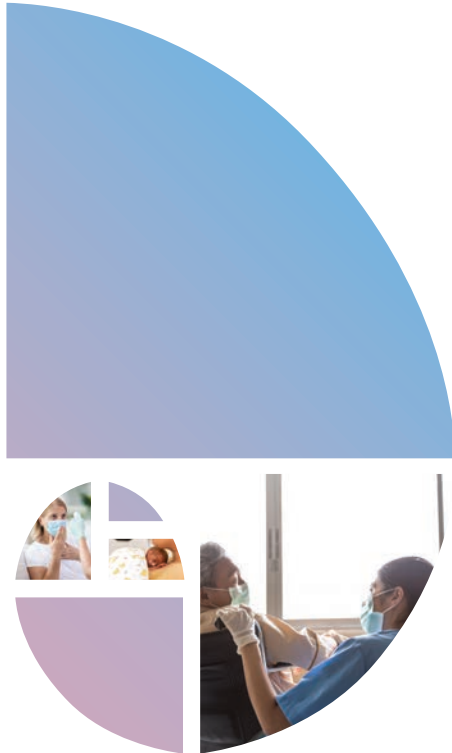




West of England  
Academic Health  
Science Network



Business plan  
2020-21:  
reset and  
recovery

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We have an ambitious programme for innovation and improvement in the West of England

It has never been more important for the NHS to be harnessing the enormous potential for innovation to help transform health services and improve health.

**W**elcome to our business plan for 2020-21, which sets out an ambitious programme for improvement and innovation over the next two years, to deliver significant and lasting benefits to local people, our member organisations, and contribute to innovation in healthcare nationally.

However, this is fundamentally a local business plan for the West of England. This is consistent with the expectation from our national commissioners, NHS England and NHS Improvement and the Office for Life Sciences, that the majority of the funding they provide should be targeted at developing local innovation programmes as the foundation for a successful national innovation pipeline.

This gives us the opportunity to work more closely with our members; the NHS providers, commissioners and universities in the West of England. Together we will generate a vibrant new local programme in response to the priorities of our three local health and care systems, and in the context of the NHS Long Term Plan.

One of the ways we are responding to our members, is by including a substantial investment in building the capability and capacity they need, through our enhanced Innovation and Improvement Academy, which launched earlier this year and is experiencing growing demand.

We also have significant plans for improved insight and evaluation capability, so we can provide greater capacity for the rapid evaluation of promising innovations in a real-world setting for our member organisations.

The COVID-19 pandemic is requiring an unprecedented response across health and care systems. Improvements and innovations, implemented rapidly and at scale, have transformed many aspects of the organisation and delivery of health and care services.

The focus now has shifted to supporting the recovery and reset of our healthcare system, with a growing emphasis on capturing and evaluating the learning from the response to the pandemic.

Amidst all of this, our twin priorities to support the spread of proven innovations and to identify and evaluate promising new innovations remain at the heart of our mission and are more relevant than ever.

Natasha Swinscoe, Chief Executive,  
West of England AHSN

# Making an impact

Here are highlights of the impact of our work to date. You can find out more about our work and achievements in our **annual review**.



**4**

programmes that began as pilots in the West of England were selected for national spread and adoption (Emergency Laparotomy Collaborative, ED Checklist, NEWS, PReCePT)



Over

**£17 million**

of costs have been avoided by CCGs and trusts in the West as a result of Transfer of Care Around Medicines since the programme started in 2018



An estimated

**30**

cases of cerebral palsy and **£23.9 million** savings in lifetime health and social care costs through our national PReCePT programme in 2018-20



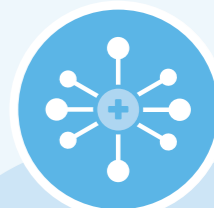
**11,710**

patient referrals in the West of England through Transfer of Care Around Medicines since the programme started in 2018



**99**

innovators have attended our Health Innovation Programme (HIP) since 2015



**90**

organisations are represented by the West of England Learning Disabilities Collaborative



We helped innovators leverage

**£964,168+**

in grant funding and private investment in 2019/20



**15**

full-time jobs have been created by companies that have attended our Health Innovation Programme (HIP) and

**£2.7 million+**

in private investment generated



**176**

GP practices in the West of England are engaging in our Pincer programme, which is helping to prevent prescribing errors



**97%**

of hospital trusts in England have adopted the Emergency Laparotomy bundle, including all 7 of our trusts in the West – we were one of original three AHSNs in the Collaborative

A strength of AHSNs is that they work nationally as a network while maintaining a local focus. Here are some of the impacts all 15 AHSNs have made across England.



