

West of England AHSN Business Plan 2023-2024

Transforming lives
through innovation



West of England
Academic Health
Science Network

Contents

03 Introduction

04 Plan on a page

05 Enabling programmes

- 05 Improving our innovation pipeline
- 07 Measuring our impact
- 08 Building capability and sharing knowledge
- 09 Engagement with our local integrated care systems

10 Main programme themes

- 10 Maternity and neonatal
- 12 Medicines safety
- 14 Long-term conditions
- 16 Deterioration
- 17 Mental health
- 18 People
- 19 Integrating and optimising care

20 Our golden threads

- 20 Responding to the climate emergency
- 21 Reducing healthcare inequalities

22 Get in touch and find out more

Introduction

This business plan describes our programme of work for 2023/24 to support the discovery, development and delivery of innovation with our member organisations and local integrated care systems. It also reflects the continuation of our national contribution to the NHS Accelerated Access Collaborative and to the work of the AHSN Network.

In the context of the significant challenges faced by health and social care partners both locally and nationally, the core mission of the AHSN to speed up the pipeline for health and care innovation is more relevant and essential than ever.

This updated plan incorporates the national AHSN Network priorities and the priorities from our national commissions from NHS England and the Office for Life Sciences, as well as locally commissioned projects.

This plan therefore responds directly to the priorities of our three local integrated care systems

and member organisations, and is also informed through our regular engagement with the NHS South West regional team.

Our collaborative work with our other local partner organisations will also continue this year, particularly with NIHR ARC West, as well as with neighbouring AHSNs in the NHS South West region.

As we begin our 11th year since being established as an AHSN, this business plan represents a full and busy work programme for the year ahead. NHS England and the Government's Office for Life Sciences announced in late May a new five-year licence for the AHSNs, under the new name of Health Innovation Networks. Further details of priority programmes will follow during the summer of 2023.

With this in mind, while our key work programme and areas of focus are already in place for the year ahead, our business plan also ensures that we remain agile and responsive to emerging needs and challenges.

Plan on a page

Transforming lives through innovation

Improving our innovation pipeline

Measuring our impact

Building capability and sharing knowledge

Enhancing engagement with local integrated care systems



Maternity and neonatal



Medicines safety



Long-term conditions



Deterioration



Mental health



People

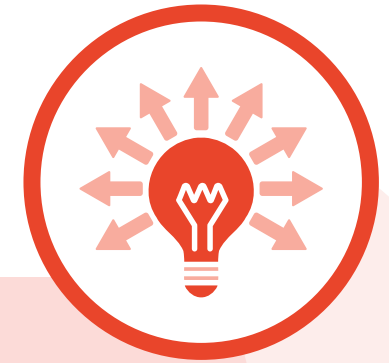


Integrating and optimising care

Responding to the climate emergency

Reducing healthcare inequalities

Enabling programmes



Improving our innovation pipeline: discover, develop, deploy

Our core mission as an AHSN is to speed up the pipeline for innovations so that the benefits are available to patients and clinicians sooner.

The primary objective of the West of England innovation pipeline is to identify and support new products, services and pathways with clear evidence of effectiveness, which are ready to be adopted by our local systems. This is realised through a process of needs identification, innovator support and signposting, and real-world validation. Each of these elements is informed by ongoing engagement and partnership with local health and care professionals and with our three local integrated care systems.

All 15 AHSNs share data from their own local innovation pipelines and this

information is collated and shared across the AHSN Network, enabling the import and export of innovations across the country.

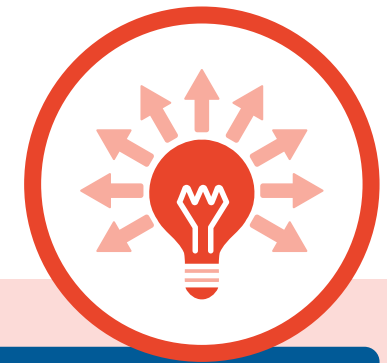
The innovation pipeline is defined in five stages with formal 'stage gates' between each. This is illustrated in the diagram on the next page.

