Contents

» Page 4 - Foreword
» Page 6 - Vision and purpose
» Page 8 - Strategic priorities
» Page 10 - Core skills and experience
» Page 16 - Our approach to delivery
» Page 20 - Programme overview
» Page 22 - Safety and quality
» Page 32 - Strategic system support
» Page 36 - Delivering sustainability
» Page 40 - Promoting innovation
» Page 44 - Governance and finance
» Page 46 - Appendix 1 - Quarterly objectives
» Page 49 - Appendix 2 - Board Directors
A refocused strategy for a changing world

Our 2016/17 Strategy and Business Plan aims to put Yorkshire & Humber Academic Health Science Network at the heart of the challenging sustainability and transformation agenda facing the NHS and its partners in social care.

As an organisation we have made considerable progress since our establishment in 2013, contributing to improving health service delivery and its cost-effectiveness, as well as supporting both regional and national economic growth.

We have focused on members’ priorities – seeking out, developing and implementing evidence-based, tried and tested solutions that have directly contributed to improved productivity and better care for patients.

During the last two and a half years we have worked closely with NHS boards, frontline teams, researchers and academic institutions, bringing them together to understand and tackle deep-rooted problems such as patient safety, patient flow, workforce wellbeing and the management of people who are frail and elderly.

We have also worked closely with industry leaders, helping those with game-changing innovations enhance their offer, connect at the right level with the NHS and use the region’s academic expertise to evaluate the benefits and health economics of adopting new technology into regional and national systems.

We have provided training and education for frontline NHS staff to create a cohort of Innovation Champions to drive innovative working at organisational level. We have also led nationally on major innovation programmes, including being a founding member of the NHS National Innovation Accelerator.

As we move into the second half of our five-year licence agreement, we will remain true to these founding principles. However, as the environment around us changes in line with NHS England’s Five Year Forward View and the requirement for health and care systems to articulate their Sustainability and Transformation Plans (STPs), so should the focus of our work.

Our 3 major teaching hospitals, 13 acute trusts, 6 mental health trusts, 9 universities and 22 commissioners deliver a range of outstanding services to patients and their families. There is however a widespread recognition that all need to work differently and more closely in the future to meet a range of complex challenges including:

- Urgent and Emergency care systems under immense strain
- Primary care in need of consolidation and improvement
- Overall higher levels of deprivation and lower life expectancy than the England average with significant regional variation
- Significant health inequalities and health behaviours.

These challenges are significant but not insurmountable. We live and work in a region rich in high quality clinical practice, innovation and entrepreneurial spirit. For example:

- Seven sites – more than any other region in England – are Vanguard sites exploring the potential of creating new models of care provision
- A further six local health economies are forging ahead, as part of the national Pioneer programme, looking at new approaches to providing care and support which is coordinated around people’s individual needs
- With our support, Yorkshire and Humber has secured one of the seven national Test Bed innovation centres
- Our region remains a regular entrant in the National Institute for Health Research (NIHR) league tables, with the Leeds Teaching Hospital last year carrying out the second highest number of clinical trials in the country
- In our role as facilitator and independent broker, our teams also supported and played an essential role in establishing a new regional NHS Genomic Medicine Centre (GMC), a collaborative programme coordinated by Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children’s NHS Foundation Trust and Leeds Teaching Hospitals Trust.

We also benefit from a thriving enterprise sector, with particular strengths in new and emerging technology and digital health businesses.

Our aim is to continue to act as the vehicle for bringing all of these ingredients together, connecting ideas with interests, identifying potential and harnessing ambition. Our facilitation has helped to create a receptive environment that has fast-tracked the adoption of innovative new ideas and products.

We have a strong track record as a catalyst for change – a pragmatic, independent voice, breaking down barriers and de-cluttering the complex improvement landscape. This plan sets out the next phase of our ongoing work to create the right conditions for a healthier, wealthier Yorkshire and Humber.

Will Pope
Chair

Andrew Riley
Managing Director
Partnerships for long-term sustainability

Our strategic direction and work programme have been shaped by the requirement to deliver high quality care today whilst working towards more joined-up, place-based services for tomorrow, in line with NHS England planning guidance for 2016/17. This will be underpinned by the very best that current and future innovation has to offer.

We have shaped our core activities around supporting members in the development of components of their STPs to deliver the triple aims of the Five Year Forward View:

1. Closing the health and wellbeing gap.
2. Closing the care and quality gap.
3. Closing the finance and efficiency gap.

Our programmes make a direct contribution to delivering sustainability by bringing our expertise to bear in key areas, for example: sustainable primary care; strategic development of diagnostic services; advancing adoption of digital health; and optimising patient flows.

We have a range of ongoing and planned projects that will support members in driving improvements with a real impact on safety and quality for patients, for example: reducing falls in hospital; healthy ageing; and systematic learning from in-hospital deaths.

Through our Improvement Academy, we are promoting innovation by laying the foundations for a receptive environment where staff embrace innovation, change and improvement. Also, by creating and empowering clinical leaders through our Improvement Fellows and Innovation Champions networks, we will continue to support frontline teams to lead improvements to safety and operational management, while bringing them closer to senior board members, so there is better understanding of the challenges and what needs to be done.

As well as contributing directly to the sustainability and transformation agenda through our work, 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 and STP planning teams, 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.

We will continue to support frontline teams to lead improvements to safety and operational management while bringing them closer to senior board members.
Strategic priorities

Delivering on four fronts

Our Strategy and Business Plan builds on the success of work programmes and the learning gained over the last three years. We recognise the need to balance support for pressing challenges and investment in longer-term development. All projects are designed to deliver against one or more of the following priority areas:

1. Supporting members to survive and thrive over the next 24 months

Helping system leaders to meet their immediate challenges by:
   a. Identifying evidence-based innovation and improvement, available now, that significantly improves patient outcome and experience, and provides productivity opportunities within 2016/17 operational plans.
   b. Contributing to the development of Sustainability and Transformation Plans (STPs) across the region. Our support will also include identifying innovation, evidence and best practice from around the world that will contribute to the STPs’ ambition.

2. Aiding the transition to new models of care delivery

Acting as an honest broker, bringing leaders and organisations together to:
   a. Make their STPs a reality by identifying best practice, road testing innovation and translating learning into practice.
   b. Challenge ambition, evaluate what works and marshal evidence to support its adoption and spread.

3. Creating a receptive environment embracing change

Creating a receptive environment that is ready to pull on and embrace change by:
   a. Creating engaged and empowered frontline change leaders through the Improvement Fellows programme.
   b. Bridging the gap between clinical teams and boards in care quality improvement.
   c. Developing and equipping self-directing frontline teams to focus on quality and safety through our Human Factors programme.

4. Expanding the existing innovation and good practice pipeline over the next 5 years

Build bridges between the NHS, industry and academia by:
   a. Actively seeking out innovations and good practice that help to close the health and wellbeing, care and quality, and finance and efficiency gaps.
   b. Acting as an ‘Innovation Exchange’ to orchestrate more valuable conversations and collaborations between industry and the NHS, driven always by local clinical needs.
   c. Evaluate and test emerging innovations to make them ‘service ready’.
   d. Support implementation and benefits realisation.

The AHSN will support members to:

1. Identify and implement a pipeline of tried and tested innovation and good practice, available now, that can contribute to the development of balanced operational plans for delivering quality, finance and key metrics.
2. Support members to develop their STPs.

The AHSN will bring system leaders together to:

1. Help make STPs an operational reality.
2. Identify and road-test good, better, best practice and innovation.
3. Translate learning from Vanguards and Test Beds into STP action.
4. Evaluate what works and support adoption and spread.
5. Challenge and test STP ambition and deliverability as honest broker.

The AHSN will bring frontline teams and Boards together to:

1. Create frontline change leaders through the Improvement Fellows programme.
2. Close the gap between frontline teams and boards in care quality improvement.
3. Build on our human factors approach to develop self-directing, resilient frontline teams focused on quality and safety improvements.

The AHSN will work closely with the NHS, industry and academia to:

1. Actively seek out innovations and good practice that help close the health and wellbeing, care and quality, and finance and efficiency gaps.
2. Evaluate and test innovations to make them ‘service ready’.
3. Support implementation and benefits achievement.

Future innovation pipeline: Expand, develop and implement our innovation and good practice pipeline over the next five years “Building bridges between the NHS, industry and academia”
Core skills and experience

Since its inception, the AHSN has developed a unique set of core skills and competencies through our unrivalled networks, collaborations and learning.

Implementation of evidence-backed innovation

Our expertise in implementation and improvement science ensures that we have created a bank of these proven innovations and approaches that achieve measurable benefit and return on investment. Since 2013 we have worked with member organisations to implement quickly and effectively.

