Vision and purpose

“Partnerships for long-term sustainability”

Our strategic direction and work programmes are directly focused on supporting our NHS members to deliver the triple aims of better health, transformed quality of care and sustainable finances as described in the Five Year Forward View.

This ensures our work is aligned to NHS England’s planning guidance and the requirement to provide high quality care today whilst working towards more joined up, place-based services for tomorrow.

We have shaped our core activities to support members develop and deliver components of their Sustainability and Transformation Plans (STPs).

Our work programmes are underpinned by our commitment to ensure that the very best current and future innovation has to offer is spread and adopted at pace and scale both regionally and nationally.

As well as contributing directly to the sustainability and transformation agenda, our experience, skills and unique connections across the Yorkshire and Humber region enable us to provide a range of strategic support services to our members, including:

• Project management
• Horizon scanning
• Developmental evaluation
• Coordinating academic input
• Brokering difficult conversations
• Identifying and road testing game-changing ideas and innovations
• Reaching across geographies to import what is working elsewhere.

Our programme of activity will support the NHS in driving improvements with a real impact on patient care and outcomes. Our proven success in this area includes:

• Supporting the roll out of the Bradford Physical Health Template, which has now been used by 74 CCGs in the country.
• Supporting the rollout of the award winning Electronic Frailty Index (eFI) which is now included in the NHS England GP core contract for 2017/18.
• Our Faecal Calprotectin programme has helped drive the adoption of new methodology in multiple CCGs, GP practices and NHS laboratories regionally, demonstrating improvement in patient safety and increased cost effectiveness in the NHS (fewer unnecessary colonoscopies).
• Adopting best practice from outside the region, rolling out the ‘don’t wait to anticoagulate’ campaign (devised in the West of England) to CCGs in Yorkshire and Humber as part of our support to NHS RightCare.
• Through our Improvement Academy we have implemented programmes at scale across the region and now have a recognised national profile. We continue to focus on high quality patient safety initiatives for example, our huddles programme has been embedded in 120 frontline teams to encourage a team-working culture, reduce patient harm and improve quality of care.

Our expertise lies in identifying and spreading proven innovation, research and evidence at pace and scale – improving clinical outcomes through driving behaviour change, building collaboration, encouraging enterprise and investment and placing patient wellbeing at the heart of everything we do.
## Strategic Priorities

### Today’s Challenges

**Supporting members to survive and thrive over the next 24 months**

Helping system leaders to meet their immediate challenges by:

- Contributing to the development and delivery of Sustainability and Transformation Plans (STPs) across the region. This work will include identifying innovation, evidence and best practice from around the world that can contribute to the STPs’ ambition to deliver on the triple aims of better health, transformed quality of care and sustainable finances.
- Identifying available now, evidence-based innovation and improvements, that significantly drive up quality patient outcomes and experience, as well as increased productivity opportunities within 2017/18 operational plans.

### Tomorrow’s Opportunities

**Transitions to new models of care delivery**

Acting as an honest broker, bringing leaders and organisations together to:

- Make STPs a reality by identifying best practice, road testing innovation and translating learning into practice.
- Challenge ambition, evaluate what works and marshal evidence to support its adoption and spread both regionally and nationally.

### Embracing Change

**Creating a receptive environment, embedding change and innovation**

Creating a receptive environment that is ready to adopt and embrace change by:

- Creating engaged and empowered frontline change leaders through the Improvement Fellows programme.
- Bridging the gap between clinical teams and boards in care quality improvement.
- Developing and equipping self-directing frontline teams to focus on quality and safety through our Human Factors programme.
- Supporting providers of care to adopt innovation and digital technologies as well as educating on new developments such as the Innovation and Technology Tariff.

### Future Innovation Pipeline

**Expanding the existing innovation and good practice pipeline**

Building bridges between the NHS, industry and academia by:

- Actively seeking out innovations and good practice that help to close the health and wellbeing, care and quality and finance and efficiency gaps as identified in the Five Year Forward View.
- Continuing to develop the innovation pathway, promoting platforms such as our Innovation Exchange as an easily accessible platform to enable collaborations between industry and the NHS, driven always by clinical needs.
- Robustly evaluating and testing emerging innovations to make them ‘market ready’.
Our Approach

Our strategic direction and work programme have been shaped by the requirement to deliver high quality cost saving care today whilst working towards more joined up, place-based services for tomorrow.

In the last 18 months, we have built our core activities around supporting members in the development of components of their Sustainability and Transformation Plans (STPs)* to deliver on the triple aims of better health, transformed quality of care and sustainable finances as described in the Five Year Forward View.

Our projects are designed to deliver against the Five Year Forward View, but importantly they are shaped by the specific needs of our members. We wish to support our members to survive and thrive today and over the next 24 months by helping them through the transition to new models of care and developing a receptive culture that embraces transformative innovation that delivers for patients and the NHS. In short, helping to provide better value healthcare for all.

Supporting STPs within our region

Since inception we have had an integral role in supporting STPs and related workstreams in our region; we are members of two regional STP Boards and one steering group.

We provide a range of offers for the STPs in our footprint including supporting the development of the plans through innovation and intelligence, health economic analysis and organisational development. Our core programme of activity is built around national priorities and local need ensuring that, through delivery, we can help our members achieve their objectives as they move into an implementation stage.

- Through our Patient Flow programme, we have delivered interactive workshops in our three STP areas to help organisations optimise patient flow through a hospital or system. Using real data, the simulation creates a shared understanding and a whole systems thinking approach to patient flow. Results from these events include improved understanding of where systems are blocked and better communication around areas such as discharge of patients to prevent long waiting times and reduce lengths of stay. Results from a Medical Elderly Ward have demonstrated a reduction in the average length of stay from 11.7 to 7.2 days, despite an increase of admissions. For 2017/18 we are now looking at how we can support our regional STPs and system flow with a focus on mental health.
- We are working with Humber Coast and Vale and West Yorkshire and South Yorkshire and Bassetlaw STPs to reduce strokes through our AF programme.