**479,000+**

patients benefitting from our two-year national adoption and spread programmes



**553,290**

ITP units/scans supplied for patients in the last three years



**11,600+**

interactions with companies since 2018



**8,472**

people with chronic joint pain have participated in ESCAPE-pain courses



As a result of PReCePT **1,106**

additional mothers received MgSO4 in 2018-20

# Responding to COVID-19

Our role in supporting the response to COVID-19 grew rapidly from the start of the pandemic, particularly around support for digital primary care and expanding our safer care homes programme.

**D**uring the first weeks and months of the pandemic, we were able to step up to this new challenge and 'turn on a sixpence', pausing many of our existing programmes and tailoring a completely new set of COVID-19-specific offers to our systems for immediate delivery.

The three local systems in the region are now looking at capturing the learning from the innovation and improvement that was mobilised in response to the pandemic. We are co-ordinating a mapping exercise to identify and collate evaluations of the learning from COVID-19 from across our three local systems and beyond.

Our recently established Evidence Repository will be used to curate this evidence so that it's freely available for further reference. We are also in discussion with NIHR Applied Research Collaboration (ARC) West about a further exercise to draw out themes and conclusions and highlight areas for further exploration.



## Optimising the use of digital technology in primary care

The COVID-19 lockdown meant that the (approximately) 570 practices across the NHS South West region were closed to in-person patient appointments with many clinicians working from home. We supported our local systems to rapidly implement and then optimise the use of online and video consultation tools.

Implementing a collaborative working model, the West of England, Wessex and the South West AHSNs used their pre-established network across all parts of the system (operational, clinical, executive) to hold daily huddles and command calls to facilitate rapid decision making. They also used their quality improvement training skills and proven spread methodologies to ensure as many practices as possible were supported through the process.

- 100% of practices (approx. 570) implemented video consultation
- 80% of practices implemented online consultation.

This rapid implementation is only a small part of the journey. There is now a period of optimising the transformation, by providing ongoing change support.

## Quality improvement support for virtual ward pilot sites

We will support pilots under development to provide and use pulse oximeters to remotely monitor people's oxygen levels as part of the national NHS at Home programme.

## Supporting primary care

People living with long-term conditions need ongoing, proactive management, which has potential implications for primary care. In response to this, the AHSN Network has developed support packages covering new pathway development, virtual consultations, digital solutions, and demand management.

## New models of care for people with long-term conditions

We are also developing an accelerator programme to explore and support new models of delivery of health and social care with a number of voluntary, community and social enterprise organisations.

## Supporting pulmonary rehabilitation in the community

We are supporting a pilot project with Wiltshire Health and Care to use KiActiv@ Health, a mobile and web-based app to support respiratory patients as an alternative to face-to-face pulmonary rehabilitation during the pandemic.

## TCAM care home module

The Transfers of Care Around Medicine (TCAM) programme ensures that when a patient leaves hospital, information about their medication is communicated directly to their nominated community pharmacy. Adopting the principles of TCAM, a module has been developed to improve communication about a patient's medication when they transition from acute care back to their care home by notifying pharmacy teams who directly support those patients in the community.

## West of England economic recovery taskforce

Following an invitation from the Regional Mayor, our Chief Executive, Natasha Swinscoe, has joined the taskforce as industry representative for health and life sciences.