Developmental evaluation and evidence

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 allow effective ‘in-flight’ decision-making.

Optimising the use of resources

Through our ground breaking work on falls, flow and medicines optimisation, we have developed proven approaches to utilising resources effectively, to ensure that the system acts as efficiently as possible. As our programmes progress, we continue to develop these methodologies for use in a wider range of resource settings.

Effective measurement

Evidence indicates that improvements occur faster when people learn with and from each other.

We work closely with academic partners such as The University of Sheffield School of Health and Related Research (ScHARR) and York Health Economics Consortium (YHEC) to externally validate our programmes and evidence the benefit of our work to the wider health economy.

Return on investment (ROI) is, and will remain, a key success factor as system pressures increase. We are confident that active participation in our programmes will continue to deliver significant ROI for our members.

Other outcome measures continue to be used and developed with participating organisations and teams. Metrics are developed using time series statistical methods developed with our academic partners and are linked to ways of recognising and celebrating achievement.

Case Study

Electronic Frailty Index (eFI)

Through our Improvement Academy, we have led a Healthy Ageing Collaborative programme that has pioneered the local implementation of a new electronic Frailty Index (eFI) tool to help identify vulnerable older people in primary care by using routinely collected information within a patient’s electronic health record.

The innovative scorecard approach, devised by local business TPP and validated by the University of Leeds, is enabling care professionals to diagnose frailty more quickly. As a result, those using the tool are able to better address the complex needs for this vulnerable group through individually targeted interventions and evidence-based pathways of care for people with frailty.

Work is now underway within the Healthy Ageing Collaborative to test and learn how to implement medication reviews for all older people with frailty in the Yorkshire and Humber region and to understand the impact on service use.

The eFI will enable people with frailty to have their care managed within their own homes and other settings, avoiding hospital admission.
Embedding digital ecosystems

We continue to grow and embed our Digital Health and Wellbeing Ecosystem across the region, at the same time supporting the NHS workforce to understand the opportunities that new and emerging digital technologies present.

Through our regional innovation architecture we are combining existing improvement programmes, industry support and targeted engagement with members to develop workforce capability and accelerate adoption.

Effective horizon scanning

Innovative therapeutics, devices, diagnostics and digital products have the potential to transform healthcare and improve the quality of life for patients. The pace of discovery is increasing, which means substantial future health gains if the NHS can become a more receptive and adoptive system.

We have developed a programme of activity that helps our members and the wider system to articulate future needs, identify the most impactful innovations and provide support for seamless integration into patient pathways.

This forward-looking pipeline is supporting the adoption of innovations that equip our members for a future where genomic personalised medicine, digital health by default, remote monitoring and diagnostics, and empowered and informed patients are the bedrock of care delivery.

It also focuses on cherry picking emerging innovations that can be fast-tracked to the frontline for immediate gain.

Case Study

Proving concept and value

Designed and funded by YHANSN, the Proof of Concept programme is a regional funding competition for SMEs or individuals with a concept that meets an unmet need in paediatric medicine, a long-term condition or both.

The aim is to offer bespoke, committed advice to those with a particularly strong concept, aligned to these key delivery areas, in order to help them develop their concept to a point that it can be marketed to the NHS and to other healthcare providers.

Successful companies receive £18,000 of bespoke consultancy advice from our innovation partner Organisations, together with a £5,000 funding injection to spend on product development.

Single innovation access point

We provide a point of access for industry wishing to introduce their innovations to the NHS, meaning we can involve commissioners and providers early in the evaluation and adoption process.

We have also been developing the pipeline of innovations and good practice by spotting, testing and piloting them.

The identification of innovations is informed by the priority needs of our local health systems – both to meet individual organisational requirements and the wider strategic aims of the STPs.

The identification of innovations is informed by the priority needs of our local health systems – both to meet individual organisational requirements and the wider strategic aims of the STPs.

Case Study

Identifying and supporting proven innovation (PEP test)

We have been working closely with a local healthcare technology business that has developed a revolutionary diagnostic test with the potential to save the NHS an estimated £25 million per year.

Peptest™ is a unique, non-invasive testing kit designed to measure a patient’s saliva for levels of pepsin, an enzyme linked to a range of reflux conditions including throat cancer. The simple procedure, similar to a pregnancy test, can be used to eliminate the need for costly and invasive endoscopy procedures.

The AHSN’s commercial team has played a key role in validating the product business case, modelling savings potential and creating a pathway to local adoption. The team has also helped to open up overseas sales opportunities, putting the region firmly on the international healthcare map.
Core skills and experience

Single innovation access point (continued)

Through a programme of activities designed to accelerate and manage entry of emerging products into the system, we promise the most significant potentially transformative impact in terms of patient benefit and overall value.

Projects currently underway include:

- DotForge Health and Data, an intensive accelerator programme for early stage companies developing digital products and services that support healthcare data analytics, self monitoring and early stage diagnostics
- A Proof of Concept regional funding competition offering bespoke support to companies with a particularly strong concept that meets an unmet need in paediatric medicine, long-term conditions or both
- A regional digital healthcare fund, in association with Creative England, designed to kick-start regional cross-sector collaboration and innovation.

Other programmes, such as our Pilot Adoption Programme, Open Innovation Workshops and Innovator Surgeries, will continue to be informed by local clinical priorities, as will our support and delivery of network-level programmes such as the Small Business Research Initiative (SBRI) and the National Innovation Accelerator.

We will also establish ourselves as an Innovation Exchange, in line with our support of the Government’s Accelerated Access Review. This will ensure more systematic and consistent support for innovators across the network of AHSNs, as well as allowing us to rapidly import learning and opportunities from other parts of the NHS.

Finally, we continue to engage our academic partners in carrying out independent evaluation and, where this is positive, we have already started implementing these innovations.

The result is an innovation pipeline that has goods and services ready to implement now, backed up by technologies that we are still developing but will be ready to meet the many challenges that we know we will face in years to come.

Case Study

Collaborating on funding streams

In partnership with Creative England, we have devised a Regional Digital Healthcare fund designed to kick-start regional cross-sector collaboration and innovation.

Scheduled for launch in spring 2016, the fund will open up practical opportunities for creative businesses to work with like-minded industry clusters in the healthcare sector.

Specialist AHSN knowledge and expertise will be used to ensure pump-priming monies align tech innovation with local clinical challenges and that planned investment has the potential to deliver tangible frontline health improvements.

Case Study

Accelerating Digital Technologies (Dotforge)

Dotforge is a pre-seed start-up accelerator that supports talented entrepreneurs to build visionary companies. Their Health + Data programme is powering innovative start-ups, creating data driven solutions to offer patients, clinicians, GPs and health workers time saving applications.

The AHSN is a key partner in the programme providing a £50,000 loan note, matched by funds from other sponsors, to support a global call for applications aligned with our regional strategic priorities.

Applications are currently being sought for innovations that assist with self-monitoring, early stage screening and diagnostics tools, remote monitoring and medicines adherence and management.

Yorkshire & Humber AHSN will work with the successful applicants to dovetail their innovations into the regional system, providing members with a pipeline of innovations to help change the way in which care is provided.
Our approach to delivery

Building on success to date

We have a proven track record of delivering complex programmes, such as the NHS Genomic Medicine Centre (GMC), alongside national and international partners such as UKTI, the Office of Life Sciences and the EU. In addition, our work with the Association of the British Pharmaceutical Industry (ABPI), the Association of British Healthcare Industries (ABHI), BIVDA (British In Vitro Diagnostics Association) and the BHTA (British Healthcare Trade Association) gives us a unique view of the innovations that could help to make STPs a reality.

As well as working at national level with the New Models of Care team, we play an active part in the national AHSN network. It is a community through which we identify good practice and information on leading edge innovation across the country that can be fast tracked into Yorkshire and Humber.

A reputation for effective evaluation, combined with our expertise in the due diligence of commercial products, means we are well placed to support our members as they look at sustainable solutions for the future.

Case Study

Honest broker and critical friend (GMC)

Yorkshire & Humber AHSN played a pivotal role in the establishment of a new NHS Genomics Medicine Centre (GMC) for the region.

Following an unsuccessful application by two of our members in wave 1 of the programme, Yorkshire & Humber AHSN was asked to lead on a joint bid for the region courtesy of Sheffield Children’s NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust and Leeds Teaching Hospitals NHS Foundation Trust. Through Yorkshire & Humber AHSN, the bid was supported by the other 11 acute trusts in the region and our major universities.