At each stage gate the innovations offering the greatest potential to deliver against shared priorities are selected using agreed criteria.

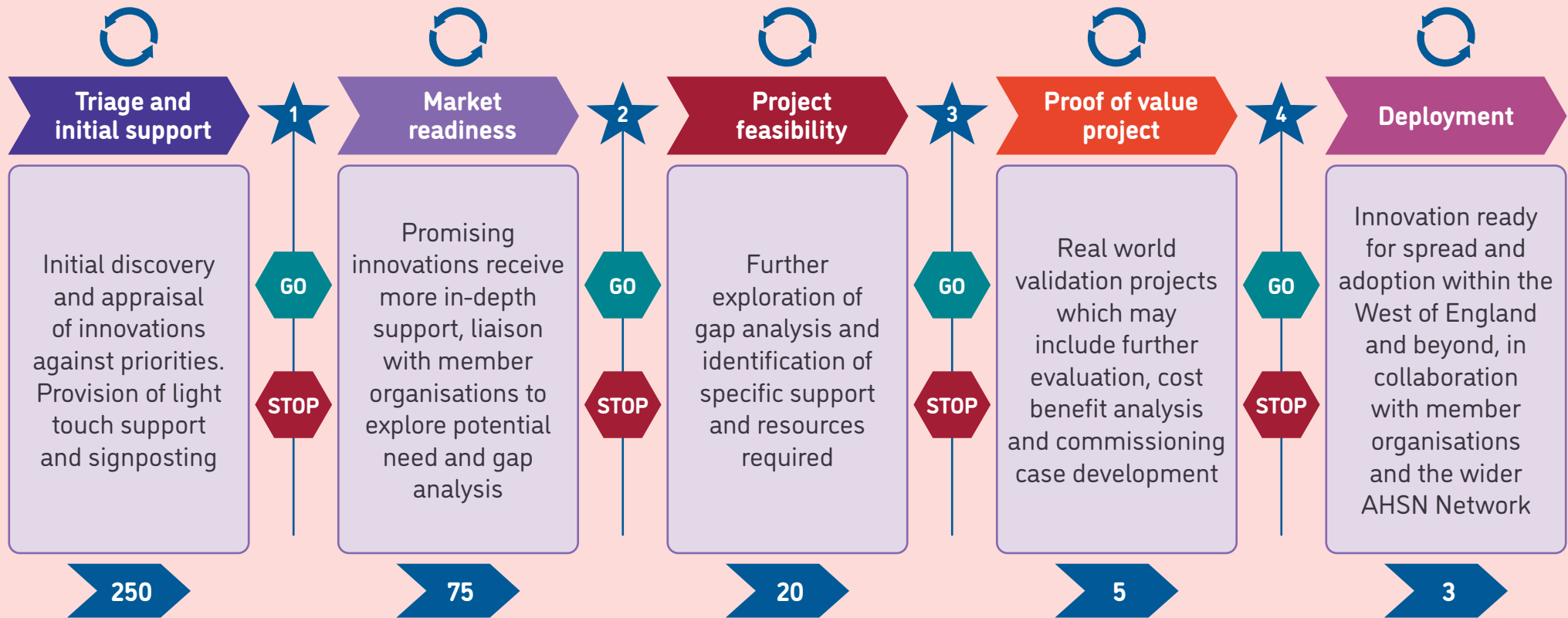
The stage gate decisions involve evidence-led, multidisciplinary review with representation from the AHSN and our three local systems, together with our academic, research and local enterprise partners.

We also continue to focus on identifying outputs from research that are ready for development through our innovation pipeline. This benefits from our established partnerships with our university member organisations, with the NIHR Applied Research Collaborative (ARC) West and with the NIHR West of England Clinical Research Network, as well as with our local Academic Health Science Centre – Bristol Health Partners.