## Safer care homes

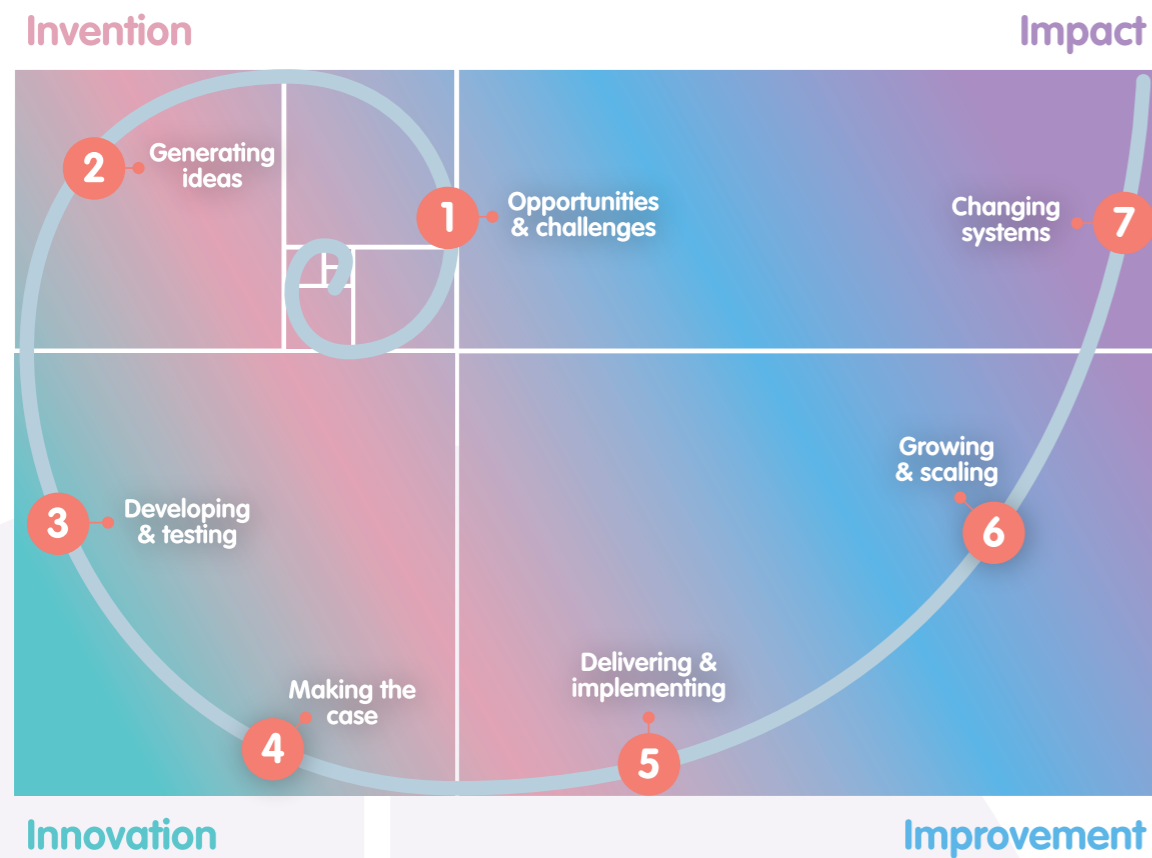
**Our popular training programme is now being offered to all care homes in the West of England; including those for people with learning disabilities, domiciliary care and supported living providers.**

- Training has been delivered to 349 attendees
- 55 care providers have had at least one member of staff trained, which has been positively received
- 88 attendees joined our webinars for GPs in May (watch here: [vimeo.com/421062267/d9fd854314](https://vimeo.com/421062267/d9fd854314))
- 204 attendees have joined our two Learning Disabilities Collaborative webinars (first webinar: [vimeo.com/429558498](https://vimeo.com/429558498); second webinar: [vimeo.com/442382064](https://vimeo.com/442382064))
- There have been over 72,000 views of our 14 training films for care home staff on YouTube, created in partnership with Wessex AHSN and Health Education England

Further sessions are planned, including bespoke training for secure health settings, and working with the developers of the care homes deterioration management tool RESTORE2 to adapt it for learning disabilities settings and the roll-out of pulse oximeters.

# The innovation journey

Innovation is not a single action. We see it as a journey. As that journey progresses, ideas develop and grow, until they are tested and then implemented. They may go on to change whole systems of health and care delivery. This is the 'innovation spiral'.