* The three STPs within the Yorkshire & Humber region are Humber Coast & Vale, South Yorkshire & Bassetlaw, West Yorkshire & Harrogate.
Supporting Frontline Teams

Through our Improvement Academy we transfer knowledge of proven and developing innovations and create and empower clinical leaders. We support frontline teams in leading improvements to safety and operational management, creating a receptive environment where staff embrace innovation, change and improvement. We work closely with applied researchers to pull recognised quality and safety innovation into practice more rapidly by:

- Creating engaged and empowered frontline change leaders through our network of 180 Improvement Fellows from across our member organisations who are supported to learn together to apply innovative approaches to improve care.
- Building our human factors approach to develop self-directing, resilient frontline teams focused on quality and safety improvements. For example; as part of our Patient Safety Collaborative, we have supported more than 200 frontline teams and conducted more than 3500 individual surveys, to examine and improve their own safety culture using a validated team safety culture tool.
- Designing programmes that make it easy for front line teams to adopt innovation and implement improvement. For example; our Quality Improvement (QI) training is open access and available online. More than 1,100 people have completed our ‘bronze level’ e-learning package in QI. This training course is now available on the national Electronic Staff Record platform. Over 400 people have completed ‘silver level’ face-to-face QI courses.
- The Innovation Champion Network (ICN) is a growing cohort of over 50 NHS employees from trusts, CCGs, mental health trusts, community care and social care, including clinicians, research teams, nurses and innovation managers. These individuals act as innovation ambassadors within their host organisations. We provide training to the network that enables members to promote and implement innovation within their organisations.
Supporting New Ways of Working

New Models of Care

We are working closely with all three of our STP areas and are referenced in all three plans. Seven of the 50 New Care Model Vanguard sites are within our local footprint and we are heavily supporting four of those with a local evaluation framework, in particular the West Yorkshire Urgent and Emergency care Vanguard, which has been chosen as an accelerator site.

Developmental Evaluation

We are supporting our members to develop and deliver highly complex, place-based change management initiatives. We are able to support these programmes by providing rigorous developmental evaluation. This type of evaluation provides feedback on the impact of the changes whilst the changes are happening, rather than waiting until the end of a project. This means that we can help teams learn as the work progresses by providing timely feedback and enable effective ‘in-flight’ decision-making.

Embracing Digital Healthcare

The Yorkshire & Humber AHSN leads a multi-strand digital health programme to engage and link NHS staff, industry and academia across the region. This activity provides tools and learning for our members to:

• Improve capacity to implement digital tools within service redesign
• Appraise and access products already on the market
• Articulate challenges and needs in order for innovators to scope solutions
• Seek guidance on implementing existing technologies
• Share emerging best practice and guidance to accelerate adoption of digital health for improved patient care.

Digital Healthcare acts as a ‘golden thread’ across the majority of our core programme of activity and reflects our approach to spreading innovation to the NHS.

Unmet needs are identified through our core programme of activity, with Primary and Secondary Care providers able to communicate their ‘asks’ via a range of channels including our Innovation Exchange platform, our Innovation Champion Network, Digital Health Expert Advisory Board and our Strategic Advisory Board.

Through our Innovation Pathway, SBRI Healthcare, NHS Innovation Accelerator and the AHSN Network, we are then able to present proven market ready innovative solutions that meet the needs of our members.
Spreading Proven Innovation

The Yorkshire & Humber AHSN has developed a reputation for driving rapid adoption of innovation and transformative practice into routine clinical care. We have established partnerships and networks and developed the tools to evaluate market ready innovation. We act as an honest broker and provide a filtering process where needed for our members, before placing Ready Now Innovation at the heart of clinical practice to improve patient outcomes.

- Our work supporting the adoption of the award winning **Electronic Frailty Index (eFI)**. The eFI was developed in a collaborative partnership between the University of Leeds, TPP, the University of Birmingham, the University of Bradford, and Bradford Teaching Hospitals NHS Foundation Trust and has involved extensive dissemination regionally and nationally through our healthy ageing collaborative. 72 CCGs across the UK are now using the eFI, which has been endorsed by NHS England and is included in the new national contract for general practice.

- Through our **Faecal Calprotectin** programme, we directly supported clinical time and commissioned a health economic assessment by the York Health Economic Consortium (YHEC). This has helped drive the adoption of a new Faecal Calprotectin Pathway in multiple CCGs, GP practices and NHS laboratories, demonstrating improvements in patient safety and increased cost effectiveness in the NHS (fewer unnecessary colonoscopies). We are now rolling out this programme nationally in partnership with the AHSN network and NHS England.

- We have supported the successful roll out of a pioneering **Physical Health, Mental Health** check template across primary and secondary care and for community and inpatient settings, which has increased the number of physical health checks in one Trust by 372%. With our support, the template is now available nationally on SystmOne, EMIS and RIO Web IT platforms. This has led to the template going from single use in one Trust to use in over 70 CCGs within two years. Potential cost savings over 10 years are estimated at £11.3 million across the three Yorkshire and Humber STP footprints.

- Our Improvement Academy has a standardised methodology for **mortality case record reviews** across the region. The Structured Judgement Review methodology, developed and validated by Professor Allen Hutchinson, has been adopted by mental health trusts and 100% of acute trusts in Yorkshire and Humber. Over 750 clinical staff have been trained across specialties and roles from consultants and registrars to specialist nurses and patient safety leads helping to standardise the review of adult deaths in hospitals.

This work has now been commissioned by NHS England to be delivered nationally by the Royal College of Physicians in partnership with our Improvement Academy. The programme is being rolled out across the NHS with 73 acute trusts due to become early adopters and is now recommended in the Department of Health's national mortality framework.
Stakeholder Engagement

We value partnership working and have placed this at the core of how we operate. Our mix of skills and expertise has helped us to build up strong, credible relationships with our partners.

