more useful, such as RESTORE2. During COVID-19, this was a particular challenge in care homes where they may not have access to the right skills and equipment.

In response to COVID-19, we continued to adapt our work on RESTORE2, working together with Torbay Council, Devon Training Hub, and Torbay and South Devon NHS Foundation Trust to deliver online facilitated training sessions for care homes, and providing bespoke training packs. As a result of this collaboration, a RESTORE2 virtual training model has been developed, the first of its kind.

This model will now be used across Devon and shared with the RESTORE2 training teams in Cornwall and Somerset through the South West RESTORE2 training teams collaborative. This group regularly brings teams together from across the region to share resources, best practice and lessons learnt.

Jude Glide from the Somerset Listening and Responding to Care Homes (LARCH) Collaborative and Tricia Hymas from Somerset CCG are both working with us to deliver RESTORE2 training to care homes across the South West.

JUDE GLIDE IN THE VIRTUAL CLASSROOM, JOINED BY TRICIA HYMAS

FIND OUT MORE ABOUT RESTORE2 HERE

In my experience I know that both care homes and primary care settings can be extremely busy. RESTORE2 has impact in itself, but also leads to better communication, which is so much better for staff and patients.

TRICIA HYMAS

'Providing support in care homes is a massive project – there are around 7,000 carers in care homes in Somerset alone. The feedback from the participants is very encouraging. We are in the right place, doing what is needed.'

JUDE GLIDE

Saving lives by improving the management of deterioration for care home residents.

More than
350
staff were trained in RESTORE2

Over the last year, we supported the training of more than 350 staff in three nursing homes and three corresponding GP surgeries in RESTORE2 across Somerset as part of a collaborative project involving Yeovil District Hospital, Somerset Clinical Commissioning Group, Primary Link, and South West Ambulance Service NHS Foundation Trust.

The data has shown that following this project, care home staff's confidence in detecting and appropriately escalating deterioration has improved, relationships and communication between care homes and GP practices have been enhanced and lives have been saved. The process itself has been transformative.

MICHELLE BELL (SOMERSET CCG), REBECCA SUTTON (HENDFORD LODGE MEDICAL CENTRE) AND EMMA YOUNG (YEOVIL DISTRICT HOSPITAL) RECEIVING THE 2019 SIR PETER CARR PARTNERSHIP AWARD FOR THEIR WORK PROMOTING NEWS2 TO PREVENT AVOIDABLE HOSPITAL ADMISSIONS.