Enabling programmes



West of England Innovation Pipeline



Anticipated number of innovations passing through each stage of the pipeline each year

Enabling programmes



Measuring our impact

Measuring the impact from innovation is of central importance in a rapidly evolving healthcare landscape. As the NHS continues to respond to the complex challenge of population health management and improving patient outcomes, understanding the impact from innovation is essential for effective decision-making and continuous improvement.

Moreover, measuring impact is essential to identify successful innovations that can be spread and adopted locally - in the West of England, across the NHS South West region and nationally.

By quantifying what has been learnt from innovative initiatives, organisations can identify best practices, successful models, and strategies that can be disseminated to other healthcare providers and regions. Understanding impact helps to foster a culture of learning, collaboration, and knowledge sharing; all of which help to accelerate the spread and adoption of effective innovations.

Measurement also plays a vital role in fostering accountability and transparency. In an era of limited resources and increasing demands on health and social care, stakeholders need high quality data to justify investments, secure funding, and ensure that resources are allocated to those interventions that deliver tangible results.

Health and social care innovation also contributes to the broader research and knowledge base. Effective dissemination of this type of impact generates valuable insights to maximise the benefit from innovation without delay, in turn helping patients, the public and the NHS.

For 2023/24, the West of England team now includes an in-house evaluation and insight team, with expertise across a range of research, evaluation and analytical approaches. This service supports evaluation of our work programmes, which includes supporting proof of value projects arising from the

local innovation pipeline, as well as supporting our members and partners to scope and commission independent evaluations. The evaluation and insight team also works with our partner organisations, such as the NIHR Applied Research Collaborative (ARC) West to develop a complementary approach to impact generation.

Enabling programmes



Building capability and sharing knowledge

In response to continued demand from across our three local systems and member organisations, our [West of England Academy](#) will continue to deliver a range of informative and relevant education resources with a mixture of online, in-person, synchronous and asynchronous methods. These are designed to help colleagues across our three local healthcare systems and within our member organisations to think and work innovatively and implement new ways of working using creative problem solving (a design thinking methodology) and quality improvement (QI) methods and tools.

The approach is underpinned by our Innovation and Improvement Journey, with a growing range of practical online resources. Two MOOCs (Massive Open Online Courses) enhance our offers, designed and delivered in partnership with the University of Bath, offering an introduction to tools and techniques used by innovators and improvers. These act as an introduction to our wider range of Academy services.

During 2023/24 we will continue to work with our three integrated care systems to refine our Academy support, as well as in the delivery of projects led by the AHSN.

Our highly successful [Health Innovation Programme](#) has provided bespoke training for up to 12 promising new innovators each year. Over the last seven years the programme has 134 alumni and we are exploring how we can further improve the support for innovators, particularly in the later stages of adoption, both from across our existing HIP Alumni and from our innovation pipeline.

In addition our [Evidence Repository](#), established in 2020 in partnership with local integrated care systems and hospital libraries as the COVID-19 pandemic unfolded, supports rapid evidence sharing of grey literature.

The numbers of registered users and documents uploaded continue to increase and in response to feedback we have expanded the membership to include public health

organisations, as well as broadening the content to include QI and population health management projects.

In 2023/24 we will continue to work with our members to promote and grow the repository.

Enabling programmes



Engagement with our local integrated care systems

Continuous and dynamic engagement with the frontline of health and social care delivery enables us to maintain a deep understanding of the needs and priorities of our local systems.

For 2023/24 our mechanisms for engagement with our local systems and partners will continue to build on our established interfaces to align with the individual arrangements for research and innovation arising from emerging approaches of our three integrated care systems, as described in their respective operational delivery plans.

This is in addition to the cross representation from our member organisations and system partners in our innovation pipeline process (see page 6).

Alongside this, we continue to benefit from excellent relationships with our member organisations and our three local systems, with strong representation from local system leaders on our AHSN Partnership Board. This is supplemented by direct engagement by our AHSN senior leadership team with system leaders and NHS regional team colleagues.

Main programme themes



Maternity and neonatal

Maternity and Neonatal Safety Improvement Programme

The [Maternity and Neonatal Safety Improvement Programme](#) is one of the national Patient Safety Collaborative (PSC) commissioned workstreams.