Adapted from Nesta 2016

## Invention

The innovation journey typically starts not with a solution, but a question or challenge. Often the help we provide can be in defining the problem. Our work programme is designed to respond to the priorities for innovation and improvement of our local health and care systems.

## Innovation

Experimenting, developing and testing ideas and solutions are essential steps in making a business case. By understanding the needs of the health and care organisations in our regions, we can help match them with promising innovations, agreeing local pilots so that they can be safely evaluated in a real-world setting.

## Improvement

As innovations develop into real world solutions and services, our role shifts to identifying and supporting those with the greatest potential to improve health and care across our region.

## Impact

Adoption of innovation is rarely a straight road. We work closely with healthcare providers to help them adapt their care pathways and practices to adopt innovative medical devices, diagnostics and technologies.

# Invention and innovation



We interact with around 200 companies each year

## Identifying opportunities and challenges

We are exploring the opportunity to repeat our successful **Create Open Health programme** again this year. The programme was run in collaboration with the Wellcome Trust and Creative England and engaged directly with citizens to identify unmet needs and innovative solutions.

In addition, we aim to restart our **Future of Care** workshops launched last year with the aim of highlighting and understanding the potential of new and emerging technologies. The first two topics were genomic health and robotics and autonomous systems.

## Generating ideas

Our **Health Innovation Programme** is a key offering to early stage innovators. We will continue to explore the utility of our 'have your vision realised' **hyvr online collaboration and networking platform** to support collaboration. Throughout the year, we will hold a range of networking events, through **Medilink South West**, and nationally with our AHSN colleagues, through events such as Bridging the Gap.

The AHSN Network's **Bridging the Gap** services aim to connect industry with the right people in the health and care sector, through national and regional events, covering topics including the value of early and continued patient and clinician engagement, the benefits to be gained from real world evidence, the difference between cost-effectiveness and affordability, and how to anticipate potential challenges.

We have also created a new role of Industry and Innovation Lead, to provide strategic direction and co-ordinate support for innovators who are developing digital products, through our new **Digital Accelerator Programme**.

## Developing and testing

Our **Future Challenges programme** supports the piloting of promising innovations in a real-world setting. Three products across five of our member organisations will be evaluated over a 12-month period, and the outcomes shared to support commissioning, if appropriate. The selected innovations address needs around:

- Helping people manage their own condition through individualised programmes of physical activity, supporting people to get up and about again.
- Building and promoting mental health resilience in young people in school settings.

We are developing our own in-house **evaluation capability** and will continue to build our South West online evaluation network **community of practice**. In addition, the **online evaluation and evidence toolkits** provided through our academy will be refreshed and upgraded to expand accessibility and relevance to innovators.

## Making the case

This year, we are working in partnership with the South West AHSN and Health Education England to support the adoption and spread of products that **support the workforce**. We are exploring options around care and residential home and domiciliary care settings.

# Improvement and impact

## A national outlook

Our philosophy has always been to embrace our commissions from NHS England and NHS Improvement to be inclusive of all our partners across health and social care. We strive to take every opportunity the commissions provide, and many of our local programmes are an extension of this original remit.

National programmes fall into two categories: programmes to spread individual innovations and our work to provide safer care through the Patient Safety Collaborative.

### Focus ADHD

We will be working with mental health trusts and community paediatric services to improve the assessment process for attention deficit hyperactivity disorder (ADHD).

The QbTest combines continuous performance testing with an infrared motion detector, which measures hyperactivity alongside impulsivity and inattention. Test users are required to sit at a computer wearing a headband which measures activity, pressing a button whenever they see an infrequently appearing target. Our aim is to increase the uptake of the test to improve diagnosis rates.

### Early Intervention Eating Disorders

First-episode Rapid Early intervention for Eating Disorders (FREED) is an innovative, evidence-based, specialist care package for 16 to 25-year-olds with a first-episode eating disorder of less than three years in duration. FREED provides highly coordinated early care, with a focus on reducing the duration of an untreated eating disorder. Our aim is to increase the number of people benefitting from this intervention.

  
A real-world evaluation showed the time from assessment to diagnosis could be reduced by **153 days**

A study from 2013-15 showed **30%** of young people referred for eating disorders treatment waited over 18 weeks and another 34% waited over six months.