Due to our unique role of being part of the system but operating outside of traditional infrastructure, we were able to fully support the application process. Our ability to provide a safe space and act as a facilitation partner helped bridge the gap between different system players to ensure all parties were brought together. The result of this work will now mean the region is part of the national 100,000 Genome project, aimed at providing a better understanding of diseases, how they develop and which treatments may provide the greatest help to future patients.

Ward engagement and board insight

Our nationally recognised Improvement Academy is leading the way in engaging frontline staff to improve quality and safety of care.

To date it has engaged with over 2,000 operational staff and supported more than 70 teams to deliver improvement.

Tangible frontline successes have included:

- A ground breaking falls project that has demonstrated a 60% reduction in falls, a 388% return on investment and a potential annual saving to NHS hospitals of £70 million.
- Work on improving patient flow that has taken one acute trust’s A&E breach target from 60% to 92% and reduced medical ward length of stays in another by 30%.
- A staff health and wellbeing pilot programme that has demonstrated a 3 - 5% cut in sickness absence in three acute trusts, a return on investment of over 300% and savings on agency costs.

At an organisational level, we continue to demonstrate our core qualities of collaboration and cooperation, working with our members and wider stakeholders on initiatives to support the NHS across Yorkshire and Humber.

Influencing frontline behaviour change

Working directly with frontline clinical and nursing staff, we have pioneered a safety methodology and an associated coaching support programme that has almost halved the number of falls on wards that have adopted it.

An initial pilot across four elderly wards saw a reduction in the number of monthly falls from an average of 54 to 23 within three months. The approach has now been successfully rolled out to cover 66 teams across the region, with an average 47% reduction in reported falls where the new system has been fully implemented.

Research by the York Health Economics Consortium concluded that the programme has delivered a 388% return on investment. It is estimated that, if the results were replicated nationally, it would mean around 100,000 fewer falls in hospital per year and a potential £70 million annual saving to the NHS.

The programme methods used are now being extended to include reducing pressure ulcers, reducing delayed discharges and improving the care of deteriorating patients.

We realise the benefits within our populations and geographies by:

- Focusing on the urgent problems, identified by leaders in our NHS organisations, as needing game changing solutions
- Ensuring our support aligns with, and can add value to, existing initiatives
- Drawing on the key principles and evidence-based approaches (our “toolbox”) that our Improvement Academy has developed together with our academic partners
- Working with academic partners to ensure objective and robust evaluation of performance, including return on investment
- Supporting organisations to tell the stories of their success
- Helping members to develop and sustain their ability to improve by providing access to quality improvement training, including online learning and the Yorkshire and Humber Improvement Fellows scheme
- Maintaining the flexibility and capability to support the roll-out of quick-win solutions to known problems.
Case Study

Embedding Productivity Improvements

In partnership with the National Centre for Sport and Exercise Medicine and Sheffield Hallam University’s Centre for Sport and Exercise, we designed and implemented a workforce wellness programme aimed at reducing the £1.6 billion that sickness absence costs the NHS each year.

95% of 216 staff that took part in the programme reported making positive changes to their lifestyle and an independent evaluation by the York Health Economics Consortium rated the minimum return on investment as more than 300%.

As measures have been put in place to cap the financial payments an organisation can make to agency workers, our workforce wellbeing programme can help deliver financial savings by keeping staff healthy for longer.

Leveraging networks

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

Within the region we will continue to work closely with the Strategic Clinical Network (SCN), Clinical Research Network (CRN), the Yorkshire and Humber CLAHRC, Health Education England (HEE), Public Health England (PHE) and Northern Health Science Alliance (NHSA). Nationally, we will maintain our active membership of the AHSN network and work closely with HUK, UKTI, OLS and leading industry organisations.

As committed partners in the development and delivery of the region’s STPs, we are bringing good practice and thought leadership to the planning table, acting as both expert advisors on new ways of working and independent facilitators of challenging conversations.

Working with patients

The NHS Five Year Forward View describes the need to work with ‘the renewable energy represented by patients and communities and the need to ‘engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services’.

We are committed to developing ways to integrate Public and Patient Involvement (PPI) into our frontline work and have identified specialist PPI resource with a remit to:

• Support common principles of PPI across NHS organisations in the region
• Support the involvement of patients and the public in the delivery of projects through our Improvement Academy
• Increase the power of ‘patient pull’ to accelerate the spread and adoption of new technologies by clinicians
• Measure, monitor and report on impact of PPI initiatives.

In 2015/6 the Improvement Academy supported the PPI lead and a Patient Leader to attend the King’s Fund Programme ‘Leading Collaboratively with Patients and Communities’. In 2016/7 we will extend the learning to other areas of our activity.

Engaging the third sector

Charities and third sector bodies are key partners in the delivery of many of our core activities.

We are exploring ways of working more closely with organisations such as Age UK, Diabetes UK and Cancer Research, incorporating their expertise and resources into the development and delivery of our programmes. We work closely with bodies such as Common Purpose, with whom we are currently engaged in a West Yorkshire-wide major initiative to explore opportunities to significantly reduce the Impact of Delayed Transfers of Care.

We are also developing plans to increase third sector representation within our existing governance structure.
Our work programme has been shaped by:
- The ‘triple aims’ of NHS England’s Five Year Forward View
- Our short and medium-term strategic priorities
- Member need and local system requirements.

Our core team retains the flexibility to respond rapidly to the new and emerging challenges of the sustainability and transformation agenda.
Patient Safety Collaborative

Objectives
To deliver measureable improvements in patient safety priority areas including acute kidney injury, safer surgery, medicines safety, pressure ulcers, delirium, sepsis and deteriorating patients.

Deliverables
- All our healthcare provider member organisations engaged and contributing in at least one regional patient safety priority area.
- A pipeline of new safety priorities identified by our members.
- Measureable improvements in each of the regional priority areas above.

Impacts
- Improving patient safety both reduces patient suffering and delivers financial savings based on better care first time.
- Safer healthcare in Yorkshire and Humber includes:
  - Reducing pressure ulcers and falls in healthcare wards.
  - Safer surgery through better implementation of WHO checklist.
  - Reducing acute kidney injury in the community and in hospital.
  - Improving care of people with delirium.
  - Better recognition and management of sepsis and the deteriorating patient.

Why
Patient safety is a priority for all: patients, clinicians and managers. The Patient Safety Collaborative is an effective way of supporting learning between organisations and reducing unsafe clinical isolation.

Patient Falls

Objectives
To build on the success of falls reduction work to date which has seen up to 50% reduction in falls on participating wards and delivered an independently validated return on investment of over 300%.

Deliverables
- Engagement with every acute trust in the region about the development of falls prevention work tailored to their specific needs.
- Local success stories delivered, measured and recorded at 50% of the region’s acute trusts.
- Over 150 ward teams across the region with safety huddles embedded into their routine practice.

Impacts
- 25% reduction in the number of recorded falls in member hospitals that scale up.
- Over 150 engaged staff teams tackling patient harm and improving team safety culture.
- Recruitment of 20 improvement coaches.
- Potential savings to NHS and social care of £3.5m.
Safety and quality

Learning from Healthcare Deaths

What
A pioneering programme, recognised by the Royal College of Physicians (RCP), to support our members to learn from patient deaths and make improvements in patient care. The programme delivers training in reviewing case notes of patients who have died and supports members to make quality improvements as a result of their analysis and learning.

How
We will facilitate a regional network enabling all Yorkshire and Humber trusts to access nationally recognised training in systematic mortality case note review (MCNR). We support our trusts to analyse findings, identify regional themes and to turn that learning into quality improvements.

The regional programme will link to the National Retrospective Case Record Review Programme and ensure that Yorkshire and Humber continues to take a lead nationally in improving quality of care.

Why
This is both a patient and an NHS priority. In their response to the Francis report, the Department of Health stated its intention to ensure that “every trust undertakes retrospective case note reviews of patient deaths according to a consistent methodology to further encourage learning from adverse events”.

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
- Cohort of 550 clinicians trained in Mortality Case Note Review methods
- Analysis of regional dataset contributed by members to identify themes
- Development and dissemination of case studies of acute trusts actively improving care around an identified regional theme.

Impacts
- Demonstrable and measureable 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)
- Opportunity to learn from and recognise good care as well as poor care.

Healthy Ageing

What
A coordinated programme of evidence-based improvement interventions focusing on supporting primary care teams and frontline care home staff to keep people well for longer.

How
This programme builds on our own electronic Frailty Index (eFI) and other tools to better understand the needs of frail elderly patients, and their impact on the wider primary and secondary care systems. Aligning closely with our Innovation in Primary Care project and local STP plans, this programme uses local learning and case studies, in conjunction with research evidence about what works, to generate effective approaches at scale.

Why
Life expectancy is increasing and more people are living with multi comorbidities, including frailty. This programme supports those in health and care settings to provide safe care to people with frailty, and to reduce avoidable admissions to hospital.