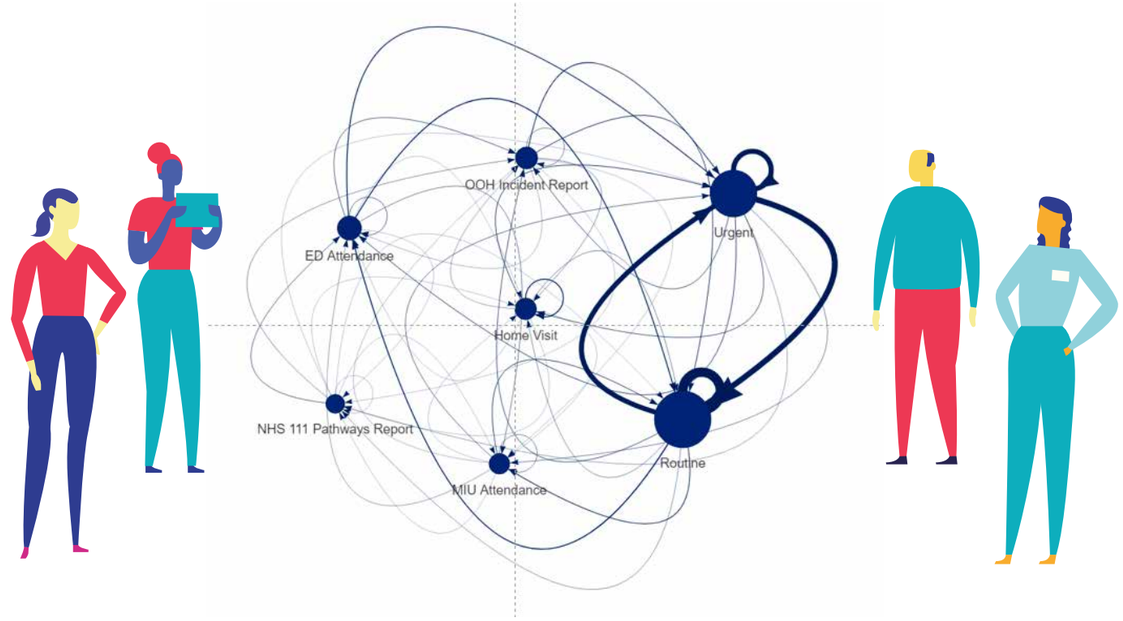
Building capability

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

Our experience in large-scale change, creating networks to support learning, and co-production with patients helps to build the capability of front-line staff to systems leaders and life sciences businesses.

IMPACT HEADLINES

- Over 130 people attended our second Spread Academy in September 2019.
- 60 people on average attend our regular maternity and neonatal Local Learning System meetings.
- There are 32 volunteers, aged 17 to 89, who take part in our Quality Improvement Partner Panels (QuIPPS).



Support for primary care

Primary care in England faces the multiple challenges of rising demand and more complex patient needs, combined with workload pressures and difficulty recruiting.

We have worked closely with NHS England and local clinical commissioning groups (CCGs) to share best practice in tackling these issues and improving care for their patients.

This year has also seen the introduction of Primary Care Networks (PCNs), a major national change which enables GP practices and other local partner organisations to work together to improve the health of their local population, usually in groups of between 30,000 and 50,000 people.

One exciting area of work has been visualisation tools we have developed to help practices understand patterns of demand and enhance the service offered to patients.

These tools take a high volume of complex information from GP practice systems and create unique pictures to help them 'see' how they are working. **Dr Peter Milmer, a GP at Honiton practice**, explains how they've incorporated these tools into the running of the practice in several ways:

Initially work focused on patient flow, and pathways to improve and streamline them, as well as reducing variation between clinicians in the way patients were managed.

We developed a tool which can capture demand data in real time as patients contact the practice. Using this data has already led to improvements in the handling of simple practice requests, such as fit notes, as well as informing the staffing and appointment levels for each day.

Another example looked at asthma clinics. Using a clustering technique to group patients and workflow analysis tools, the practice was able to identify those patients who were likely tobenefit most from an asthma clinic and those who were unlikely to need face-to-face reviews. ***60% of patients were identified as not needing an asthma review last year,*** *and the trial has saved* ***eight hours of nurse time*** *per month.*

DR PETER MILMER

Spread Academy: Our training ground for change leaders

In September 2019, we held our second Spread Academy bringing together over 130 people to equip them with the skills they need to spread and scale ideas for systemic change.

Attendees were also offered follow-up support sessions with our Spread Fellows (people with advanced knowledge and skill in spread methodology).

The Spread Academy is a partnership with the renowned international social change agency Billions Institute, and funded through our commission from the Office for Life Sciences. The theme for this three-day academy at Dartington Hall in Totnes was personalised care and was co-designed with NHS England and NHS Improvement's personalised care team.

Teams from across the South West brought a personalised care improvement project. For example, staff at Torbay and South Devon NHS Foundation Trust applied to the Spread Academy with local social landlord Teign Housing, to scale up the role of their advisers to be change catalysts in the care of older and vulnerable adults.

Our Spread Academy is helping our partners across the region build the capability to adopt and spread innovative practice and achieve impact at scale.

We welcomed nine new Spread Fellows this year, bringing the total to 17, and have also started 'train the trainer' courses. We are also planning more Spread Academies in 2020/21, which will take place virtually.

I have more tools to draw on to support me and my team to achieve our aims. I feel enthusiastic and have renewed energy and am looking forward to seeing how much more we can achieve.

I used to believe that large-scale change was impossible in the NHS. But now I really believe that when there is the will, motivation and desire to make real difference, large-scale change is possible.

SPREAD ACADEMY ATTENDEES

Quality improvement

The South West Patient Safety Collaborative, hosted by the SW AHSN, aims 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.