Our work to make care safer by consistently implementing best practice in maternity and neonatal care pathways continues in 2023/24 in line with the established delivery plan. This will focus on:

- Building on our [PERIPrem project](#) to improve the optimisation and stabilisation of the pre-term infant to support the implementation of the updated Saving Babies Lives Care Bundle by March 2024 – a package of interventions to reduce stillbirth, neonatal brain injury, neonatal death, and preterm birth.
- Supporting the testing and development of the national maternity early warning score and updated new-born early warning track and trigger tools to improve the care of unwell mothers and babies enabling timely escalation where needed to prepare for national implementation by March 2025.

We will continue to draw on the successful collaboration with colleagues in the South West AHSN, from the NHS South West regional maternity team and neonatal operational delivery network (ODN), as well as our engagement with systems through Local Maternity and Neonatal Systems (LMNS) and Maternity Voice Partnerships.

PERIPrem

There has been great interest in the [PERIPrem project](#) following the success of implementing in the South West and West of England AHSN regions. PERIPrem Cymru launched in Wales early in 2023, and we have supported the adoption and spread of PERIPrem Cymru in Wales through sharing and adapting materials developed during the initial project. NHS Wales Executive have commissioned us to provide programme management and clinical leadership support during the initial set-up phases of PERIPrem Cymru.

Black Maternity Matters

[Black Maternity Matters](#) is a ground-breaking collaboration, supporting midwives to reduce

the inequitable maternity outcomes faced by Black mothers and their babies.

We launched our pilot in 2022, which was funded by the Health Foundation Q Exchange programme. Midwives, maternity healthcare support workers and maternity care assistants from two maternity trusts in Bristol came together to form a regional collaborative, providing psychological safety and peer support in which to explore the issues facing Black mothers and what changes can be made in how we provide maternity services and care.

Building on the positive results from the evaluation of the pilot, and thanks to further funding from the Health Foundation, we are expanding this into our other two local maternity and neonatal systems in 2023/24, alongside a second cohort in our pilot area. We will share learning regionally and nationally to inform the potential scale-up of this programme and to influence similar initiatives aimed at reducing inequity for other populations within and outside the maternity system.



Main programme themes



Maternity and neonatal

Regional Perinatal Equity Network

Our [Regional Perinatal Equity Network](#) supports our work to reduce inequalities in health outcomes across perinatal settings. This is a quarterly online collaborative space to share learning and best practice, aligning with Local Maternity Neonatal System (LMNS) equity plans. The Network is delivered in partnership with South West AHSN.

PreciSSlon – improving care pathways

Building on our award-winning [Preventing Surgical Site Infection \(PreciSSlon\)](#) collaborative, which halved surgical site infections after elective colorectal surgery, we have launched a successor project working with six acute hospitals and maternity units to reduce surgical site infections following caesarean births through an evidence-based care bundle of four elements. This will be supported through use of a bespoke digital reporting tool to make it easier for patients to provide feedback following caesarean surgery.

Anya - real world evaluation

[Anya](#) is a pregnancy, parenting, and breastfeeding support app that uses cutting-edge 3D interactive technology and AI intelligence to assist new mothers. The West of England AHSN has supported Anya since its founder participated in our Health Innovation Programme in 2018.

We are now partnering with Gloucestershire's LMNS to pilot and evaluate the use of the app to increase breastfeeding initiation and continuation rates in younger and deprived populations.

Main programme themes



Medicines safety

Medicines Safety Improvement Programme - improving chronic pain management by reducing harm from opioids

The [Medicines Safety Improvement Programme](#) is one of the national Patient Safety Collaborative (PSC) commissioned workstreams.

In 2022/23, following engagement with all three of our local integrated care systems to consider their current work and programmes to reduce harm from opioids and dependence forming medicines, it was agreed to support Bath & North East Somerset, Swindon and Wiltshire (BSW) ICS to establish their system-wide framework.