### Cardiovascular diseases programme

AHSNs are scoping a national programme of work supporting primary care in the prevention and management of cardiovascular disease prevention. We expect to be in a good position to run this programme due to our previous project on atrial fibrillation and pathway transformation work on PCSK9 inhibitors. This is to support case-finding in primary care for patients who would benefit from better-managed familial hypercholesterolemia and referral into the Lipid Lowering Service where necessary.

### Accelerated Access Collaborative

The AHSN Network is a member of the Accelerated Access Collaborative. This national programme brings together industry, government and the NHS to remove barriers to the uptake of innovations, so that NHS patients have faster access to innovations that can transform care.

As part of our support, AHSNs deliver the Innovation and Technology Payment (ITP) in partnership with NHS England. This aims to remove financial and procurement barriers to support the NHS to adopt innovative medical devices, diagnostics, and digital products. You can [read more about the products here](#).

# Patient Safety

The West of England Patient Safety Collaborative (PSC) is hosted by the AHSN and delivers the National Patient Safety Improvement Programmes (SIPs), which are a key part of the **NHS Patient Safety Strategy**.

## Managing deterioration

The Managing Deterioration Safety Improvement Programme has been refocused to support the COVID-19 response. It aims to increase the safety of people who are vulnerable to deterioration.

Working in collaboration with the South West and Wessex AHSNs, we will:

1. Implement and embed remote total triage across all 570 practices in the South West
2. Support care homes to manage deteriorating patients using the RESTORE2 tool
3. Implement the NEWS2 early warning score across primary care
4. Support the use of Treatment Escalation Plans (TEPs) and the ReSPECT tool to support patients and families with end of life planning
5. Support general practices to implement and embed electronic repeat dispensing (eRD).



## Maternity and neonatal

Building on the national Maternal and Neonatal Health Safety Collaborative, this programme aims to create the conditions for all staff to improve the safety and outcomes of maternal and neonatal care and provide high quality healthcare experience for all women, babies, and families across England.

The programme aims to contribute to the national ambition set out in *Better Births* (NHS England, 2017) of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 50% by 2025. The three primary drivers for this programme are:

- Improving the proportion of smoke-free pregnancy
- Optimisation and stabilisation of the very preterm infant
- Early recognition and management of deterioration of mother or baby.

Our West of England regional focus will be on progressing the smoke-free agenda.

## Medicines safety

We will support stakeholders to reduce medication administration errors in care home settings. The intention is for this programme to run in three phases.

- Phase 1 (2019/20): Diagnostic phase
- Phase 2 (2020/21): Testing phase
- Phase 3 (2021/22): Adoption and spread phase

## Adoption and spread

The programmes for adoption and spread are yet to be clarified but are likely to include the safer tracheostomy care bundle. The number of patients requiring ventilator support in intensive care units due to COVID-19 has led to increased numbers of patients requiring tracheostomies, which are used to help wean some patients from respiratory support. Created by the National Tracheostomy Safety Project (NTSP), a toolkit was published and spread by PSCs to support healthcare staff.

# A local focus

## ReSPECT



## Learning from deaths

ReSPECT is an advanced care planning tool that creates a personal plan for someone's clinical care in emergency situations where they are not able to make decisions or express their wishes, and may reduce demand for urgent secondary care services. This is now implemented across Bristol, North Somerset and South Gloucestershire CCG as well as Gloucestershire CCG and we aim to roll it out across Bath and North East Somerset, Swindon and Wiltshire CCG over the next year.

Following the early implementation of the structured judgement review process across all acute, community, and mental health trusts in the West of England, the focus has shifted towards rolling out the new medical examiner system. Our aim is to support the process.



## Enhanced health in care homes programme

Across the West of England, an estimated 19,000 people are currently living in around 800 nursing or residential homes, many of whom are likely to have complex medical and social care needs.

Based on data in the NHS Long Term Plan, this would imply over 8,000 emergency admissions from care homes annually and approximately 65,000 emergency bed days a year, with the potential to achieve a reduction in emergency admissions of around 3,000 annually. This represents a significant opportunity to achieve quantitative benefits in the context of urgent and emergency care.