The Royal Cornwall Hospitals NHS Trust's Emergency Department (ED) wanted to increase the number of patients with severe sepsis receiving treatment within an hour of arriving.

ED consultant Mark Jadav and his team joined the Patient Safety Kernow Quality Improvement Collaborative (PSKQI) in Cornwall, a network of Cornwall-based clinicians and commissioners we helped set up in 2018.

With support from us and quality improvement specialists, they reviewed barriers and their causes, and tried a variety of approaches to overcome them.

There is now a much simpler communication process from triage to sepsis nurse and senior doctor, which has led to a sustained improvement in the percentage of deteriorating patients receiving antibiotics within an hour of arrival.

The use of quality improvement methods working with the SW AHSN allowed us to engage front-line staff in the drivers for change, to select and assess ideas and ultimately, gain a more enlightened understanding of both the barriers and levers for change.

We focused an intervention on personal communication, removing computers and paperwork as a way of gaining help or resource in urgent situations, and immediately saw a huge rise in the proportion of patients getting timely care. We are continuing to perform much better than before and have the tools in our hands to create further meaningful change.

MARK JADAV

COVID-19: QuIPPS

QuIPPS are our Quality Improvement Partner Panels, set up as an initiative part-funded by The Health Foundation's Q Exchange programme. They aim to improve the quality of health and care services by involving members of the public from all backgrounds to have a say on innovation and improvement projects.

There are now 32 volunteers, aged from 17 to 89, all trained in quality improvement methodology. They take part in review panels where health and care teams can present their work or ideas for feedback. To date the panels have provided assessments for 60 projects, on topics as varied as sepsis in emergency departments, mental health in GP practices and emergency trolley storage.

When it came to responding to the COVID-19 pandemic, QuIPPS had one big advantage, as **Jono Broad, associate director of public and patient involvement explains:**

'We set up the panels to work online from the start. This was a big part of making it accessible to as wide a range of people across the South West as possible. It's meant that we have been able to continue providing feedback during the lockdown.'

Recent projects have included moving outpatients appointments to video consultations, a patient decision aid that helps people take the right actions at different stages of COVID-19, and helping to improve the patient experience at Exeter's new Nightingale Hospital. These include developing surveys and flash cards to communicate with patients.

In each case, the patient and public voice has been invaluable. 'The panels often spot things that the teams won't have considered and their quality improvement training is seen as a real asset,' says Jono Broad. 'Because we operate online, we're also the only co-production group which has been able to continue its work during COVID-19, and we're now supporting neighbouring areas.'

QuIPPS has also become involved in an informal group of around 150 people sharing their work internationally on co-production, hosting regular Twitter chats. You can find them at #CoProCOVID.

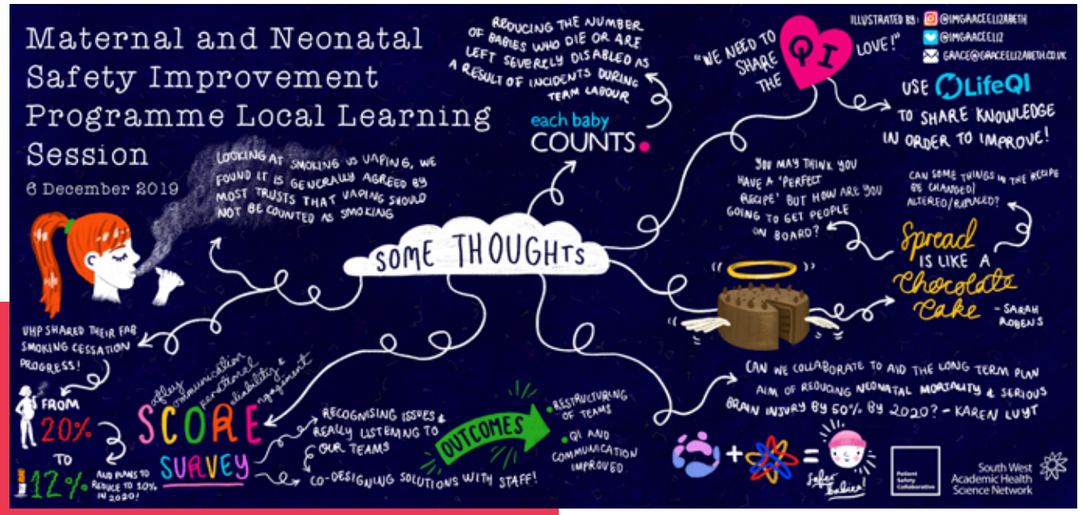
IF YOU WOULD LIKE TO KNOW MORE ABOUT THE WORK OF QUIPPS PLEASE VISIT WWW.SWAHSN.COM/QUIPPS OR CONTACT QUIPPS@SWAHSN.COM