We help our partners to solve their problems by bringing together the right individuals who can inform, develop and foster innovation. Our Stakeholder Survey provides valuable feedback from partners: 82% of Yorkshire and Humber respondents would recommend working with the Yorkshire & Humber AHSN, with 74% agreeing that we had helped them achieve their objectives.

Regional Landscape

• Our member organisations – four teaching hospitals, 13 acute trusts, six mental health trusts, nine universities and 22 commissioners – deliver a range of high quality services to patients and their families.

• Along with our members, partners, patients and local communities, we are working to ensure current and future projects remain aligned with local and regional need including STP priorities.

• We work with local government, regional universities and the third sector within our region. We also have strong links with the Strategic Clinical Networks, Clinical Research Networks, CLAHRC, Health Education England, Public Health England and Northern Health Science Alliance.

• Nationally we maintain our active membership of the wider AHSN Network and have close working links with UK Trade and Investment, the Office of Life Sciences and leading industry organisations.

• Representatives from Trusts, CCGs, ABHI, ABPI, Academic Health Partnerships, NHIR and our regional Test Beds are all part of our Strategic Advisory Board (SAB) held at various innovation hubs throughout the region.
Collaborating with the AHSN Network

We have led or supported a number of cross AHSN collaborations. The four Northern AHSNs regularly meet to provide peer to peer support and collaboration across different projects. This happens across multiple teams and at different levels of the organisations including Chief Executive, commercial, programme and communication leads. Examples of our collaborative efforts include:

- Working with NENC AHSN to deliver a showcase event of innovations developed by members of the Innovation Champion Network.
- We are working collaboratively with The Innovation Agency to deliver a launch event for NIA fellow Penny Newman’s Health Coaching materials. This included design, organisation, funding and delivery of the event and subsequent follow up with three localities (Bassetlaw, Sheffield and Leeds). This promoted shared learning between organisations that are already using Health Coaching in their practice.
- We took the lead role in working with the NHSA and four Northern AHSNs to successfully achieve 3* reference site status for Active and Healthy Ageing with the European Innovation Partnership. This has led to a Northern AHSN collaboration and joint plans to scale up the implementation of the e-frailty index across the North of England.
- We developed an Innovation Exchange platform, which has been adopted by the Innovation Agency AHSN, and is a repository for proven innovations that are shared with appropriate partners to support their work.
- We are leading the AHSN Network’s national Atrial Fibrillation programme and regularly bring together all 15 AHSNs, spreading 18 innovations across the NHS so far. This has led to AF becoming a national priority for AHSNs.
- We are active participants in the Northern AHSN and national Medicines Optimisation strategies.
- Patient Safety Collaborative (PSC) – we are leading the involvement of other AHSN PSCs on Learning from Hospital Deaths.
## Programme Overview

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Programme: Atrial Fibrillation

Theme: Today’s Challenges

What
Preventing Atrial Fibrillation (AF) related strokes across Yorkshire and Humber.

How
Working with our partners, the British Heart Foundation and NHS RightCare this programme will reduce unwarranted variation in the treatment of AF, by providing a General Practice (GP) intervention, helping teams in primary care see and treat more patients.

We will work together across our healthcare partners to implement a complex intervention using Quality Improvement methods.

Building on the existing collaboration with other members of the AHSN Network as part of the national AF workstream, we will capitalise on advances in other geographies to adopt proven best practice within Yorkshire and Humber.

The programme will support the embedding of digital technologies in primary care, focusing primarily on mobile electrocardiograms (ECGs), as part of the strategy for the national Innovation and Technology Tariff.

Why
Each AF related stroke causes life changing morbidity and suffering. We have estimated that there are 46,180 people in Yorkshire and Humber who have AF but are not on their GP’s AF register. Of the 101,788 people known to have AF, around 37,000 are at high risk of stroke and are not being adequately protected. The consequences of this are 2,415 avoidable strokes per annum. Eliminating these deficits in identifying and treating AF would save the NHS at least £17m over the next three years.

This programme can both improve patient outcomes and reduce pressure on urgent care and unplanned admissions by optimising patient care at a GP level.

Objectives
Identify 10 per cent more patients with AF in participating GP practices in one year using mobile ECG technology.

Increase anticoagulation rates in participating practices by 20 per cent.

Deliverables
Implement Quality Improvement activity in AF in 50 per cent of CCGs in Yorkshire and Humber. Improve the patient experience.

Impact
A minimum of 37 strokes avoided every 18 months post intervention. 

Potential funding and efficiency improvements of £467,680 to the system (based on 37 strokes being avoided).

A remodelling of the amount of capacity STPs will commission in the treatment of hyper acute stroke services.
Programme: Medicines Optimisation

Theme: Today’s Challenges

What
Realising the benefits of innovation in primary care to optimise the value medicines offer to patients and the healthcare system.

How
Through the delivery of Quality Improvement programmes which are underpinned by innovation and behaviour change.

Working in partnership with our academic and industry partners to enable the adoption of best practice.

Drawing on and supporting the medicines optimisation priorities of the AHSN network to support national programmes of activity.

Why
There is wide variation in the utilisation of medicines by patients and the NHS. Reducing unwarranted variation, whilst embracing innovation will deliver improved care, efficiency and value.

Objectives
We will deliver improvements in medicines utilisation and value in cardiovascular, polypharmacy, undernutrition and medicines safety at a system level working with the leadership of our three STPs. Our projects will deliver a minimum of a 20 per cent improvement in medicines utilisation in participating providers of care.

Deliverables
1,000 patient centred, technology enabled consultations leading to improvements in medicines utilisation in primary care.

Impact
Reductions in:

- Avoidable heart attack and strokes in Familial Hypercholesterolaemia and Atrial Fibrillation.
- Avoidable diabetic hypoglycaemia.
- Avoidable admissions and length of stay due to polypharmacy, dehydration and/or undernutrition.
- Medication errors leading to urgent care.
Programme: System Flow

Theme: Today’s Challenges

What

We will support members to improve patient flow at a system level across organisations and also within organisations.