Objectives
- Support GPs, community services and frontline care home staff, in each of the three local STP areas, to deliver evidence-based interventions for people with frailty and demonstrate measurable impact on unplanned admissions to hospital.

Deliverables
- STOPP medication review – YHEC return on investment (ROI) case study
- Practice Nurse Frailty Screening – YHEC ROI case study
- Falls prevention for people with frailty in primary care – impact case study
- Evidence Review – improving outcomes for residents of care homes
- Discussions in member CCGs to identify how these help deliver local STP plans
- Scale up plans in up to five CCGs.

Impacts
- Impact both on quality of life and on service use
- Impacts demonstrated using appropriate metrics which will include:
  - Reduced unplanned hospital admissions from participating care homes and general practices
  - Reduced costs associated with inappropriate medicines
  - Reduced falls and ‘falls with harm’.

Funding & Efficiency
Care & Quality
Health & Wellbeing

Programme Director
Beverley Slater
Improvement Academy Director

Contact Information
beverley.slater@yhahsn.com

Project Lead
Michael McCooe
Improvement Academy Lead

Contact Information
michael.mccooe@yhahsn.nhs.uk

Programme Director
Beverley Slater
Improvement Academy Director

Contact Information
beverley.slater@yhahsn.com

Project Lead
Sarah De Biase
Healthy Ageing Programme Manager

Contact Information
sarah.de-biase@yhahsn.nhs.uk
Patient Flow

What
This project supports hospitals and community-based services to better understand and manage patient flow throughout the hospital. Our Patient Flow programme helps member organisations to reduce hospital length of stay (LOS) and Emergency Department (ED) waits.

How
The programme works with frontline teams and senior managers from across sites to bring everyone together in identifying the problems and solutions around patient flow. A series of operational management tools (including a timed in-patient plan – TiPP) is used to bring data to life and turn it into action. Building on proven behaviour change approaches, we support teams to learn what works and turn theory into practice in ways that work for them and their organisation.

Why
Managing demand in hospital is today’s burning platform. This programme supports acute hospitals within the region to cope with the demand today, sustainably and safely.

Objectives
- To build on the success of our existing flow programmes which have seen participating sites reduce length of stay by up to 30% and improve A&E breach targets from 60% to 92%
- Build regional capability in Flow diagnostics and application of operational management.

Deliverables
- Bespoke Flow diagnostic exercises for three further member trusts, together with comprehensive support packages to help them identify and deliver measurable efficiency gains
- Participation of over 250 frontline clinicians and senior managers from across the region in Flow learning events
- Participating organisations understanding the reasons for delays in their hospital and having mechanisms in place to deal with them effectively.

Impacts
- 20% reduction in length of stay in participating organisations and teams
- Achievement of four hour A&E standard in participating organisations.

Mental Health, Physical Health

What
Working with members in primary care to improve the physical health of people with serious mental illness (SMI) through the early detection of cardiovascular disease risks.

How
Primary care staff are appropriately trained in how to use the tool and complete physical health assessments for patients in primary care, resulting in more appropriate, timely interventions. These interventions are then tracked in patient records including cardiovascular QRISK scores.

Why
Mental illness is the single largest cause of disability in the UK and is estimated to cost the economy around £100 billion annually. People with a diagnosis of SMI die on average 15-20 years earlier than the general population. There is considerable evidence that one of the main causes of early death in people with SMI is cardiovascular disease. The programme directly supports the Parity of Esteem agenda.

Objectives
- Identification and roll out of the programme in three CCGs across the region
- Completion of a detailed cost effectiveness analysis of physical health programmes in mental health settings and sharing of findings with local, regional and national stakeholders. Analysis completed by York Health Economics Consortium.

Deliverables
- Up to 50 GP Practices using a robust physical health assessment tool
- Development of a 45 minute e-learning module for primary care staff with at least 50 staff trained
- Recruitment of regional clinical and GP champions
- An improvement in QOF indicators for mental/physical health.

Impacts
- Increased detection of cardiovascular disease risk in patients with serious mental illness
- Reduced unplanned hospital admissions through earlier prevention and prevention of emergency situations
- Increased life expectancy of people with serious mental illness
- Significant system savings – it is estimated that £1 in every £8 spent on long-term conditions is linked to poor mental health, equating to £8 - 13 billion of NHS spending each year.

Funding & Efficiency

Care & Quality

PROJECT LEAD
Tania King
Patient Flow Programme Lead
CONTACT INFORMATION
tania.king@yhahsn.nhs.uk

PROGRAMME DIRECTOR
Beverley Slater
Improvement Academy Director
CONTACT INFORMATION
beverley.slater@yhahsn.com

PROJECT LEAD
Lynsey Bowker
Programme Manager, Population Health
CONTACT INFORMATION
lynsey.bowker@yhahsn.com

PROJECT LEAD
Dawn Lawson
Chief Operating Officer
CONTACT INFORMATION
dawn.lawson@yhahsn.com

PROGRAMME DIRECTOR
Beverley Slater
Improvement Academy Director
CONTACT INFORMATION
beverley.slater@yhahsn.com

PROJECT LEAD
Tania King
Patient Flow Programme Lead
CONTACT INFORMATION
tania.king@yhahsn.nhs.uk

PROGRAMME DIRECTOR
Dawn Lawson
Chief Operating Officer
CONTACT INFORMATION
dawn.lawson@yhahsn.com

PROJECT LEAD
Lynsey Bowker
Programme Manager, Population Health
CONTACT INFORMATION
lynsey.bowker@yhahsn.com
Safety and quality

Medicines Optimisation

Objectives

- Improve patient experiences of health and care by optimising medicines, increasing adherence, reducing waste and avoiding unnecessary hospitalisation
- Reduce the financial burden of strokes and hypoglycaemia by changing the emphasis to planned rather than unplanned care

Deliverables

- Transforming local decision-making about medicines to accelerate access to innovative medicines
- Transforming the transfer of care pathway to optimise medicines use
- National and local leadership of Atrial Fibrillation related stroke prevention projects
- Hypoglycaemia reduction for patients with diabetes
- Human Factors in Patient Safety leading to Safer Dispensing
- Creation of a Medicines Optimisation Translational Research Centre
- Health Economics evaluation identifying efficiency savings.

Impacts

- Help the region deliver a deficit reduction of £230m from efficiency savings through better and safer use of medicines.
- Reduction in the variation in the use of safe, effective medicines, particularly for strokes and diabetes.
- Increase in the use of innovative medicines which can transform healthcare.

Medicines Optimisation: Atrial Fibrillation

Objectives

- At least 5,000 strokes avoided in the next five years
- 20% increase in the identification of patients with AF
- 3,000 patients receiving optimal therapy for AF by 2020.

Deliverables

- In 2016/17 we will share and facilitate stroke prevention strategies in 12 AHSNs using a combination of:
  - Use of data, infographics and highlighting unwarranted variation in care
  - Communities of Practice
  - Quality Improvement methodologies
  - Novel diagnostic devices and pathways
- We will improve patient experience and the quality of care with 400 anticoagulant medication reviews completed in the Yorkshire and Humber region.

Impacts

- Managing AF improves the quality of life of patients, preventing debilitating strokes and vascular dementia
- The AF programme will reduce demand on urgent care and stroke services, shifting capacity to planned care and primary care; this reduces the NHS deficit
- The quality improvement and behaviour change methodologies in the AF programme will embed capability and capacity in primary care to ensure the sustainability of general practice.

What

Maximising the beneficial clinical outcomes for patients from medicines focusing in two areas: Atrial Fibrillation and Diabetes. With an emphasis on safety, governance, professional collaboration and patient engagement we are identifying “how do we get the best out of medicines”?

How

Releasing the talent and leadership in Medicines Optimisation across Yorkshire and Humber through managed accountable partnerships delivering member-led projects that drive improvement. Linking into the STP, Medicines Optimisation will have a platform to deliver efficiency savings.

Why

In England, around 15 million people have a long-term condition (LTC) that is controlled by medicines and other therapies. The optimal use of prescribed medicines is vital to the self-management of most LTCs. However, it is estimated that between 30 and 50 per cent of prescribed medicines are not taken as recommended. This can lead to inadequate management of the LTC and may result in an avoidable hospital admission. Members have requested we work with them to gain the benefit of Medicines Optimisation across Yorkshire and Humber through managed accountable partnerships delivering member-led projects that drive improvement. Linking into the STP, Medicines Optimisation will have a platform to deliver efficiency savings.