Over
60
projects reviewed

A learning system for local maternity teams

Our well-established Local Learning System meetings for maternal and neonatal staff across the region continued with three events held in the last year.

60
people (approx) attend each meeting



Representatives from all seven acute trusts attend, with Public Health England, NHS England and NHS Improvement, clinical commissioning groups and the Maternity Clinical Network.

The events provide an opportunity for teams to collaborate, receive coaching and to work on quality improvement projects, along with mothers and families. One team at Torbay and South Devon NHS Trust is running a project to keep babies warm and improve the detection and management of neonatal hypoglycaemia, reducing the number of babies born at full-term who need to be admitted to a Special Care Baby Unit.

At Yeovil District NHS Foundation Trust, they have chosen to work on reducing fetal hypoxia in labour, a condition in which the baby may be deprived of an adequate oxygen supply. The project is responding to the Royal College of Obstetricians and Gynaecologists' 'Each Baby Counts' initiative to reduce the incidence of stillbirth, early neonatal death and severe brain injury during term labour.

Responding to COVID-19: a network approach

Examples of the quality improvement networks we supported in 2019/20 are shown below. We take a common approach across all of them, seeking to build local capability in our system through training, supporting, facilitating and coaching our partners, to drive improvement and spread innovation in health and care.

Patient Safety Kernow Quality Improvement Collaborative

Developed by the Cornwall quality improvement clinical leads in collaboration with the SW AHSN, this work has created a method for delivering quality improvement workshops, helping teams apply QI skills and 'get together' events every two to three months.

Somerset Quality Improvement Faculty

This learning network of Somerset quality improvement leaders meets monthly and is facilitated by the SW AHSN. We provide administration support and training, and work together on improvement projects and increasing participation.

Devon Change Hub

In January 2020, the SW AHSN and system partners in Devon established a working group to accelerate quality improvement skills and change capability. The group has established an Implementation Design and Delivery Group to pilot this approach on a number of projects including with the programme team delivering the NHS 111 First campaign across Devon.

Communities of practice

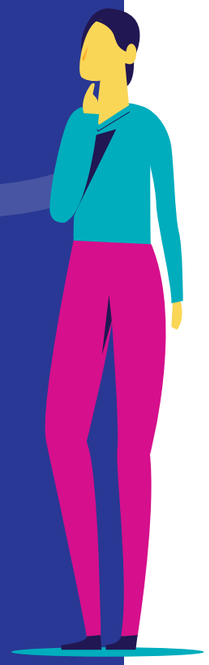
We are leading in the development of communities of practice in primary care and social prescribing. Our involvement capturing learning for the Nightingale Hospital in Exeter promises to evolve into a similar community. We are also discussing developing a community for personalised care in collaboration with other AHSNs.

Developing Quality Improvement Ambassadors

We were commissioned by Northern Devon Healthcare NHS Trust and Royal Cornwall Hospitals NHS Trust to deliver our Quality Improvement Ambassador Programme, developing the QI and patient safety skills of over 130 members of staff.

Evaluation & 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.



Implementing digital technology in health and care settings

The NHS has an ambitious strategy for the implementation of digital technology into health and care settings.

We have explored the learning from evaluations undertaken by the SW AHSN in 2019 to help understand how best to make this happen.

Increased use of technology and artificial intelligence is seen as key to making the NHS the world's most advanced health and care system. With funding from the Office for Life Sciences, we commissioned and delivered a number of evaluations of digital initiatives, which supported local innovators and providers to gather evidence for the effectiveness of their innovations and understand their implementation.