At whole system level: supporting stakeholders and members at STP level to better understand and manage patient flow through acute care systems, including mental health.

Within organisations: supporting organisations at ward team level to reduce patient delays and to address the underlying causes of those delays.

How

The programme will undertake stakeholder engagement at an STP level in order to agree work plans to support strategic priorities.

We will facilitate workshops and work with frontline staff and senior management to bring everyone together to identify the problems and solutions, to uncover barriers to achieve optimum patient flow. This is supported by key data and analysis. The results from such events will be used to determine the priority for application of Quality Improvement techniques such as:

- Leadership of frontline teams
- Safe system change
- Supporting staff behaviour change
- Measuring and demonstrating impact.

Where organisations wish to tackle within-organisation delays, we will introduce and help implement Achieving Reliable Care (ARC), supporting measurement of impact using routinely collected patient journey data and embedding the behaviour changes required.

Why

System flow methodology facilitates the understanding of barriers to patient flow. The overall ambition is to improve quality of care for patients and to deliver care efficiently and economically. This may include reducing inappropriate conveyance to and attendance at Accident & Emergency (A&E) for people in mental health crisis to ease the system pressure on A&E.

This will deliver against local and national priorities whilst benefitting patients.

Participating organisations in previous events have improved understanding of the real reasons for the delay in patient journeys and, as a consequence, have put mechanisms in place to address issues.
Objectives

To build on the theory and methodology of our existing Flow Programmes which have seen participating sites reduce length of stay by up to 30 per cent.

Deliverables

Up to three bespoke Urgent Care system flow events, including mental health, within the Yorkshire and Humber region.

Participation of frontline clinicians and senior managers from across the region in system flow events.

Co-designed implementation plans inclusive of patients.

Impact case studies, demonstrating improvements in patient flow, from at least two organisations implementing the ARC method.

An output report will be developed to showcase potential opportunities that exist within the system flow area for innovative solutions, through platforms such as SBRI Healthcare.

Impact

Reduction in waiting times for patients to access appropriate services.

More patients kept in local services and at home, rather than within hospital.

Wards implementing ARC will see an impact on reduced average patient length of stay, increased staff satisfaction and improved performance on ECIST SAFER bundle.

Potential for resource reallocation due to increased efficiencies.
Programme: Active & Healthy Ageing

Theme: Today’s Challenges

What

Building upon existing successes in achieving 3 * reference site status with the European Innovation Partnership for Active and Healthy Ageing, we aim to lead the development of a range of Active Healthy Ageing initiatives across Yorkshire, the Humber and the North of England.

How

The programme involves collaborating with colleagues in Northern AHSNs to scale-up adoption and utilisation of the e-Frailty Index across the region, the North and nationally.

The programme encompasses learning from partner organisations across the UK and Europe to adapt and adopt active healthy ageing initiatives.

Why

The e-Frailty Index is a validated tool included in the new GP contract for 2017/18. This contract puts a mainstream focus on older people living with frailty by requiring routine frailty identification for people aged 65 and over. This enables healthcare providers to proactively identify and support older people living with frailty and puts patients at the centre of the care planning process.

Objectives

For people with severe frailty (around three per cent of over 65s) this will include a clinical review (medicines review, falls assessment and other clinically relevant interventions). Our Improvement Academy will support pilot implementation sites to build case-study evidence of improvement, including exploring the cost consequences of interventions using the eFI in primary care. We will work with GP Federations to focus upon the use of the e-Frailty Index to guide appropriate local interventions.

Deliverables

We are hosting a symposium in partnership with other Northern AHSNs, Newcastle University and Northern Health Science Alliance, which will highlight best practice across the north of England, other parts of the UK and Europe.

We will provide health economic impact support to assess two pilot studies.

We will spread learning, shared knowledge and engage our stakeholders in the co-creation of an Active and Healthy Ageing agenda to meet the needs of our partners and local people.

A programme of work for spread and adoption of the e-Frailty Index will be co-produced in partnership with commissioners, GP Federations and the Improvement Academy.

Impact

Increased adoption and utilisation of the e-Frailty Index across primary care which will lead to earlier identification of people living with frailty and earlier implementation of local interventions designed to, for example:

- Reduce falls
- Increase self-management options
- Increase medicines reviews.
Programme: Learning from Healthcare Deaths

Theme: Today’s Challenges

What

This well-established programme, recognised nationally by the Royal College of Physicians (RCP), supports our members to learn from in-hospital patient deaths and make improvements in patient care. The programme builds on significant training investment in reviewing case notes of patients who have died, and supports members to make quality improvements as a result of their analysis and learning. Our approach has been recognised in the National Guidance on Learning from Deaths for Trusts (Department of Health, 2017) and is now the basis of the national acute hospitals mortality review programme.

How

We will continue to facilitate a regional network enabling all Yorkshire and Humber trusts to access nationally recognised training in systematic mortality case note review. We will support our trusts to analyse findings, identify regional themes and to turn that learning into quality improvements by accessing appropriate Quality Improvement training and support.

Why

This is both a patient and an NHS priority. New Department of Health guidance requires Trusts to improve how they learn from reviewing the care provided to patients who die. This includes undertaking case record reviews and providing evidence of learning and action as a result of the information and an assessment of the impact of actions taken. Our regional programme ensures that Yorkshire and Humber continues to take a national lead in supporting Trusts to improve quality of care.

Objectives

To improve patient care across the region using nationally recognised evidence-based case note review linked to quality improvement.
To use regional expertise to influence national decision-making.

Deliverables

Conduct quarterly steering group meetings to share learning and best practice.
Provide access to support and training in innovative Quality Improvement methods.
Produce and share case studies demonstrating ‘themes’ and active work to improve care, which has resulted from case record reviews of deaths in Yorkshire and Humber NHS Trusts.
Sharing of best practice nationally.