Funding & Efficiency

✔✔

Health & Wellbeing

✔✔

CONTACT INFORMATION

Chief Operating Officer
Dawn Lawson
dawn.lawson@yhahsn.com

Programme Manager,
Medicines Optimisation
Tony Jamieson
@Pharmsafe

dawn.lawson@yhahsn.com

PROGRAMME DIRECTOR
Dawn Lawson
Chief Operating Officer
CONTACT INFORMATION
tony.jamieson@yhahsn.com

PROGRAMME DIRECTOR
Dawn Lawson
Chief Operating Officer
CONTACT INFORMATION
tony.jamieson@yhahsn.com

PROJECT LEAD Tony Jamieson
Programme Manager,
Medicines Optimisation

PROJECT LEAD Tony Jamieson
Programme Manager,
Medicines Optimisation

@Pharmsafe
## Avoiding Hypoglycaemia

**Funding & Efficiency**

✔️

### What

Diabetic hypoglycaemia is wholly preventable. Our hypoglycaemia prevention project will enable patients and clinicians to identify and address avoidable cases and enable enhanced quality of life overall.

This will improve medication adherence, deliver evidence-based, patient-centred care and reduce the health burden of diabetes.

### How

We will produce a toolkit and implementation programme based on Quality Improvement methodologies that will put patients in control of their care enabling them to work in partnership with their clinicians to avoid the fear and impact of hypoglycaemia.

### Why

Hypoglycaemia is a significant barrier and a well-documented complication in the successful management of diabetes (Type 1 and Type 2). The trade-off between achieving early and sustained tight glycaemic control is a very real clinical challenge faced day-to-day directly by patients, carers and their treating healthcare professional team and can be described as a resource intensive complication of diabetes with direct and indirect associated costs to the NHS.

Avoiding hypoglycaemia will reduce the NHS deficit by over £4m.

### Objectives

- 10% reduction in ambulance call-outs for hypoglycaemia in pilot sites
- Reduction in unplanned hospital admissions arising from hypoglycaemia
- Improved patient experience of care.

### Deliverables

- Evidence-based, patient-centred toolkit for hypoglycaemia reduction
- Proven implementation methodology which can be used at pace and scale
- 500 structured patient consultations resulting in reduction in the risk of hypoglycaemia.

### Impacts

- Managing hypoglycaemia improves the quality of life of patients, encouraging adherence to medication, improving glycaemic control and reducing the health burden of deteriorating diabetes. This will reduce the incidents of blindness, heart attack and amputations associated with poor diabetic control
- The hypoglycaemia project will reduce demand on urgent care and hospital diabetes services, shifting capacity to planned care and primary care; this reduces the NHS deficit
- The quality improvement and behaviour change methodologies in the project will embed capability and capacity in primary care to ensure the sustainability of general practice.

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## Diagnostics: Faecal Calprotectin

**Funding & Efficiency**

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### What

Faecal Calprotectin is an innovative test which supports GPs to discriminate between irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD) and manage patients with IBS in the community therefore avoiding unnecessary referral into secondary care. We will support the roll out of the Faecal Calprotectin pathway.

### How

Calprotectin is a stable protein released from white blood cells during inflammation. When the lower gastrointestinal tract is inflamed, elevated levels of calprotectin are detected in the stool. A normal faecal calprotectin (FC) strongly predicts for IBS and a raised FC increases the likelihood of IBD.

### Why

Misdiagnosis can have a significant adverse effect on patient experience. Unnecessary colonoscopies also lead to increased cost and waiting times.

### Objectives

This project aims to implement guidelines developed in the York pilot programme at scale while also developing robust evaluation which will impact on future NICE guidance.

### Deliverables

- Delivery of pilot amongst eight different CCGs
- Assistance to GPs in implementing the programme
- Recommendation to NICE re. change of guidelines.

### Impacts

- Routine use of the proposed guideline in general practice will reduce referrals for colonoscopy by 25% and gastroenterology IBS-related first appointments by 33%
- Patients with IBS will receive more timely care, closer to home and have better management of their condition
- Patients with IBD will access an earlier referral and receive expert opinion and management
- Patients requiring colonoscopy will access timely appointments
- £1.4 million return on investment to the system per year.

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**PROGRAMME DIRECTOR**

Julie Oldroyd
Chief Operating Officer

**PROJECT LEAD**

Julie Oldroyd
Programme Manager LTC

**CONTACT INFORMATION**

dawn.lawson@yahsn.com
Supporting Sustainability and Transformation

**What**
We are working closely with the evolving STP footprints to:

a. Provide decision support, evidence synthesis and population intelligence to underpin the developing plans.

b. Support programme leadership, cross-STP learning and provide horizon scanning for new opportunities and examples of regional/national best practice.

**How**
Our range of existing programmes are ready to provide support to STP programmes. In addition, we are acting as a critical partner, offering a range of support functions including developmental evaluation support, applied implementation science, programme leadership and management. We are also working in partnership with PHE (North) and NHE England (North) to provide region-wide support.

**Why**
STPs are a critical delivery vehicle for the triple aims of the Five Year Forward View (FYFV). The expertise in the AHSN provides unique and bespoke support for these ambitious programmes of work.

**Objectives**
AHSN support will enable STPs to:

- Develop and implement a conceptual framework for evaluating their ongoing impact
- Access independent “honest broker” support to mediate whole system thinking across multiple stakeholders
- Identify innovative technologies that aim to support STPs to implement new care models.

**Deliverables**
- A bespoke evaluation framework will be developed in collaboration with the individual Vanguard sites accessing AHSN support
- Implementation of an action learning approach to whole system thinking with senior STP leaders
- Sites within STPs acting as coordinated pilot sites implementing innovative technologies
- Facilitated learning events to raise awareness and facilitate the spread of good practice
- The AHSN will provide a person who will engage directly in the STP planning process and will respond to the implementation process as that develops.

**Impacts**
- We will help the STP teams to develop models that can demonstrate their efficacy and sustainability through a robust process of evidence and evaluation
- STP development in Yorkshire and Humber will benefit from access to the very latest proven innovations and approaches.

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Supporting NHS Vanguards

**What**
We are working closely with the Vanguard sites to:

a. Bring system players together, facilitate difficult conversations, road-test ideas and identify best practice

b. Offer additional practical day-to-day support and resource including evaluation, informatics expertise, research and benefits optimisation.

**How**
We are acting as a system catalyst, speeding up the development of the network of Vanguards by sharing learning across the region and nationally through the AHSN network.

**Why**
The Vanguard new care models programme is a key component of the NHS FYFV. Developing sustainable services will depend on finding new, more efficient ways of working through the identification of new leadership approaches, systems and technologies.

**Objectives**
AHSN support will enable Vanguard sites to:

- Develop and implement a conceptual framework for evaluating their ongoing impact
- Access independent “honest broker” support to mediate whole system thinking across multiple stakeholders
- Identify innovative technologies that aim to support Vanguards to implement new care models.

**Deliverables**
- A bespoke evaluation framework will be developed in collaboration with the individual Vanguard sites accessing AHSN support
- Implementing an action learning approach to whole system thinking with senior Vanguard leaders
- Vanguard sites will act as coordinated pilot sites for implementation of innovative technologies
- Facilitated learning events to raise awareness and facilitate the spread of good practice.

**Impacts**
- We will help the Vanguard teams to develop models that can demonstrate their efficacy and sustainability through a robust process of evidence and evaluation
- Vanguard development in Yorkshire and Humber will benefit from access to the very latest proven innovations and approaches.
Supporting NHS Test Beds

Objectives

- Creation of a city-wide Test Bed steering board
- Development of horizontal communications channels
- Intensive application support programme devised and implemented.

Deliverables

- We will support the PEPRA team to maximise engagement of stakeholders and accelerate the spread of learning acquired
- We will also help to ensure innovations are evaluated and assessed independently and in combination, within real world settings, through engagement and robust communication across the AHSN national network and the Wave 1 Test Bed sites.

Impacts

- Dissemination of Test Bed learning into the Yorkshire and Humber STP planning processes
- Successful support of the applications for Wave 2 Test Bed status.

What

We are supporting the Sheffield City Region Test Bed to achieve its objectives and ensure spread of knowledge across England.

We are also assisting regional collaborative applicants to bid for Wave 2 Test Bed status as part of the 2016/17 application process.

How

The Test Beds will evaluate the real world impact of new technologies, offering both better care and better value for the public and patients, providing the opportunity to combine and test different technologies with innovations in how services are delivered in the NHS.

Why

The Sheffield City Region Perfect Patient Pathway (PEPPA) was selected as a Test Bed site in January 2016 and aims to bring new benefits to patients with multiple long-term conditions through the combination and 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 high level of social care support.