Key themes

1. Technology needs to be user-friendly and flexible.
2. The infrastructure in which the technology will be deployed needs to be feasible and ready.
3. The buy-in of users is essential for implementation.
4. The impact of the innovation on resource and workload should be considered and communicated.
5. Harnessing important relationships within organisations will support implementation.
6. Appropriate and sufficient training and ongoing support is required to implement and embed change.
7. It is important to consider the long-term sustainability of the innovation

Institute for social prescribing

Our pop-up Institute for Social Prescribing launched in Autumn 2019, designed to recognise and celebrate good practice by applying and gathering learning from five test beds.

Not every visit to a GP requires a medical prescription. By referring patients to link workers who can connect them to community services, 'social prescribing' can help in some cases to boost health and wellbeing better than clinical treatments can, while also reducing demand on GPs.

Social prescribing also contributes towards personalised care, a tailored way of providing care for individuals, rather than a 'one-size-fits-all' approach.

Through the institute, we are working in partnership with organisations in the areas shown on the map, focused on enabling and capturing learning about social prescribing.

There are differences in place-based approaches to social prescribing. The work of the test beds before and during the COVID-19 pandemic has demonstrated that there are many important commonalities which support the local health and care system. These include:

- A collaborative approach to build relationships and partnerships across other services and into the community.
- A proactive focus on community building – it is not just a transactional service. COVID-19 has seen social prescribing harness community action and the rise in volunteering.
- Personalised support to individuals to identify and achieve their own goals.
- Segmentation and a focus on particular groups.
- Enabling culture change in the health service through transformation of general practice and primary care.
- Facilitating digital solutions in playing an important role to aid signposting.
- Involving inspirational and committed individuals.

COVID-19: St Austell Healthcare

Driven by a local shortage of GPs, St Austell Healthcare takes a different approach to providing primary care services to the 30,000 residents of the town.

23%
of people in St Austell have a life-limiting long-term health condition, compared to 18% nationally.

Their team of social prescribing link workers and volunteers has been working to improve health and wellbeing since 2015.

When COVID-19 hit, it left thousands of people potentially in danger of being isolated at home. The team quickly repurposed their existing app-based directory of support within just a few days. This became a useful tool for the town and professionals.

Working with the St Austell Healthcare data manager, they systematically identified and prioritised people in the town that might need support. In partnership with Volunteer Cornwall, they created a combined team of staff and volunteers to contact people and deliver food and medicine or just for a friendly chat where it was needed.

By taking this approach – combining the best of data, digital technology, people and partnership into new processes – hundreds of vulnerable people in St Austell have been supported during the COVID-19 crisis.

The Prince of Wales and Duchess of Cornwall visited the social prescribing team at St Austell Healthcare general practice, and praised their support for local people during the COVID-19 pandemic.

The app was a great resource to have. It meant that pretty quickly we were able to share details of what support was out there as the situation changed.

MEL BOND, LINK WORKER

It really is about the people. When you're unable to have that personal contact with people, it's so important they know that there is someone on the other end of the phone.

COVID-19: rapid learning cycles

As the COVID-19 pandemic took hold, the NHS and many organisations involved in the health and care of patients responded at incredible speed to the new demands of managing people with the virus, dealing with non-COVID-related emergencies, and the knock-on effects of shielding and social distancing, particularly for vulnerable people.

We firstly invited organisations from across the South West to participate in a rapid learning cycle study during the COVID-19 crisis. Some of the first participants to take part in the study were from the local voluntary, community and social enterprise (VCSE) sector, with insights on the power of collaboration, co-ordination and dedication from Volunteer Cornwall, Cornwall Voluntary Sector Forum and SNUG Devon.

READ THE HIGHLIGHTS HERE.

A focused piece of work then gathered and shared learning around social prescribing, working with our Social Prescribing Test Beds to understand how their approach has changed in the face of COVID-19. This rapid learning has developed into monthly learning sessions, aimed at helping share knowledge that can help teams continue to adapt quickly to ever-changing circumstances. This work is now starting to consider recovery and learning that can help develop the 'new normal'.

This has uncovered some really impressive achievements, as well as an in-depth understanding of the enablers to that rapid change.