Stakeholders were brought together to create a shared vision and action plan, including a measurement plan to improve the management of chronic pain by reducing harm from opioids. Through an established BSW opioid harm reduction working group, aligned to BSW medicines safety governance structures, three areas of priority were identified, including short,

medium and longer-term improvements. These were: improving confidence of clinicians working in primary care; improving collaboration and prescribing between primary and secondary care; and improving integrated care records for people on dependence forming medicines. Alongside this, learning was shared across all three ICS geographies, and webinars and resources provided to support broader learning.

In the first half of 2023/24 dedicated work will continue with BSW ICS to embed the improvements sustainably, reduce system variation, and monitor the improvements. Support to embed the training provided will be provided using quality improvement methods. Work will also continue to increase the use and reduce the variability of the Discharge Medicines Service between the three trusts, and improve pre-operative information provided to patients. Activity will be aligned to the ICS and primary care framework for 'optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms' published in March 2023.

In the second half of the year, our work with BSW ICS will focus on supporting the development of evidence and adoption and spread of interventions demonstrated to have benefit to patients and the system, including within other ICSs in the West of England. We will organise a programme of webinars, workshops, lunch and learn sessions, and focus groups with patients / experts by experience to support this ambition.

Alignment to the AHSN Network Polypharmacy Programme will be considered given the cross over with dependence-forming medicines, structured medication reviews and patient behaviour change.



Main programme themes



Medicines safety

Polypharmacy

The West of England AHSN is leading the AHSN Network's national Polypharmacy programme.

In our local delivery of the programme we will build on the successes of the first year by further spreading and embedding the training around shared decision making and supporting clinicians to improve their confidence with tackling problematic polypharmacy. The programme will include:

- Working alongside engaged ICSs to understand local population-based data and prescribing data to prioritise support.
- Utilising Action Learning Set accredited trainers, identified in year one, to meet local training needs and to explore training for non-medical prescribers and newly accredited prescribers.

- Growing current polypharmacy community of practice, with engagement from within the community to engage in development and delivery of the sessions.
- Support PCNs to deliver QI projects based around key area of need based around prescribing data, and develop posters / evidence to share with others.
- Support further testing and spread of the use patient resources to support improved conversations with clinicians during medication reviews.

Deprescribing and medicines optimisation is also a contributor to supporting the NHS Net Zero agenda, as this work reduces unnecessary costs associated with pharmaceuticals and hospital admissions linked to medicines related harm.

Main programme themes



Long-term conditions

Cardiovascular disease - lipid optimisation and familial hypocholesterolaemia case finding

The NHS Long Term Plan highlights reducing the incidence of cardiovascular disease (CVD) as the single biggest area where the NHS can save lives over the next 10 years.

We will continue to support lipid optimisation and familial hypocholesterolaemia case finding during the first half of 2023/24. Resources will be available via our website and we will provide project support as requested by integrated care systems. We will also continue our educational webinars and support across systems for the adoption of the National Lipids Guidance and patient searches in primary care. The recent introduction for 2023/24 of two QOF indicators will offer levers for engagement.

The Collaborative Lipid Funding Project in Bristol, North Somerset and South Gloucestershire (BNSSG), funded as part of NHS England's collaborative working, will see case finding implemented in all 76 GP

practices with a focus on the four primary care networks with the greatest need, based on population health management intelligence and health inequalities.

The recent publication of the Secondary Care Lipids Optimisation Pathway will be a focus of activity, and we will engage with cardiologists, clinical audit and governance teams, as well as emergency departments and general medical teams.

We will continue to participate in the national CVD community of practice and actively encourage local stakeholders to attend AHSN Network implementation webinars on blood pressure optimisation and the lipid pathway.

The Child Parent Screening Pilot will continue until October 2024, which will include new parameters likely to be in line with the CORE20PLUS5 population and new target numbers.