We will work with our local health and care partners, primary care networks and care homes to deliver the following high-level objectives:

- Better health and care for care home residents
- A care home workforce with enhanced skills
- Care homes and healthcare services better enabled to work together
- Tested interventions that work and can be spread
- Research outputs and publications.

We have established a West of England programme board to oversee delivery of this programme, with membership from across our three local systems.

## PreciSSlon



Preventing Surgical Site Infection (PreciSSlon) is a quality improvement project that aims to reduce surgical site infections in elective colorectal surgery across the West of England by 50% by March 2021. We will track 30-day, patient-reported surgical site infections as we implement and record compliance with an evidence-based care bundle.

## SHarED

Supporting High Impact Users to Emergency Departments (SHarED) will focus on people who attend an emergency department more than five times in a year. The project will use a multi-disciplinary team approach to reduce the number of attendances and improve their quality of life.



## Care bundle for preterm babies



Perinatal Excellence to Reduce Injury in Premature birth (PERIPrem) is a care bundle aimed at reducing brain injury and death in preterm babies. The West of England AHSN, in partnership with South West AHSN, plans to engage every maternity and neonatal unit, along with parent groups across the region, to co-design, produce and test the bundle.

PERIPrem was selected through our Evidence into Practice challenge, which identifies opportunities for the regional adoption and spread of initiatives. Launched early in 2020/21, PERIPrem is the combination of two applications from University Hospitals Bristol and Weston and Great Western Hospitals.

The project consists of ten evidence-based interventions that will demonstrate a significant impact on brain injury and mortality rates amongst babies born prematurely. The bundle is the first of its kind, and builds on lessons learned from designing and delivering the PReCePT (Preventing Cerebral Palsy in PreTerm Labour) project, as well as being clinically owned and driven by perinatal staff across the region.

Discover more on the website:  
[www.weahsn.net/PERIPrem](http://www.weahsn.net/PERIPrem)





Over  
**£17 million**

of costs have been avoided by CCGs and trusts in the West as a result of Transfer of Care Around Medicines since the programme started in 2018



**13%**

reduction in patients at risk from their medications as a result of our Pincer programme in the West of England

## Medicines optimisation

We have a vibrant and engaged relationship with medicines teams across the West of England. Pincer and TCAM are two of the previous AHSN national programmes we will continue to support and develop. As a result of the excellent working relationship we have with these teams, we have also developed a further local programme around polypharmacy.

### PINCER

PINCER is a pharmacist-led information technology intervention for medication errors. It allows general practices with computerised clinical records to review patient records and identify those who are being prescribed medicines that are commonly and consistently associated with medication errors. This programme has been running a cycle of three searches, with the third cycle due to be completed this year.

### TCAM

The Transfers of Care Around Medicine (TCAM) programme ensures that when a patient leaves hospital, they have access to support so they understand the medicines they have been prescribed. Patients needing extra support are referred at the point of discharge for a review of their medication by their local community pharmacist. Patients are less likely to be readmitted or if they are, often experience a shorter stay.

### Polypharmacy

Patients taking multiple medicines can be at risk of complications that can lead to new illness and increased risk of admission to hospital. We are promoting the use of an AHSN-developed polypharmacy risk stratification tool which allows CCGs, primary care networks and general practices to understand where to focus efforts to review patients at risk. Aligned to this is a system-wide project to reduce reliance on Medicines Compliance Aids (MCAs) which have historically been used to support patients who take multiple medications. Studies have shown there are a number of risks associated with their regular use, including pharmacist error and reduced stability of some medicines once removed from their original packaging. We will support prescribers, dispensers, carers and patients better understand the risks associated with MCAs and support the use of alternative reasonable adjustments.

## A local focus

### Learning Disabilities Collaborative

The West of England Learning Disabilities Collaborative aims to reduce deaths from avoidable causes for people with a learning disability, by increasing the uptake of standardised annual health checks and flu vaccinations, and promoting the use of the NEWS2 early warning score and tools to spot the 'soft signs' of physical deterioration.