We are now working with Sustainability and Transformation Partnerships in Cornwall and the Isles of Scilly, Devon and Somerset to identify the key learning to feed into their recovery planning.

Received nearly

250

contributions so far to our learning programme.

The insight gathered from our learning to date indicates that there are eight conditions that have most frequently facilitated rapid change during lockdown.

Individually and combined, these provide useful insight for ongoing efforts to make our health and care system more resilient.

Our aim is that this knowledge, shared across our network, can be useful as the South West region continues to adapt and build its resilience and capacity for patient care.

The eight conditions for change are:

1. **Adaptability:** Finding ways to change what is already working to meet needs in a crisis.
2. **Shared purpose:** A unifying driver for change – in this case protecting against COVID-19.
3. **Psychological safety:** Permission to try, without fear of blame, and trial new things.
4. **Removal of organisational barriers:** Moving beyond existing systems to promote solutions-focused activities.
5. **Resourcing:** Providing money, redeploying staff, freeing up time and space.
6. **Cross-organisational systems:** Success was often only possible working across teams.
7. **Communication:** Using information to plan and deliver urgent changes.
8. **Partnership working:** Finding new or strengthening existing partnerships to swiftly build services or amplify the availability of support.

We used the **iceberg systems model** to help us to understand how these conditions work even in very complex contexts. These conditions are also seen in the 'resilience dividends' that have emerged as a result of the pandemic. Resilience dividends are the new approaches, innovations, and processes that were either put in place or reinforced as a response to the crisis, and which will give added value to the health and care system going forward.

READ MORE ABOUT THE EIGHT CONDITIONS IN THIS BLOG.

Our plans for 2020/**21**

The COVID-19 pandemic has led to dramatic changes in the operating environment for the whole health and care system. We have adapted quickly and created new opportunities for impact.

In 2020/21, we will focus our work on applying our capabilities in spreading innovation, building capability, and evaluation and learning to support our partners to innovate and improve their response to COVID-19.

Our business plan for 2020/21 has four strategic aims:

Make a demonstrable and positive impact on the regional response to the COVID-19 pandemic

- Support digital-first care pathways: facilitate effective and equitable digital-first care by improving the use of digital tools, patient access to digital care, and more effective interactions between patients and clinicians.
- Address health inequalities: supporting innovative place-based approaches to identify and support vulnerable communities at greatest risk of COVID-19.
- Improve patient safety: Supporting health and care teams to manage people at risk of deterioration and sepsis, improve maternity and neonatal care, and implement safer care for patients with a tracheostomy.

Develop our organisation for the future

- Define the long-term strategy for the organisation.
- Deliver future programmes on optimising the use of medicines, and improving mental health.
- Triage, signpost, support and validate health innovations from small to medium sized enterprises, academics and NHS staff.
- Support the uptake of NHS-funded products and technologies by our acute hospitals.

Build partnerships aligned to our core capabilities

- Develop a pipeline of high-value, high-impact partnerships aligned to our core capabilities.
- Form new partnerships with regional, national and international partners.

Improve our effectiveness and strengthen our reputation

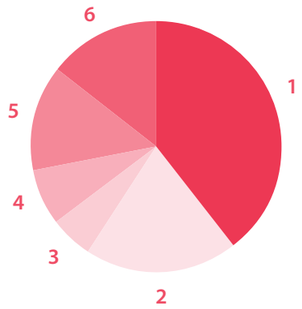
- Build our reputation as leaders in spreading innovative practice – using our COVID-19 programmes as the basis of demonstrating our impact in 2020/21.
- Embed our core quality improvement and spread methods into all our work.
- Develop high-quality information and insight on our programme impact.

How our work is funded

The tables below show a summary of our income and expenditure for 2019/20.