Impacts

Demonstrable and measurable improvements in care as a result of learning from mortality case note review.
Potential to reduce costs to member trusts associated with complaints and litigation (currently over £1.4bn annual compensation costs for NHS in England and over 3,000 complaints each week).
Programme: Supporting NHS England Test Beds

Theme: Tomorrow’s Opportunities

What

The programme will consist of two strands supporting the Sheffield City Region Test Bed, (one of the seven Test Bed sites selected in 2016) and helping to form and deliver the expected second wave of Test Beds in 2017/18.

How

In order to champion the Sheffield City Region Test Bed, the Yorkshire & Humber AHSN has a seat on the Test Bed Programme board to help diffuse learning to our regional partners and members. Through our position as part of the AHSN Network we will play our role in supporting national learning through the other successful Wave 1 Test Beds.

This programme will also offer support to the second wave of Test Beds, expected in 2017. We anticipate our role within wave two Test Beds to be in collaboration with the AHSN Network and we will utilise our regional intelligence to align national and local priorities together.

Why

Test Beds evaluate the real world impact of new technologies, offering both better care and better value for the public and patients, a key part of the Five Year Forward View. Test Beds provide the opportunity for combinatorial innovation to improve how services are delivered in the NHS. The Sheffield City Region Test Bed intends to bring new benefits to patients with multiple long-term conditions through the combination of integration of innovative technologies and pioneering service designs. The aim is to keep them well, independent and avoid crisis points that result in unnecessary hospital attendances, intensive rehabilitation and a high level of social care support.

Objectives

To maximise the success of the Sheffield City Region Test Bed and assist in the delivery of Wave two of Test Beds (as and when the latter is announced).

Accelerate the spread and adoption of the learning from the Wave One Test Beds across the region.

To connect Test Bed innovation partners into other opportunities across the AHSN Network portfolio (including the Innovation Pathway) to facilitate adoption and spread.

Deliverables

Communicate and disseminate the evaluation of the combinatorial innovation tested across Wave One Test Beds.

Identification and provision of opportunities to support adoption of innovation across the Yorkshire and Humber region, in response to our members’ priorities, challenges and unmet needs.

Consortia developed in Yorkshire and Humber to apply for Wave Two Test Bed.

Impact

Real world testing and evaluation of technology solutions in combination with service redesign, innovation culture development and workforce skills development.

Implementation of new care pathways across populations based on evidence generated through Test Bed robust evaluation.
Programme: Quality Improvement Training

Theme: Embracing Change

What
Our AHSN Improvement Academy has a national reputation for excellence in delivering masterclasses, roundtables and training courses in priority areas for our member organisations. Under the guidance of our Quality Improvement Advisory Group, AHSN members in Yorkshire and Humber are offered free access to up-to-date training in Quality Improvement. These are suitable for everyone who contributes to the delivery of healthcare – from Ward Clerk to Medical Consultant, from Commissioner to Care Home Healthcare Assistant, and including those in training as well as newly qualified healthcare practitioners, and those who have many years’ experience.

Objectives
To improve the quality improvement capability of the Yorkshire and Humber region.

To provide expertise in up-to-date Quality Improvement methods and to make this accessible to the healthcare workforce in Yorkshire and Humber.

To support the development of an effective network of Quality Improvement trainers.

How
Masterclasses and roundtables are delivered to support priority areas. Courses are delivered at three levels of detail – ‘Bronze’, which is mainly delivered online through eLearning packages, ‘Silver’, which is face-to-face training and ‘Gold’ which provides access to a Gold Trainers Network of people who are nominated by their organisations to support the delivery of Quality Improvement training. Our nationally recognised, specialist courses Achieving Behaviour Change (ABC) in Patient Safety, and Measurement for Improvement are also available to Yorkshire and Humber organisations.

Deliverables
Demonstrable increase in the uptake of Bronze level QI training across member organisations.


Provide 150 Silver QI training places.

Increase the reach of the ‘Gold’ Quality Improvement Training Network.

Deliver a mix of bi-monthly Masterclass and Roundtable events.

Why
Quality Improvement methods are increasingly recognised as essential to empowering the healthcare workforce to deliver change and implement innovation. Our programme provides a common language for Quality Improvement across all NHS Trusts and other healthcare providers. We are guided by our members to ensure that we address those areas which complement and support the improvements that Trusts are making through their Performance, Quality Improvement, Clinical Governance and Safety functions.

Impacts
Increasing Quality Improvement capability across the region impacts on both the efficiency and quality of healthcare. Our evidence shows that equipping frontline staff with effective tools for quality improvement can improve morale and impact on team safety culture.
Programme: Improvement Fellows

Theme: Embracing Change

What

Our Improvement Fellowship Scheme is a vibrant peer-led network that brings together a diverse range of enthusiastic improvement individuals. Some are expert but many are simply interested in improving the care they deliver.

How

We provide opportunities and bespoke support to our Fellows to develop themselves as improvement leaders from their current position. Our Fellowship Scheme is a platform for empowering and enabling the spread of individuals’ programmes of quality and safety improvement within their own organisation and then across the network.

Why

Over the last 10 years, many health and care individuals in Yorkshire have been trained in structured approaches to improvement. There are many others without formal training who are also trying to improve the care and services they deliver. Our network provides support for those individuals to become a force for positive change.

Objectives

To build a more supportive regional environment in which improvement can flourish and grow.

To create a critical mass of experience in quality and safety improvement methods in Yorkshire and Humber.

Speed up spread and adoption of best practice between NHS organisations.

Collaborate with leading academics to develop innovative approaches to quality and safety improvement.

To align with the Health Foundation Q community linking to a national network of Improvers across the UK.

Deliverables

A Spring Network meeting for all Fellows.

An Autumn Network meeting for all Fellows.

An expansion of the Yorkshire Improvement Fellows Network from 180 to 250 in 2017.

A network that includes Clinicians, Managers, Executives, Academics and Patient Leaders, and has representatives from all member organisations that align with our Innovation Champion Network.