### South of England Mental Health Quality and Patient Safety Improvement Collaborative

Created in partnership with the South West AHSN, this well-established and successful collaborative aims to improve the quality and safety of services for people with mental health conditions. Its membership includes 11 mental health trusts across the south of England. The vibrant collaborative hosts learning sessions several times a year, which include updates from national experts and leads, quality improvement workshops and team presentations, all promoting a culture of psychological safety.

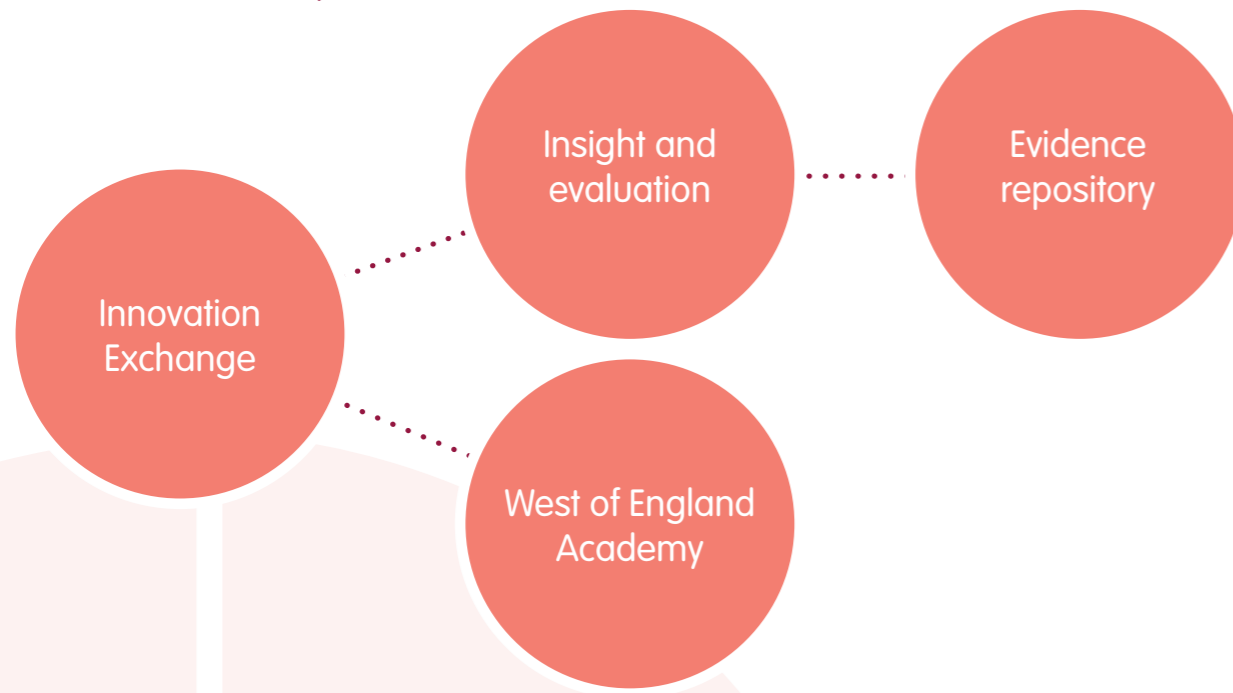




# Innovation ecosystem

We offer a range of networks, support and training opportunities to grow and sustain our whole-system vision for healthcare innovation and improvement in the West of England.

Since its inception in 2013, the West of England AHSN has earned a reputation for its ambitious, joined-up vision for healthcare innovation. We continue to bring a whole system approach, matching innovation to locally identified challenges and priorities through a dynamic interface between innovators, patients, carers, industry, academia and health and care professionals.



## Innovation Exchange

Powered by a dedicated web portal, the West of England Innovation Exchange is an 'always on' interface that connects innovators, health and care professionals with each other and provides access to a range of tools and resources, including hands-on support from our specialist business development team.

The Innovation Exchange is designed to help innovators understand what the NHS challenges are and connect them to the help they need. Developed by the West of England AHSN, with funding from the Office for Life Sciences, it provides access to all of our business support services in one place, helping innovators to develop, trial and implement their ideas and products, in addition to supporting health and care professionals to identify innovations that meet local challenges and priorities.