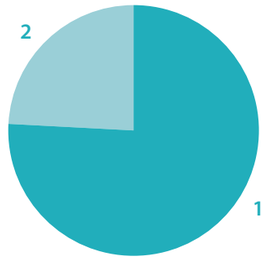
Income

1.	NHS E & I contract	£1,903,725
2.	Project income	£948,701
3.	Member income	£255,000
4.	Patient Safety Collaborative funding	£352,940
5.	Office for Life Sciences funding	£655,444
6.	Carried forward from previous financial year	£684,780
	TOTAL	**£4,800,590**



Expenditure

1.	Programme expenditure	£3,647,415
2.	Corporate operations	£1,153,175
	TOTAL	**£4,800,590**



Programme expenditure

•	Spreading innovation	£2,636,476
•	Patient safety	£414,179
•	Evaluation activity	£596,760
	TOTAL	**£3,647,415**

Our Board

The SW AHSN is a company limited by guarantee (CLG). Our Board of Directors is responsible for governance of the organisation.

Dr Alastair Riddell

CHAIR

Dr Alastair Riddell joined the SW AHSN as chairman in January 2016. Dr Riddell began his career as an Army medical doctor and has over 30 years' experience in the pharmaceutical, life science and biotech industries.

John Acornley

INDEPENDENT NON EXECUTIVE DIRECTOR, SW AHSN

John is an experienced chair and non-executive director with extensive board-level experience across health, social care, and science. He is a former non-executive director of George Eliot Hospital NHS Trust.

Dr Joanna Bayley

INDEPENDENT NON EXECUTIVE DIRECTOR, SW AHSN

Jo is a GP and clinical associate with NHS England, and chief executive of Gloucestershire GP provider GDoc Ltd and of Gloucester GP Consortium Ltd. She is also non-executive director of the medical indemnity provider MDDUS.

Gavin Brake

INDEPENDENT NON EXECUTIVE DIRECTOR, SW AHSN

Gavin has a financial background and was previously a managing director with the global investment banking firm Goldman Sachs.

Neil Stevens

INDEPENDENT NON EXECUTIVE DIRECTOR, SW AHSN

Neil began his career in information management roles 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.

Professor Richard Smith

DEPUTY PRO-VICE CHANCELLOR, 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 & Policy.

Professor Bridie Kent

PROFESSOR OF NURSING AND DEPUTY DIRECTOR OF DOCTORAL COLLEGE, 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.

Professor Stuart Logan

DIRECTOR, NATIONAL INSTITUTE FOR HEALTH RESEARCH (NIHR) APPLIED RESEARCH COLLABORATION SOUTH WEST PENINSULA (PENARC)

Stuart is a practising paediatrician, but his major role is as a researcher and director of PenARC.

Health and care system representatives

Members from each of our three health and care systems have a nominated representative on our Board.

Phil Confue

CHIEF EXECUTIVE, CORNWALL PARTNERSHIP NHS FOUNDATION TRUST

Representing the Cornwall and the Isles of Scilly system, Phil is a qualified mental health nurse and has over 30 years' experience in health and care across the public, private and academic sectors.

Maria Heard

PROGRAMME DIRECTOR, FIT FOR MY FUTURE

Representing the Somerset system, Maria is a trained nurse. She leads the Fit for my Future programme, a joint strategy by NHS Somerset Clinical Commissioning Group and Somerset County Council in collaboration with partners across the NHS and voluntary sector.

Dr Sonja Manton

EXECUTIVE DIRECTOR AND SENIOR RESPONSIBLE OFFICER, INTEGRATED CARE PARTNERSHIP (WESTERN DEVON)

Representing the Devon system, Sonja has managed and led acute and integrated community health and social care in the NHS, most recently for Torbay and South Devon NHS Foundation Trust.

Executive team

Our executive team are also members of the Board.

Jon Siddall

CHIEF EXECUTIVE OFFICER

Jon joined the SW AHSN in April 2020, following three years as director of programmes at Guy's and St Thomas' Charity. 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 SW AHSN, helping to launch the organisation in 2013.

Anita Randon

DIRECTOR OF PROGRAMMES

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

Before joining the SW 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 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.

Dan Lyus

DIRECTOR OF PARTNERSHIPS

Dan joined the SW 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.

Our members

The SW 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 Partnership NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Taunton and Somerset 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 people who offer wide-ranging professional expertise in finance, healthcare, project management, communications, business development, data analysis, evaluation and knowledge management.

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.

South West Academic Health Science Network

swahsn.com

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

01392 247903

Part of The AHSN Network

Office for Life Sciences

NHS England

Contact us

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 SW 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 SW 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.