Funding & Efficiency ✔
Care & Quality ✔

PROGRAMME DIRECTOR
Richard Stubbs
Commercial Director

CONTACT INFORMATION
richard.stubbs@yhahsn.com

PROJECT LEAD
Philippa Hedley-Takhar
Head of Partnerships

CONTACT INFORMATION
p.hedley-takhar@yhahsn.com
Delivering sustainability

**Innovation in Primary Care**

**Funding & Efficiency** ✔

**Care & Quality** ✔

**What**
A programme designed to provide targeted support in the development of Primary Care provision through access to improvement, informatics, evaluation and leadership support in response to the national planning priorities.

**How**
We will engage local communities to support delivery of the key questions for primary care posed by the planning guidance.

The proposal is flexible in that it can flex to account for the local community requirement, but by working at both the community and the STP levels there is the added advantage of providing a key work stream which can add immediate local value within the overall STP planning footprint.

**Why**
To support CCGs in realising the innovation available to them in primary care.

**Objectives**
- A focus on developing primary care delivery models consistent with NHS England planning guidance — enabling more robust plans and thus delivery
- Achievement of local targets for primary care where interventions are agreed — such as care pathway optimisation, demand management schemes, development of a digital strategy and support to scale services
- Innovation through managed interaction with the best commercial solutions that support local plans and efficiency targets
- Increased satisfaction amongst AHSN members associated with recognised support to primary care
- Reduction of duplication for local communities navigating external support offers for primary care and new model work
- Increased engagement of primary care across the AHSN footprint — including new provider groupings.

**Deliverables**
- A more integrated environment to allow Improvement and Innovation to be realised within primary care.

**Impacts**
- Each health and care locality will have support to develop their primary care strategy and delivery plans in the context of their local system-wide plan
- The spread and adoption of proven primary care service improvement schemes and the necessary systems for their local sustainability
- The support and expertise for primary care providers and commissioners to develop new and integrated models of primary care consistent with their local ambitions, seven day service policy and based on the evidence from the national Vanguard programme
- Increased access to targeted commercial solutions to improve patient access to services through primary and community care.

**Digital Health**

**Funding & Efficiency** ✔

**Care & Quality** ✔

**What**
An initiative designed to articulate a vision for the potential of digital health across Yorkshire and Humber.

Working in partnership with Vanguards, Test Beds and the STP teams to map existing technologies and capture the current and emerging best practice in areas such as access, communications and diagnostics.

**How**
We are creating a regional architecture and strategy to combine existing improvement programmes, industry support and targeted engagement with members to develop workforce capability and co-design deployment of digital health tools within patient care pathways to accelerate adoption and spread of digitally enabled new models of working across the region.

**Why**
Digital innovation is a key component of the FYFV in enabling the NHS to deliver modern, efficient and high quality services, but remains an area neglected by large parts of the system. Creating services that are sustainable and meet rising public expectations will require a new approach to harnessing digital technologies.

**Objectives**
- Create and maintain a regional reference group of digital leaders to represent the regional membership
- Grow and embed Yorkshire and Humber Digital Health and Wellbeing Ecosystem
- Develop co-design processes to identify how digital innovation can support service improvement in defined patient pathways
- Facilitate access to funding for digital innovation.

**Deliverables**
- Tools and learning for members to develop their capacity to implement digital enablers and create market pull for new innovations
- System leadership, supported by the YHAHSN Digital Health and Wellbeing Advisory Group
- Strategic planning and project design to support STPs.

**Impacts**
- 19 companies supported by DotForge Health and Data Accelerator (nine in Wave 1 and 10 in Wave 2)
- Five companies receiving investment and creating/safeguarding jobs through Yorkshire and Humber Interactive Healthcare Fund
- Digital Practitioner and Digital Discovery Lab programmes delivered in four localities upskilling workforce and co-designing new care pathways
- Increased participation in Yorkshire and Humber Digital Health and Wellbeing Ecosystem and EU / national funding accessed by YHAHSN partners through new collaborations.

**Contact Information**

**Chief Operating Officer**
Dawn Lawson
Chief Operating Officer
Dawn.lawson@yhahsn.com

**Programme Director & Lead**
Richard Stubbs
Commercial Director
richard.stubbs@yhahsn.com

**Programme Lead**
Philippa Hedley-Takhar
Head of Partnerships
p.hedley-takhar@yhahsn.com
Workplace Wellness

What
A comprehensive 'place-based' education programme designed to improve health outcomes of public sector staff in the region and support NHS England to deliver its national staff health and wellbeing programme.

How
The learning outcomes of the Health and Wellbeing programme to date will be published through a variety of education and training materials.

The learning will then be applied in practice across an entire local authority using public sector staff from Wakefield (NHS, Council, Police and Fire services) to improve their health outcomes and reduce sickness and absence levels.

Why
NHS England has prioritised the development and support of workplace wellness initiatives that promote employee health and wellbeing and contribute towards reducing inequalities in health.

Objectives
- Improve health, wellbeing and quality of life for public sector staff in Wakefield and reduce sickness absence levels in participating organisations
- Support local communities to use the learning to date to close the health and wellbeing gap.

Deliverables
- Programme evaluation materials through the development of a report and video
- Independent evaluation of the local authority rollout after 1,000 people have participated.

Impacts
- A demonstrable return on investment for participating organisations (an independent evaluation by the York Health Economics Consortium identified ROI of more than 3:1 in interventions undertaken to date).
- If this success is replicated across Wakefield, the roll out would suggest a ROI in the region of £270,000.

PROJECT LEAD
Lynsey Bowker
Programme Manager,
Population Health

CONTACT INFORMATION
lynsey.bowker@yhahsn.com

PROGRAMME DIRECTOR
Richard Stubbs
Commercial Director

CONTACT INFORMATION
richard.stubbs@yhahsn.com

Delivering sustainability
Promoting innovation

Innovation Exchange

Objectives
- Support understanding of the current and developing strategic needs/priorities of our local membership
- Identify relevant unproven innovation that can support the needs of members
- Provide a robust review process for the suitability of the innovation in terms of strategic fit prior to proceeding to innovation support (via the Innovation Pathway)
- Development of a quicker, more consistent decision-making process
- Creating a clear referral pathway to and from the National Innovation Partnership.

Deliverables
- An online collaborative platform that enables rapid spread of ideas and proven innovation, both within Yorkshire and Humber and also across national and international boundaries
- A clear route for industry innovators who wish to engage with the NHS marketplace
- Support to NHS leaders in innovation through our NHS Commercial Leads quarterly meetings.

Impacts
- Clear route to market for game changing innovations that deliver for local clinical needs
- Advice, support and signposting for over 100 companies each year
- Up to 40 validated, evidenced-based innovations identified as Ready Now Innovations each year
- Increased adoption rate of new technologies within Yorkshire and Humber NHS members.

What
A local Innovation Exchange that brings together patients, innovators, commissioners and providers to create a vibrant regional market place for innovation and improvement, based firmly on the needs of the NHS in Yorkshire and Humber.

How
At the heart of the Innovation Exchange is an online portal, facilitating two way engagement between innovators and NHS staff.

In addition the AHSN provides face-to-face opportunities for innovators to find support and advice for their ideas through our Innovation Surgeries. The Innovation Exchange also provides a bridge to other AHSNs as well as referrals to and from key National Innovation Partners.

Why
Harnessing the ideas of our staff, patients and industry partners is essential to delivering a sustainable NHS.

The Innovation Exchange provides a simple and easy to access platform for sharing best practice, being signposted to resources and expressing clinical need in a systematic way, in keeping with the Accelerated Access Review objectives.

Innovation Pathway

Objectives
- Understand the viability of an innovation by undertaking proof of concept work, market analysis, patient surveys and clinical trials
- Identify and escalate innovations which meet key priority areas and have a potentially significant impact on patients and the NHS
- Design programmes which will assist innovators with proof of concept, validation, market access, market analysis, access to funding and clinical trials.

Deliverables
- Horizon scanning across all innovation sources to feed into a Ready Now Innovation pipeline
- DotForge Health and Data Accelerator launch intensive business support to nine companies
- Support and leadership of national innovation programmes e.g. NHS National Innovation Accelerator and the Small Business Research Initiative (SBRI)
- Bespoke funding advice to companies.

Impacts
- Up to 30 SMEs receiving significant support to develop innovations based on local clinical need
- A market pull approach to innovation procurement led by our NHS member requirements
- Supporting economic regional growth through sustained and created innovation jobs.

What
The Innovation Pathway is the mechanism by which Yorkshire & Humber AHSN supports the development of game changing innovation that has the potential to provide a significant impact on patient care quality and efficiency for our members, as well as fulfil the objectives of the Accelerated Access Review.