'Connectivity and collaboration is essential for developing and exploiting innovation and this is where the Innovation Exchange and its directory map is so useful. If you are a researcher looking for a collaborator or if you are a company looking for a partner, then the Innovation Exchange is the perfect tool. I certainly recommend that companies, research groups and centres add themselves to the Innovation Exchange map to enhance opportunities for developing collaborations and promoting their innovation.'

Richard Luxton, Chair of Medilink South West and Director of the Institute of Bio-Sensing Technology

## Insight and evaluation

This new function within the West of England AHSN will operate in partnership with our three local healthcare systems and the National Institute of Healthcare Research (NIHR) Applied Research Collaboration (ARC) West. It will work in the following ways:

- Using population data and information to identify priorities and challenges in our local healthcare systems and articulate these to innovators
- Rapid evaluation of promising innovations in a real-world setting to inform selection and deployment
- Using evidence to making the case for adoption and spread of specific innovations
- Evaluating outcomes and impact to realise benefits at a system level and to demonstrate return on investment.

We are also creating a web-based portal for sharing evidence-based findings, including grey literature such as rapid reviews, evidence summaries, service evaluations, and reports. This 'evidence repository' will reduce duplication and speed up production of business cases.



## West of England Academy

Our flagship Academy works with local health and care professionals to build capability and capacity for innovation and improvement, so that they have the knowledge, skills and confidence to engage with innovation or become innovators themselves.

The Academy is open to all health and care professionals: front-line staff, support services and commissioners, as well as innovators living, working or planning to work in the West of England. Its resources are free to use and cover each of the stages of the innovation spiral. They are aimed at building knowledge and confidence and developing essential skills for innovative thinking and working. It also promotes the use of quality improvement methodologies to support delivery of better patient care.

Our ambition is that the West of England AHSN will be a driving force in the development of vibrant innovation ecosystems across the region.

If you would like to know more about the Academy or to discuss your project, please visit [www.weahsn.net/west-of-england-academy](http://www.weahsn.net/west-of-england-academy) or email [academy@weahsn.net](mailto:academy@weahsn.net).



# Our values

We aim to live these values in all of our work and through our wide and varied partnerships.



## Passion and commitment

We are inquisitive and creative. We are passionate about making a difference and take pride in achieving positive results.



## Collaboration and connections

As an inclusive network we work hard to build supportive relationships with all those in our region who need and want to contribute.

We identify shared goals, building a shared vision for the future of health and care in the West of England.



## Nurturing people and ideas

We help individuals, teams and organisations to develop and flourish.

We listen to and learn from one another, to create an open culture where good ideas are valued.



## Positive impact and lasting change

We are ambitious and accountable.

Our focus is on achieving positive impact and lasting change, responding to genuine needs for the benefit of people across the whole health and care community in the West of England.



## Leadership through expertise

We take pride in being ahead of the curve through our knowledge, intelligence and expertise in health and care innovation and improvement.

# Get involved

## Get in touch and find out more

If you're interested in finding out more about how the West of England AHSN can support you or how you can get involved in our work programmes, we'd love to hear from you.

### Innovation

To talk to our Innovation & Growth team about support for developing healthcare innovations, email [innovation@weahsn.net](mailto:innovation@weahsn.net) or visit [www.innovationexchange.co.uk](http://www.innovationexchange.co.uk).

### Patient safety

To find out more about the work of our Patient Safety Collaborative and how to get involved, email [ps@weahsn.net](mailto:ps@weahsn.net) or visit [www.weahsn.net/improving-patient-safety](http://www.weahsn.net/improving-patient-safety).

### Academy

To find out about the learning events and training resources available through our Academy, email [academy@weahsn.net](mailto:academy@weahsn.net) or visit [www.weahsn.net/west-of-england-academy](http://www.weahsn.net/west-of-england-academy).

### General enquiries

To find out about anything else, drop us a line at [contactus@weahsn.net](mailto:contactus@weahsn.net), explore [www.weahsn.net](http://www.weahsn.net) or sign up for a regular email newsletters at [www.weahsn.net/newsletter-sign-up](http://www.weahsn.net/newsletter-sign-up).



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 West of England AHSN