In the second half of the year we will participate fully in the new AHSN Network national CVD programme. This will:

- align with the AHSN Network's five-year strategic aim of delivering outcomes-led programmes, focusing on entire pathways
- ensure robust use of the AHSN Network and NICE pipelines to surface innovations that could form part of the programme. These innovations may be in the area of obesity, chronic kidney disease, heart failure or another area
- align with national and local CVD drivers (Long-Term Plan and ICS priorities)
- align with the obesity priority within Healthcare Missions in the government's [Life Sciences Vision](#)
- engage with key national clinical stakeholders, including Royal Colleges, national clinical directors, and the GIRFT: Getting It Right First Time programme.

Non-Invasive Ventilation

Our Non-Invasive Ventilation (NIV) project aims to reduce mortality rates to 10% or lower for patients who require acute NIV for Type II respiratory failure through the implementation of an evidenced-based care bundle in all six acute hospitals across the West of England. →

Main programme themes



Long-term conditions

NIV is a core treatment in patients with COPD admitted with acute hypercapnic respiratory failure. However mortality rates in the UK/ England associated with NIV remain higher than in other countries.

Improving the outcomes of patients with COPD is also a key priority for the NHS England South West region's Respiratory Network.

Innovation for Healthcare Inequalities Programme

Innovation for Healthcare Inequalities Programme (InHIP) aims to increase awareness and adoption of evidence-based innovations that can reduce healthcare inequalities, thereby improving access, experience and outcomes for Core20PLUS5 populations.

We are supporting projects in BNSSG and BSW, both of which focus on lipid optimisation for patients with raised cholesterol in the most deprived areas, and are continuing in 2023/24 following successful funding applications and initial mobilisation last year.

In BNSSG, community health and wellbeing workers will be recruited to visit identified patients and their families to support engagement with healthcare, in addition to signposting to other relevant services. In BSW, an integrated care system-wide data dashboard is being developed to provide local intelligence into health inequalities and inform future work.

Opportunities for a further InHIP project will be considered for initiation during 2023/24.

MyCOPD study (ProPEL)

Chronic obstructive pulmonary disease (COPD) affects over three million people in the UK. Currently NHS respiratory services are struggling to provide support to patients with COPD, and a recent report highlighted that 75% of people with COPD are not receiving basic care. There is an increasing need therefore to improve the provision of pulmonary rehabilitation (PR) and to support patients to self-manage their condition effectively, requiring new approaches and pathways of care.

myCOPD is a digital self-management and PR app developed by NHS physicians and people with COPD. It has been rigorously tested in clinical trials and has been shown to deliver similar improvements in symptoms and exercise tolerance to PR exercise-classes, and helps patients admitted to hospital recover more quickly at home. myCOPD is being used by patients in different areas of the UK but to enable adoption across the NHS, evidence for the health-economic benefits of its use is required.

The West of England AHSN is supporting a project to explore the implementation of myCOPD by NHS respiratory services in two regions with diverse populations and challenges. In Bristol the project will assess the value of using myCOPD with patients admitted to hospital with an exacerbation and its ability to help prevent re-admissions. In Cornwall it will assess the value in providing 'digital-PR' to isolated communities and increase capacity and access to specialist support for self-management.

Main programme themes



Deterioration

Managing Deterioration Safety Improvement Programme

The [Managing Deterioration Safety Improvement Programme](#) is one of the national Patient Safety Collaborative (PSC) commissioned workstreams.

NEWS2 is fully embedded and sustained in acute care across the West of England, and all three systems have implemented ReSPECT (Recommended Summary Plan for Emergency Care and Treatment).

In the first quarter of 2023/34 we will continue to support our systems with the adoption and spread of NEWS2 and soft signs into non-acute settings, working with nursing and residential care homes to maintain the gains achieved and transition to a sustainable approach to utilising these tools.

Moving into quarter two and beyond, we will work with our three integrated care systems to manage deterioration through the development of a system-wide plan for improvement based on priorities identified through mapping. We

will focus on planning escalation and response that links with urgent and emergency care pathways. We will continue to seek high impact interventions and test innovations that supports this activity with our systems.