Impacts

The continued development and expansion of the Yorkshire Improvement Fellows network impacts on the improvement capacity of Yorkshire, increases the potential for collaborative learning and the ability to attract collaborative improvement grants.
Programme:
Innovation Champions

Theme: Embracing Change

What

The Innovation Champion Network (ICN) is a growing cohort of over 50 NHS staff from 24 member organisations. The network is delivered in conjunction with Medipex and the other northern AHSNs.

Innovation Champions support NHS organisations to embrace innovation, develop ideas and adopt innovations from elsewhere.

Innovation Champions are innovation ambassadors who are provided with training and learning opportunities.

Through a series of collaborative AHSN events, Innovation Champions from Yorkshire and Humber will be given the opportunity to share best practice and spread innovation between AHSN geographies.

How

Recruitment and training of enthusiastic NHS staff with an interest in innovation and improvement, and the ability to influence their organisation.

Through working collaboratively with our ICN stakeholders we will spread learning and best practice across the North of England.

Why

The ICN responds to the ambition within the NHS Five Year Forward View to support a modern workforce with the right skills, values and behaviours to deliver new models of working.

NHS staff often identify genuine unmet needs, think of solutions and are passionate about adopting innovations but don’t always have the support they need to put this into practice. The ICN provides a support network to address this need.

Objectives

To continue to spread the ethos of innovation and culture change to be more receptive to change across the ICN network.

Continue to support NHS innovators to develop products/services to a market ready position.

To spread best practice about the implementation of new products or services across the network.

Use the network to identify unmet needs within member trusts and examine how industry can respond to those issues with appropriate innovations.

Deliverables

Develop a culture that is supportive of the adoption of innovation across workforces, including the introduction of commercial partners when applicable.

Increase ongoing awareness of the importance of Intellectual Property (IP) through education across the NHS.

Using our partners to provide early validation of innovation that can provide benefit back to the NHS.

Creating a sustainable network that provides peer to peer support for the identification and adoption of innovation.

Work with our Northern AHSN partners to spread best practice across our multiple innovation champion/scout networks.

Impact

Increased awareness of ideas and innovations being spread across the NHS using the ICN.

Increased educational awareness of the importance of Intellectual Property and business cases within our member organisations.
Programme: Digital Health

Theme: Embracing Change

What

Our Digital Health programme will focus on identifying opportunities for digital technologies across the Yorkshire & Humber AHSN programme portfolio and brokering digital solutions for our members and patients based on their unmet needs and priorities.

We will deliver a defined digital health ready-now adoption programme using the Yorkshire & Humber Digital Health & Wellbeing Ecosystem (#YHDigitalEco) as a mechanism for profiling and responding to targeted opportunities with proven solutions from the Innovation Pathway and wider AHSN Network portfolio.

Why

Digital health was listed as a programme of high interest by our stakeholders in the 2016 national AHSN stakeholder survey and our plans for 2017/18 build on our multi-partner existing programme of activity.

Members have identified a need for the Yorkshire & Humber AHSN to provide a filtering process of innovative solutions within the digital space.

The Yorkshire and Humber region has a unique digital health infrastructure and there is a clear need to work with regional partners to avoid duplication of resources and maximise success at implementation of digital solutions.

How

Working with our members we will look at opportunities at both STP and member level to curate ready now digital innovation opportunities identified through national and local programmes (e.g. NIA and SBRI Healthcare).

We will coordinate and facilitate guidance through our stakeholder digital health and wellbeing expert advisory group, enabling patient engagement and providing clinical leaderships and champions.

We will utilise our assets (Health Innovation Exchange / Yorkshire & Humber Digital Health & Wellbeing Ecosystem / Innovation Champions / #YHDigitalCitizen) to create market pull for newly identified market ready solutions.

Our #YHDigitalEco event programme will be delivered in collaboration with partners with a regional remit as a platform to present the challenge areas to the commercial sector. We will manage the response to any calls and the filtering of innovation to ensure only evaluated, high impact market ready solutions are presented to members and service users.
Objectives

To accelerate the uptake of digital solutions in the health and care sector within our region.

To align digital innovators to the needs of their target market.

To align our own expertise with that of the region to maximise financial efficiencies and create economies of scale.

Deliverables

To deliver three #YHDigitalEco events to the region in collaboration with partners.

To present a portfolio of validated digital solutions that meet the regional challenges of our members and service users.

To contribute to the AHSN Networks ongoing continuous learning about digital technologies that work for spread and adoption outside of the Yorkshire and Humber region.

Impact

Accelerated adoption of digital technology in each of the three STP footprints.
Programme: Innovation in Primary Care

Theme: Innovation Pipeline

What
This programme of support to primary care is focused on supporting existing and emerging GP Federations to develop and grow to become sustainable organisations within their local health economies.

How
By offering a bespoke approach to meet the needs of GP Federations across Yorkshire and Humber, the programme is able to help build the capacity and capability to develop and deliver primary care innovations at scale.

Why
GP Federations are in a unique position to understand the needs of local people and to deliver at scale the services that local people need, broadening the offer to patients and reducing demand on acute services.

The growth of primary care at scale is a key aspect of the GP Five Year Forward View and is essential as a key contributor to the development of new models of care and accountable care organisations.

Objectives
- Roll out support to a minimum of five GP Federations in partnership with local CCGs and STPs.
- Develop and grow organisational capability across local health economies to better enable the delivery of innovative new pathways of care and the scaled-up adoption of new technologies.

Deliverables
- Deliver GP Federation networking events and support programme.
- Provide support packages and organisational capacity building for emerging and established GP Federations, relevant to their own needs.
- Support Quality Improvement implementation.
- Increase efficiencies.

Impact
- Increased adoption and implementation of innovative approaches to care within the participating GP Federations.
Programme: Innovation Pathway

Theme: Innovation Pipeline

What

The Innovation Pathway provides a supportive roadmap to innovators with signposting to appropriate expertise (both internal and external). The pathway accelerates the development of innovative commercial products to enable them to rapidly become market ready for adoption into the NHS at scale. It will link to expertise in the region and nationally and work in collaboration with the AHSN Network.