How
The Innovation Pathway function will:
- Develop robust processes for testing and evaluating new products in our area
- Build the capacity to scale innovation across the system
- Support providers in implementing technology-driven change
- Provide specific support for emerging classes of innovation, such as digital technologies.

Why
YHAHSN supports the development and evaluation of innovations that have the potential to create transformative improvements for our NHS and patients. The Innovation Pathway represents a coherent and compelling suite of projects that provide funding, advice, evaluation, piloting and commercialisation to rapidly enable innovations to be embedded in frontline NHS services.
Ready Now Innovation

Funding & Efficiency ✔
Care & Quality ✔
Health & Wellbeing ✔

What
Transformational change will require game changing innovations that have robust evidence of improving patient care and increasing efficiency of care delivery. Our Ready Now Innovation function will be the ‘connector’ that pulls through successful innovation Pathway innovations and embeds them into our frontline delivery programmes.

How
We have extended our networks to identify a range of innovations from a variety of areas including, but not limited to, Small Business Research Initiative Healthcare (SBRI), Proof of Concept programme, Open Innovation Workshops, the National Innovation Accelerator, Workshops, the National Innovation Accelerator, through to awareness raising activities via various platforms (e.g. our Innovation Exchange Portal).

Impacts
The systematic implementation of proven technology across the Yorkshire and Humber NHS membership

Access to a catalogue of evidence-based Ready Now Innovations.

Objectives
- We are supporting our members by delivering a pipeline of proven innovations and good practice available now that will contribute to balanced operational plans for delivering quality, finance and other key metrics.
- Ready Now Innovations will be focused on the strategic priorities of our NHS partners and sourced from a wide range of in-house and national innovation development programmes.

Deliverables
- We have developed a range of interventions to support the uptake and spread of proven innovation that is ready for adoption. These include specifically directed adoption activities (for example, the National Innovation Accelerator), through to awareness raising activities via various platforms (e.g. our Innovation Exchange Portal).

Innovation Champions

Funding & Efficiency ✔
Care & Quality ✔
Health & Wellbeing ✔

What
The Innovation Champion Network (ICN), with Medipex Ltd, is a growing cohort of over 60 NHS staff from 24 member organisations. Innovation Champions are innovation ambassadors within their host organisations and interact across the region to share learning and opportunities.

How
The ICN accelerates, and establishes a process for, disclosure and protection of new innovations created by AHSN members, thus potentially creating a revenue stream for NHS members and reducing IP leakage.

Impacts
Significant increase in innovation culture in participating trusts, leading to demonstrable increase of adoption of innovation and improvement at frontline level

Objectives
- Create a receptive environment that:
  - Empowers individuals to promote and support innovative activities within their NHS organisations
  - Encourages colleagues to come forward with their new and innovative ideas
  - Promotes the spread and adoption of new best practice and new technologies between NHS organisations based on regional strategic priorities

Deliverables
- Support the Innovation Champions to develop a receptive culture of innovation within their NHS organisations for ideas developed from within the NHS or by industry
- Promote a unique dedicated web platform for shared thinking and best practice across Yorkshire and Humber
- Identify a pipeline of innovative products and services in response to member needs
- Demonstrate impact at four specific NHS organisations (Mental Health Trust, Community Trust, CCG and Acute Trust)
- Develop self-sustainability for the ICN and its future expansion into other English regions.

Impact
- Ability of Champions, within member trusts, to easily tap into other AHSN geographies to identify and adopt proven improvements in working practice.

Programme Director
Richard Stubbs
Commercial Director
PROJECT LEAD
Carl Greatrex
Head of Innovation Adoption
CONTACT INFORMATION
richard.stubbs@yhahsn.com

Programme Director
Richard Stubbs
Commercial Director
CONTACT INFORMATION
richard.stubbs@yhahsn.com

Project Lead
Carl Greatrex
Head of Innovation Adoption
CONTACT INFORMATION
carl.greatrex@yhahsn.com

Programme Director
Philippa Hedley-Takhar
Head of Partnerships
CONTACT INFORMATION
p.hedley-takhar@yhahsn.com

Project Lead
Philippa Hedley-Takhar
Head of Partnerships
CONTACT INFORMATION
p.hedley-takhar@yhahsn.com
Governance and finance

Governance

Legal Structure
The Yorkshire and Humber AHSN is a company limited by guarantee.

Board of Directors
The board has four registered directors who meet quarterly to transact the business of the company (see Appendix 2).

Stakeholder Board
There is a stakeholder board with 28 members made up from CEOs of paid up NHS member organisations.

Performance Management
The AHSN has adopted a planning process that incorporates identifying project aims and benefits, including SMART objectives, highlighting key project milestones, allocating expected funding requirements and coordinating the necessary resources required for each project.

Project delivery is monitored and controlled, including the review of the process against the business plan and regular assessment of risks and issues, to identify potential problems in a timely manner so that corrective action can be taken when necessary to ensure the delivery of projects are on target to meet all the required outcomes.

The AHSN also recognises the importance of undertaking an evaluation procedure of all projects by collecting, recording and organising information about project results and lessons learnt, and applying this knowledge to future projects. As part of the completion process, the AHSN endeavours to disseminate best practice both internally and externally to ensure continual improvement.

Performance Management
Monthly performance reports, evaluated by the executive team, form the basis of quarterly returns to NHS England.

We also benefit from a thriving enterprise sector, with particular strengths in new and emerging technology and digital health businesses.

Our aim is to continue to act as the vehicle for bringing all of these ingredients together, connecting ideas with interests, identifying potential and harnessing ambition. Our facilitation has helped to create a receptive environment that has fast tracked the adoption of innovative new ideas and products.

We have a strong track record as a catalyst for change – a pragmatic, independent voice, breaking down barriers and de-cluttering the complex improvement landscape.

This plan sets out the next phase of our ongoing work to create the right conditions for a healthier, wealthier Yorkshire and Humber.

Finance

This plan is prepared on the basis that YHAHSN will receive income of £4.0 million. Of this income we have assumed NHS England funding will be £3.5 million.

The table below shows the reduction in total funding from NHS England of £745,125.

<table>
<thead>
<tr>
<th>Income Received</th>
<th>2015/16</th>
<th>2016/17</th>
<th>% reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS England Core Funding</td>
<td>3,725,625</td>
<td>2,980,500</td>
<td>20%</td>
</tr>
<tr>
<td>Patient Safety Collaborative</td>
<td>651,892</td>
<td>521,514</td>
<td>20%</td>
</tr>
</tbody>
</table>

The remaining income of £0.9 million will derive from membership income. Therefore we plan to spend £4.0 million in 2016/17 on the four main areas as detailed within the plan: safety and quality, strategic system support, delivering sustainability and promoting innovation.

YHAHSN – Income & Expenditure Estimated Statement 2016/17

<table>
<thead>
<tr>
<th>£ Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Income</td>
</tr>
<tr>
<td>Safety and quality</td>
</tr>
<tr>
<td>Strategic system support</td>
</tr>
<tr>
<td>Delivering sustainability</td>
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<tr>
<td>Promoting innovation</td>
</tr>
<tr>
<td>Core organisational costs</td>
</tr>
<tr>
<td>Total expenditure</td>
</tr>
<tr>
<td>Balance – planned</td>
</tr>
</tbody>
</table>

*provisional figures pending finalisation from NHS England regarding core funding.
Appendix 1 - Quarterly objectives

In order to ensure YHAHSN achieves the objectives we have set within this business plan, a series of quarterly milestones underpin each project. These objectives are set to allow us to meet the deliverables and objectives we have defined within our projects, with the impact goal(s) remaining clear.

Through the course of the operating year, objectives will be refined in each quarter, based on continued dialogue with stakeholders and our need to be flexible and responsive to a constantly changing environment.

As part of a robust performance monitoring process, each project will be regularly reviewed to check performance against quarterly milestones and objectives. Performance monitoring will then be reported back to NHS England on a quarterly basis.

Within the following pages are just two examples of the type of quarterly milestones that sit behind each and every project and will form the basis of our quarterly performance monitoring reporting to NHS England.