Our work around medicines optimisation supports reduction of harm and deterioration, particularly for those who are frail and at increased risk of adverse reactions. Structured medication reviews and identifying those most at need will continue to be a focus and is aligned with our Medicines Safety and Polypharmacy programmes.

Implementation and use of the Maternity Early Warning Score (MEWS) and New-born Early Warning Trigger and Track (NEWTT2) tools, together with an effective PIER (Paediatric Innovation, Education and Research Network) pathway for managing deterioration and support, will be aligned to the stages highlighted in the PSC commission. This includes consideration of the wider context of deterioration, such as cultural and communication elements.

Main programme themes



Mental health

Mental Health Safety Improvement Programme

The [Mental Health Safety Improvement Programme](#) is one of the national Patient Safety Collaborative (PSC) commissioned workstreams.

With the programme extended until September 2023, we will continue to support project teams within our two local mental health trusts to implement their Reducing Restrictive Practice improvement ideas,

and continue to support participating hospital wards in sustaining and embedding their improvements.

Hosting of the [Mental Health Collaborative](#), which has been supported by the five South of England AHSNs, will be formally handed over to the clinical faculty comprised of the participating trusts. Collaborative events and activities will continue to be delivered in the West of England and in the other local AHSN geographies until September 2023.

Main programme themes



People

Domiciliary Care Workforce Challenge

Around 590,000 people work in domiciliary care, delivering 1.5 million home care visits per day across the UK.

Care work is organised at local authority level with a range of models to commission providers. Once providers have contracts in place, they rely on a variety of tools, including human judgement, spreadsheets and, in some cases, tech solutions, to plan rounds. The result is an average mileage between visits of 4.3 miles and insufficient time allowed for travel in the care workers' schedules. With multiple providers often operating across the same area, it is not uncommon for care to be delivered by different providers on a single street.

The challenges of the job, working patterns with often unpaid breaks, and generally low pay, lead to high turnover rates. According to Skills for Care, even before the pandemic, domiciliary social care providers in the South West were reporting a 38% staff turnover rate.

Our Domiciliary Care Workforce programme, run in partnership with South West AHSN and Health Education England, is using innovation to ease the pressure on domiciliary care workers and providers. We have selected a planning and optimisation service from Procomp, which is being trialled in Bristol and Cornwall between March 2022 and March 2024. The service aims to increase the capacity of the workforce and improve the working lives of care workers by using AI logistics technology to improve the planning of care workers' schedules.

Procomp is a Finnish company with a background in logistics planning and optimisation. The company works with a third of the Finnish domiciliary care market. They use their AI-based logistics solution (R2 Optimisation), tailored to domiciliary care to optimise planning, reduce mileage, improve carer utilisation. They have shown positive results in Finland and Benelux countries, reducing care worker mileage by up to 40% and improving care worker utilisation by more than 25% with no reduction in care for service users.

Main programme themes



Integrating and optimising care

MedTech Funding Mandate

The [MedTech Funding Mandate \(MTFM\) policy](#) builds on the priorities of the Accelerated Access Collaborative (AAC) innovation programmes. The aims of the policy are to:

- direct the NHS on which innovations are effective and likely to give savings on investment
- ensure the NHS has a sustainable approach to overcoming the financial barriers to adopting medical devices, diagnostics and digital products.

In 2022/23 we supported the adoption of the 11 products within the mandate, four of which were continued from 2021/22: HeartFlow, Placental Growth Factor Testing, SecurAcath and gammaCore. These four products have graduated from the policy for 2023/24.

The seven products added to the MTFM for 2022/23 listed below will remain on the mandate for 2023/24, and support will be provided for trusts yet to adopt these technologies:

Benign prostate surgical innovation

- Urolift
- Rezum
- Green Light
- Plasma System (TURis)

Patient Experience (in addition to SecurAcath)

- Thopaz+ Chest Drain

Specialised Treatments (in addition to gammaCore)

- XprESS Multi Sinus Dilation for chronic sinusitis
- Spectra Optia for sickle cell exchange

The new technologies for 2024/25 will be announced in quarter two of 2023/24 and we will support adoption of these with our systems.