How

Our online platform, Innovation Exchange, is a repository for innovative healthcare solutions that can be used to match the needs of patients, innovators, commissioners and providers to create a vibrant regional market place for innovation and improvement, based firmly on the needs of the NHS.

Commercial companies with innovative solutions that are pertinent to the healthcare needs of the region can then attend our Market Access program, providing both NHS and peer group commercial insight into the challenges and opportunities presented by the NHS market. In addition, companies with innovative and transformational healthcare products can also benefit from tailored Innovation Surgeries where bespoke advice and healthcare intelligence can help with adoption at scale and pace.

A robust review process of innovations submitted to the Innovation Exchange will determine which are suitable for hands on support through Innovation Surgeries and which innovations require signposting to other stakeholders for additional support to become market ready.

Why

The NHS needs a pathway that will help act as both a filter to match products against clinical need and a triage to identify an evidence base around clinical utility and cost effectiveness. The pathway process will seek to fill in any gaps in the evidence base by connecting commercial companies to appropriate partners working in this space. In particular, our links to the NIHR, YHEC and the Improvement Academy will help us deliver partnership opportunities to commercial companies interested in developing a high-quality evidence base for their products. Thus, the innovation pathway will help innovators understand the route to market within the NHS, providing practical support with this journey.

Through spreading proven innovation across The AHSN Network we will reduce variation in quality of care and our programme will save the NHS resources, as we act as the filtering process to reduce the amount of time our NHS partners spend researching and procuring options.

Objectives

The Innovation Pathway provides a clear route map for innovators, identifying the support we can offer both regionally and across the AHSN Network.

Through the Innovation Pathway we provide a single point of access that is consistent and fair and a review process for innovators that will allow more AHSN resource to be used on high potential, quality innovations.

Ensure market ready, high quality innovations that reduce the variation in quality of care, are spread nationally throughout the NHS via the AHSN network.
Deliverables

Monthly reviews of all applicants on the Innovation Exchange and provide clear signposting to all applications.

Regular Innovation Surgeries.

Deliver market access events.

Market access events in collaboration with other AHSNs.

Case studies and publications to support spread and adoption.

Impact

Earlier uptake of at least four commercial and innovative products in the region via the Innovation pathway.

Greater spread of innovation across multiple NHS organisations.

Accelerate the journey of innovation through the innovation pathway.
Programme: NHS Innovation Accelerator

Theme: Innovation Pipeline

What

The NHS Innovation Accelerator (NIA) is delivered in partnership with all 15 Academic Health Science Networks across England.

The programme provides financial assistance, guidance and support to a cohort of exceptional individuals with market ready innovations that can provide solutions to unmet needs within the NHS to improve patient benefits.

How

Innovators accepted into the NIA cohort will have access to mentorship from a range of experts and will receive regular guidance and critical challenge from the NIA core team.

The Yorkshire & Humber AHSN will support a minimum of four NIA fellows, providing learning and support and platforms to showcase their innovations to an NHS market.

Innovations that form part of the NIA will be embedded onto the Innovation Pathway.

As part of our role on the national steering group for the NIA, we will provide guidance and support on any future application rounds.

Why

The aim of the NIA is to deliver on the commitment detailed within the Five Year Forward View - creating the conditions and cultural change necessary for proven innovations to be adopted faster and more systematically through the NHS, and to deliver examples into practice for demonstrable patient and population benefit.

Innovations that have formed part of the NIA process have subsequently formed part of the Innovation & Technology Tariff, designed to provide an incentive to providers and commissioners in adopting new solutions.

Objectives

Helping NIA fellows to spread and adopt their innovations based on local needs and priorities. Supporting the NHS with the adoption of innovation.

Deliverables

Deliver an engagement meeting with the local NHS and NIA fellows.

Produce an NHS case study digital brochure that includes a ‘how to guide’ for adoption and piloting ready now innovations – Innovation Exchange distributed to ICN network, QI leads, communications leads, finance directors, business development leads and all appropriate stakeholders.

Deliver tailored 1-2-1 business support to NIA fellows who are working on innovations that meet local needs and interest to help the spread and adoption of their innovations.

Impact

Engage and support a minimum of four NIA fellows to spread their innovations across a minimum of two CCG health economies per NIA fellow.

NIA provides a channel for innovations to be part of the innovation and technology tariff.
Programme: SBRI Healthcare
Theme: Innovation Pipeline

What
In 2016, the Yorkshire & Humber AHSN hosted an SBRI Healthcare call for “Self-care and Independence for Children and Young People with Long Term Conditions”. As a result of that call, nine organisations successfully received phase one funding.

As part of our work programme in 2017/18 we will support these companies in their bid to progress their applications to phase two funding.

We will also support the further advancement of the national SBRI Healthcare programme by promoting the two anticipated competitions in Spring and Autumn 2017.

How
Working in partnership with Technology Innovation Transforming Child Health (TITCH) we will support the SBRI Healthcare team to monitor progress and outcomes of companies located within Yorkshire and Humber, from phase one “Self-care and Independence for Children and Young People with Long Term Conditions” and to design and deliver phase two of this competition.

We will use our existing platforms to identify potential applications for future SBRI Healthcare competitions and support those organisations by integrating with our core programmes as appropriate, via the Innovation Pathway.

Why
SBRI Healthcare is a national programme supported by the AHSN Network. SBRI Healthcare is a fast track, simplified process that enables industry to work with the NHS as lead customer to tackle known challenges.

Rigorous evaluation of new technologies in relation to articulated local and regional health and social care needs (including health economic evaluations).

Product development co-design relationships between industry and NHS / Yorkshire & Humber AHSN members.

Objectives
Support a minimum of two companies to successfully achieve phase two of the SBRI Healthcare “Self-care and Independence for Children and Young People with Long Term Conditions” competition.

Deliverables
Establish a pipeline of evaluated innovations in response to market need.

Support the national SBRI Healthcare programme.

Engage with multiple AHSNs to spread adoption-ready innovation.