<table>
<thead>
<tr>
<th>Pathway for each participating trust</th>
<th>Milestone</th>
<th>Start Out</th>
<th>Define &amp; Scope</th>
<th>Measure &amp; understand</th>
<th>Design &amp; Plan</th>
<th>Pilot &amp; Implement</th>
<th>Sustain &amp; Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes: Avoiding hypoglycaemia</td>
<td>Build on learning from 15/16 programme of activity which brought together diabetes experts from across Yorkshire and Humberside (Y&amp;H) to develop and test the toolkit</td>
<td>Scoping exercise to understand current level of hypoglycaemia across Y&amp;H</td>
<td>Initial work starting to integrate tool in up to 5 receptive locations</td>
<td>Local implementation plan design for what it looks like for the pilot site</td>
<td>Agree evaluation measures</td>
<td>Agree evaluation measures</td>
<td>Agree evaluation measures</td>
</tr>
<tr>
<td></td>
<td>Scoping exercise to understand current level of hypoglycaemia across Y&amp;H</td>
<td>Agree where to start, focus, local project team</td>
<td>Connect with existing activity using a flexible approach</td>
<td>Ongoing collection of local evaluation measures</td>
<td>Health economic evaluation</td>
<td>Capabilities to spread within the organisation</td>
<td>Contribution to understanding new approach to managing hypoglycaemia risk</td>
</tr>
<tr>
<td></td>
<td>Identify barriers to change</td>
<td>Identify improvement measure and method of collection</td>
<td>Develop and agree individual project plan</td>
<td>Pilot sites to collect baseline data</td>
<td>Share learning between pilot sites</td>
<td>Write up case studies</td>
<td>Two patient stories</td>
</tr>
<tr>
<td></td>
<td>Identify barriers to change</td>
<td>Develop local spread implementation plan</td>
<td>100 patients consult about hypoglycaemia</td>
<td>Share learning between pilot sites</td>
<td>Write up case studies</td>
<td>Two patient stories</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify barriers to change</td>
<td>Agree method for measuring</td>
<td>Agree local spread implementation plan</td>
<td>500 patients consult about hypoglycaemia</td>
<td>10 patient stories</td>
<td>10% reduction in ambulance call-outs for hypoglycaemia in pilot sites</td>
<td></td>
</tr>
</tbody>
</table>

**IMPACTS**
- Managing hypoglycaemia improves the quality of life of patients, encouraging adherence to medication, improving glycaemic control and reducing the health burden of deteriorating diabetes. This will reduce the incidents of blindness, heart attacks and amputations associated with poor diabetic control.
- The hypoglycaemia project will reduce demand on urgent care and hospital diabetes services, shifting capacity to planned care and primary care; this reduces the NHS deficit.
- The quality improvement and behaviour change methodologies in the project will embed capability and capacity in primary care to ensure the sustainability of general practice.
Diabetes: Atrial fibrillation

**Appendix 2 - Board Directors**

**Professor Will Pope**

Professor Pope has a wealth of experience, leadership and expertise gained from senior roles within industry, the NHS and academia, including at chairman and chief executive level. He has significant experience of working with world-leading companies including BAE Systems, BBC, BP, Ford, GlaxoSmithKline, Huawei and Unilever, and was CEO of the UK’s largest integrated health, safety and environmental business for 10 years. He has been one of the UK’s leaders in managing and developing environmental companies over the last 25 years, and is a four times winner of the ‘Technology Fast 50’ awards for the fastest growing companies. He has been awarded numerous business, environmental excellence, bioscience and innovative biotechnology awards, and has previously been a business innovation support person of the year.

Amongst other appointments, he was previously Chairman of the East of England Regional Development Agency and Northamptonshire and Milton Keynes Primary Care Trusts, and is now Chairman of the Board at University Campus Suffolk, Chairman of Healthwatch Northamptonshire and Vice Chairman of East Midlands Pathology.

Other appointments and interests: Visiting Professor at the University of the West of England; Professor of Bioenterprise and Health at UCL; co-founder of the Centre for Health & Wellbeing Research at the University of Northampton; current Chairman of the Environmental Policy Forum; a past member of the Advisory Board of the Institute for Sustainability, Health and Environment; and past Chairman of the Society for the Environment and the Institution of Environmental Sciences.

**Andrew Riley**

Andrew has more than 15 years experience as a Board Director in the NHS and commercial sector, with an additional 10 years experience as an NHS Chief Executive. He has clinical experience, with direct patient care responsibility as a diagnostic radiographer, and has engaged effectively with patients and clinical professionals.

He has many years experience at a national level working in the NHS, Department of Health and UK biopharmaceutical Industry.

He brings an extensive working knowledge and experience of operational delivery and business strategy in the NHS and commercial sectors. He also has wide-ranging business, capital planning, programme/project management and marketing experience in both expanding and contracting business environments.

Andrew has an extensive track record of building successful, cross-cutting partnerships with key stakeholder groups as well as experience managing multi million-pound revenue budgets and capital projects, including private finance initiatives.

**Pathway for each participating trust**

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</thead>
<tbody>
<tr>
<td><strong>Diabetes: Atrial fibrillation</strong></td>
<td>Connect with existing activity in each organisation aligning activity to AHSN projects</td>
<td>Understand local plan for implementation and national variation in AF related strokes</td>
<td>Local plan for implementation: Working with appropriate individuals to plan and support scale up of Medicines Optimisation projects</td>
<td>Pilot sites implement local plans in: • Hypoglycaemia • Transfer of Care • AF related strokes Implementation at scale in: • Local decision-making • Medicines safety • Translational research</td>
<td>Published case studies: Learning events</td>
<td>Published interventions that are transferrable and scalable across England Tell the story of how we optimised medicines</td>
</tr>
</tbody>
</table>

**Target Completion Data**

**Quarter 1**

- Involvement agreed from: 8 AHSNs, 40% of Y&H CCGs, 20% of trusts, 5 GP practices, 5 community pharmacies
- Understand the AF projects of 8 AHSNs
- Agreed Objectives with: 40% of Y&H CCGs, 20% of trusts, 5 GP practices, 5 community pharmacies
- Describe the variation for the Y&H region
- Scaling-up implementation plan: For Y&H region

**Quarter 2**

- Involvement agreed from: 12 AHSNs, 60% of Y&H CCGs, 30% of trusts, 10 GP practices, 50 community pharmacies
- Understand the AF projects of 12 AHSNs
- Agreed Objectives with: 60% of Y&H CCGs, 30% of trusts, 10 GP practices, 50 community pharmacies
- Describe the national variation
- Scaling-up implementation plan: For 8 AHSNs

**Quarter 3**

- Involvement agreed from: 14 AHSNs, 70% of Y&H CCGs, 40% of trusts, 20 GP practices, 75 community pharmacies
- Understand the AF projects of 14 AHSNs
- Agreed Objectives with: 70% of Y&H CCGs, 40% of trusts, 20 GP practices, 75 community pharmacies
- Describe the potential improvement for 50% AHSNs
- Scaling-up implementation plan: In medicines safety

**Quarter 4**

- Involvement agreed from: 15 AHSNs, 80% of Y&H CCGs, 50% of trusts, 40 GP practices, 100 community pharmacies
- Understand the AF projects of 15 AHSNs
- Agreed Objectives with: 80% of Y&H CCGs, 50% of trusts, 40 GP practices, 100 community pharmacies
- Describe the potential improvement for all AHSNs
- Scaling-up implementation plan: For all AHSNs

**Impact**

- Managing AF improves the quality of life of patients, preventing debilitating strokes and vascular dementia
Sir Andrew Cash OBE

Sir Andrew is Chief Executive of the Sheffield Teaching Hospitals NHS Foundation Trust, one of the largest NHS foundation trusts in England with an annual budget in excess of £1BN and 16,000 staff.

Sheffield Teaching Hospitals NHS Foundation Trust has been awarded the independently assessed ‘Hospital of the Year’ three times in the last six years.

Andrew was the founding Chair of the Foundation Trust Network (FTN) and has undertaken three spells in the Department of Health, England – the most recent a secondment for a year as a Director General for developing health service providers. He is a visiting Professor in Leadership and Development at the Universities of Sheffield and York. He chairs the NHS Employers Policy Board, is Deputy Chair of the NHS Confederation, a member of the Innovation, Health and Wealth Implementation Board, and a member of the Shelford Group (the top 10 university hospitals in England). He was appointed an OBE in 2001 and knighted in 2009 for services to the NHS.

Christine Outram

Christine Outram was appointed as Chair of The Christie NHS Foundation Trust in October 2014. She also joined the AHSN Board as a non-executive director in December 2014. Chris has had a long career in the NHS, with over 20 years’ experience at CEO level.

Leadership positions she has held include CEO of the North Central London Strategic Health Authority and Chief Executive of NHS Leeds. At national level, in 2009 she successfully established Medical Education England, a new Department of Health body with the aim of developing and improving the education and training of NHS doctors, dentists, pharmacists and healthcare scientists. She went on to lead the establishment of Health Education England in 2011/2012.

In 2004 Chris was appointed Director General at the Department of Health, where she led the review of its arm’s length bodies, reducing their number from 38 to 21 and producing £0.5 billion in savings annually for reinvestment in NHS services.

Chris continues to be passionate about working with clinical staff and patients to deliver excellent services, and to drive forward the quality of health research, innovation and education.