Patient Safety Incident Response Framework

NHS England published the new Patient Safety Incident Response Framework (PSIRF) in August 2022, outlining how NHS organisations should respond to patient safety incidents to facilitate learning and improvement.

PSIRF centres on compassion and involving those affected; system-based approaches to learning and improvement; considered and proportionate responses; and supportive oversight. PSIRF is a major step towards improving safety management across the healthcare system in England and will support the NHS to embed the key principles of a patient safety culture.

Building on our existing engagement through the Patient Safety Collaborative Board and networks with Patient Safety Specialists, we have supported our three integrated care systems and the NHS regional team during 2022/23 in collaboration with the national patient safety team, as part of the 12-month preparation period towards transition to PSIRF in autumn 2023.

In 2023/24 we will continue this support through coaching, facilitation and signposting to resources and approaches most useful for compiling initial PSIRF plans.

Our golden threads



Responding to the climate emergency

The mission of the Academic Health Science Networks is to spread innovation at pace and scale, improving health and generating economic growth, and so supporting the NHS to reach Net Zero is critical to this mission.

Our three main pledges to deliver this are:

1. embedding Net Zero into AHSN governance, delivery and supporting employees to promote Net Zero with innovators and stakeholders
2. Embedding Net Zero into our current innovator support offer and ensuring innovation that contributes to Net Zero is identified and supported
3. developing an understanding the Net Zero priorities of our local integrated care boards, ensuring that AHSN Net Zero delivery complements and supports these.

In 2023/24 our key deliverables will be to map out our carbon footprint baseline and develop

a carbon reduction plan, conducting a baseline assessment of staff confidence and knowledge and delivering training where needed to increase our carbon literacy, assess projects for their carbon impacts and benefits, and promote the forthcoming AHSN innovator support pack.

We are excited that already through the SBRI Healthcare initiative, £6 million has been awarded to 18 companies that will help to make the NHS greener. These companies have developed new ways to improve patient care, while also saving the NHS money. Three of those companies were supported by us in the West of England AHSN.

Net Zero will be made possible through innovation and collaboration, so we work closely with other AHSNs across England through the AHSN Network's Net Zero community of practice.

Our golden threads



Reducing healthcare inequalities

The pandemic highlighted the health and wider inequalities that persist in our society. This led NHS England establishing the five key priority areas that underpin the work of the [National Healthcare Inequalities Improvement Programme](#) and the Core20Plus5 approach to support the reduction of healthcare inequalities.

Tackling health inequalities is a central priority for our integrated care systems, and for the AHSNs both locally and collectively as the national AHSN Network. Our focus will continue to be on using our specific capabilities as an AHSN to support our member organisations and systems with this.

In addition to existing local AHSN programmes with a health inequality focus, notably the expansion of our Black Maternity Matters programme and the Innovation in Health Inequalities Programme (InHIP) projects underway in two of our three systems, we will continue to assess all our projects for their potential to contribute positively to reducing healthcare inequalities.

Alongside this local focus, we will continue to contribute actively to work of the AHSN Network to achieve impact at a national level. We have signed up to the [AHSN Network's diversity pledges](#), which demonstrate our national commitment to fostering a diverse and inclusive culture through our work.

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 team about support for developing healthcare innovations, email weahsn.innovation@nhs.net or visit www.innovationexchange.co.uk.

West of England Academy

To find out about the learning events and training resources available through our Academy, email weahsn.academy@nhs.net or visit www.weahsn.net/west-of-england-academy.

Patient safety and service transformation

To find out more about the work of our Patient Safety Collaborative and other aspects of our support for service and system transformation, and how to get involved, email weahsn.transformation@nhs.net or visit www.weahsn.net/improving-patient-safety.

General enquiries

To find out about anything else, drop us a line at weahsn.contactus@nhs.net, explore www.weahsn.net or sign up for our regular email newsletters at www.weahsn.net/newsletter-sign-up.

Connect
with us

 @WEAHSN

 West of England AHSN