Impact
Investment leveraged into companies for business growth.

Solutions co-developed in response to identified priority health and social care challenges.
Further Workstreams

In addition to our core programmes already detailed we remain committed to supporting our region's healthcare infrastructure through a number of additional workstreams.

Genomics Medicine Centre

In 2015, the Yorkshire & Humber Academic Health Science Network supported the successful bid to establish the Yorkshire and Humber NHS Genomic Medicine Centre (YH GMC), a joint collaboration between Sheffield Teaching Hospitals NHS Trust (STH), Sheffield Children's NHS Foundation Trust (SCH), Leeds Teaching Hospitals NHS Trust (LTHT) and our 11 local delivery partners (LDPs), comprising 20 other regional hospitals.

The YH GMC is now playing a key role in the development of personalised medicine as part of the 100,000 Genomes Project and we continue to play a role in supporting the YH GMC.

This ground-breaking initiative involves collecting samples and data from patients with rare diseases and their families, and those with certain cancers. Whole genome sequencing is undertaken at a central facility in Cambridge. By comparing the genomes from large populations, Genomics England will gain a better understanding of the diseases, how they develop and which treatments may provide the greatest help to patients. Unlike traditional research projects, this is intended to drive NHS transformation and as such all participants will receive a report detailing the findings of their genome sequencing.

As part of a wider programme of work, we are also supporting the development of a Genomic Central Laboratory Hub (GCLH) in the region, which will provide huge opportunities particularly when considering the emphasis on the relationship with the wider pathology services, molecular diagnostics, the Genomic Medicine Centres and the interdependencies with academia and research. The opportunity for service improvement, and to participate in building a world-class NHS Genomics Laboratory service to improve the delivery of clinical services is very much welcomed.

Evaluation

We are supporting our members to develop and deliver highly complex place-based change programmes. We provide rigorous developmental evaluation expertise to ensure that our stakeholders develop the evidence around their programme and analyse the impact of their interventions. Developmental evaluation provides rapid, on-going feedback on the impact of changes, whilst the changes are being implemented. This approach encourages learning and development during implementation, rather than waiting until the end of a programme.
Patient Safety

The Patient Safety Collaborative (PSC) is a four-year programme, funded by NHS Improvement, to improve patient safety across the whole healthcare system and in all settings. The collaborative is delivered through a series of projects targeting our members’ priorities, also addressing safety culture, behaviour change, leadership and better measurement of safety.

Within Yorkshire & Humber the Patient Safety Collaborative has delivered across the following thematic areas: Falls, Pressure Ulcers, Mental Health Harms (Seclusion, violence and aggression, absconding & self-harm), Acute Kidney Injury (AKI), Deterioration and Sepsis, Person Centred Care (Dementia/Delirium).

From 2017/18, NHS Improvement will invest in three areas of national significance and importance for PSC’s which will include; Creating the conditions for a culture of safety, improved recognition of physical deterioration, including sepsis and AKI and improving maternal and neonatal safety.

Innovation Exchange

Our Health Innovation Exchange Portal provides a platform for colleagues across the health and care sector to connect and share innovative solutions, projects and products to support our collective ambition to provide world class patient care in a cost effective and efficient manner.

The portal offers innovators the platform they require to showcase their solutions to the health care sector, whilst providing our members the opportunity to view all the products and solutions that are available to support their strategic and operational needs in one place.

During 2017/18 we will be looking to merge our Innovation Exchange portal with at least one other AHSN and developing our Innovation Exchange offer in line with the recommendations from the Accelerated Access Review.
Spreading Ready Now Innovation

Transformational change will require the adoption and implementation of game-changing innovations and improvement methodology that have robust evidence of improving patient care and increasing efficiency of care delivery.

We will continue to act as an ‘engine’ that pulls through successful innovative projects and embeds them into our frontline delivery programmes. We will support our members by delivering a pipeline of proven innovations and good practice sourced through either our own core programme of delivery of that of the rest of the AHSN Network that will contribute to improving patient outcomes and experiences whilst helping to deliver financially balanced operational plans.

Mental Health Physical Health

The Yorkshire & Humber Academic Health Science Network (AHSN) has led the scaling up and adoption of the ‘Bradford Physical Health Review Template’ to improve the quality of health checks for people with a serious mental illness (SMI) who are at risk of dying prematurely due to preventable physical conditions. The template, developed at Bradford District Care Foundation Trust, supports healthcare professionals to identify patients with conditions including high blood pressure, diabetes and cardiovascular problems.

With 47,713 health checks, potential cost savings in the Yorkshire and Humber region alone are estimated to be £11.3 million over the next 10 years.

With the template now available through the SystmOne, EMIS and RIO web platforms, 74 CCGs have used the tool and we have developed an eLearning module to support practitioners.

The template has been cited as a good practice case study in national reports including the MINDSet website and NHS England’s ‘Improving physical Health of people with serious mental illness’.

We will continue to support the scaling up of the template over the next twelve months, utilising our network to ensure the template is embedded as routine practice.
Workplace Wellness

A comprehensive ‘place-based’ education programme designed to improve the health outcomes of public sector staff in the region and support NHS England to deliver its national staff health and wellbeing programme. Our Workplace Wellness programme has shown it can deliver returns to employers of in excess of 3:1 through savings associated with absenteeism.

Following our successful showcasing of the Workplace Wellness programme on the NHS England stand at Health & Care Innovation Expo 2016, we are now looking forward to analysing and sharing the results of the programme as it is implemented through an entire Local Authority workforce in Yorkshire.
In order to ensure the Yorkshire & Humber AHSN achieves the objectives we have set within our 2017/18 business plan, a series of quarterly milestones will be set to underpin each project.

These quarterly milestones will allow us to meet the deliverables and objectives we have defined within our programmes, maintaining a clear focus on our impact goals.

These milestones will be set following agreement with NHS England on the detail of our 2017/18 business plan and acceptance of the Matrix of Metrics 2017/18.