

Business plan 2024/25

 Transforming lives through
health and care innovation



Health Innovation
West of England



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Introduction

This business plan describes our programme of work for 2024/25 to support the discovery, development and deployment of innovation with our member organisations, local integrated care systems and broader partners across the West of England health and social care landscape.

It also reflects our continued contribution to the national Health Innovation Network and NHS Accelerated Access Collaborative.

In April 2024, we published [our five-year strategy](#), which sets out our core priorities and ambitions to ensure all communities in the West of England benefit faster from the best innovations in health and care.

Our new strategy has a greater focus on prevention and early intervention. To achieve this 'shift left' coupled with a focus on reducing health inequalities, we will work with the wider system and not just health partners. And by engaging more directly with local communities, in particular the disadvantaged and seldom heard,

we aim to better understand and respond to the broader social determinants of health.

This business plan details how we will deliver against these priorities and ambitions over the next 12 months.

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

Our business plan for 2024/25 incorporates our response to the collectively agreed priorities of the national Health Innovation Network and those of our national commissions from NHS England and the Office for Life Sciences, as well as being shaped by the needs identified by our three local integrated care systems and the regional NHS England South West team.

While our portfolio of programmes and areas of focus are set out for the year ahead, our business plan also ensures that we remain agile and responsive to emerging needs and opportunities.



2024/25 business plan on a page

Transforming lives through health and care innovation

Priorities

- Discover, develop and deploy well-evidenced and cost-effective innovation into practice
- Improve quality and safety of care
- Enable reductions in health inequalities and inequity
- Prevention and early intervention
- Drive economic growth
- Enable productivity and support the health and care workforce
- Engage diverse communities
- Help deliver a net zero NHS

Goals

- Continue to grow our vibrant local innovation ecosystem
- Enable economic growth
- Evidence the impact of innovation
- Increase flow of evidenced innovation to adoption and spread
- Foster a culture of learning and collaboration
- Unlock the power of data

Enabling activities

- Facilitate and grow local networks
- Build our Academy offer and develop innovation capability
- Develop a robust and efficient innovation pipeline
- Expand our insight and evaluation capability
- Deliver new Evidence into Practice calls
- Encourage solutions to improve environmental sustainability
- Champion exploration of the potential of AI across health and care

Partners

- Patients and public
- Clinical networks
- Industry and innovators
- Regional development organisations
- Research and academic community
- Integrated care systems
- Primary and community care
- Acute hospital trusts
- Mental health trusts
- Ambulance service
- Cancer Alliance
- Social care, public health and local authorities
- VCSE organisations
- Health Innovation Network

2024/25 outcomes

- 7,500+ lives impacted
- 7+ new innovations spread
- 1,000+ health and care workers benefitting
- £12 million contributed to economic growth
- 70+ jobs created or safeguarded
- 200+ innovators supported
- Reducing inequalities - for example improving clinical outcomes for women racialised as Black within maternity services*

Our portfolio of work programmes in 2024/25

Health Innovation West of England's new strategy summarises eight key priorities that will steer all our activity in the next five years. The development of these priorities has involved many in-depth conversations with a wide range of our local innovation ecosystem partners, across health and social care, industry, research and academia.

This section details the programmes and projects responding to each of these eight priorities over the next 12 months.





1 Discover, develop and deploy well-evidenced and cost-effective innovation into practice

Our role is to deliver positive health and care outcomes in the West of England and nationally by supporting the discovery and development of promising innovations and the deployment of proven innovations in response to local system priorities and our shared focus on reducing health inequalities, benefitting more patients faster and enabling people to play an increasing role in their own care.

Work programmes

Needs identification, horizon scanning and demand signalling

Through our needs analysis activities, we engage with health and care professionals, networks and communities to gain their insights and help them to identify and articulate the needs and challenges that would benefit most from new approaches. An example of this work is our support for ERIC Young Champions (page 22).

We work closely with key stakeholders across our region to agree priorities and define problem statements that allow us to search for promising innovative solutions.

This year we will focus on cardiovascular disease, maternity and neonatal and the early detection of cancer, as well as responding to wider requests from our system partners.

As part of the national Health Innovation Network, we benefit from a collective approach to horizon scanning for promising innovations to meet the needs of identified health and care challenges.

With the insights gained by developing problems statements, we will find appropriate horizon scans of proven innovations completed across the Health Innovation Network. Alternatively, if no existing scans are available, we will complete a new horizon scan of the market to identify promising and evidenced innovations to share with our provider systems.

As well as enabling us to rapidly identify adoption-ready innovations, this process will also highlight areas of need where there is a lack of existing innovation. We can signal these areas as opportunities to innovators for the development of appropriate solutions.

We will provide targeted support to industry and academic innovators to encourage the identification, development and evidencing of new innovations to match these needs. This will involve both engagement with clinical teams, industry and academia to co-create ideas and solutions, along with enhanced support to allow promising innovations to become adoption ready.





Work programmes

Evidence into Practice

Our [Evidence into Practice 2024](#) programme builds on two previous calls in 2013 and 2019 and aims to identify evidence-based innovations in the West of England geography that are suitable for wider adoption and spread. Launching in May 2024, this year's search criteria are much broader than in previous calls and we are inviting applications from all sectors with an influence on the wider determinants of health, such as education, local authorities, voluntary, community and social enterprise (VCSE), and adult social care, in addition to NHS organisations.

Our ambition is to identify innovations underpinned by evidence and research, which can demonstrate local impact, meet a significant need across the West of England, and are led by a team motivated to champion and support their spread and adoption. We will prioritise applications that can demonstrate a reduction in health inequalities and support the Net Zero agenda.

Cancer Innovation Programme

With funding from the [Somerset, Wiltshire, Avon and Gloucestershire \(SWAG\) Cancer Alliance](#) and working in partnership with Health Innovation South West, we are developing an exciting new innovation programme to support cancer care and improve outcomes for patients.

Starting in July 2024, this two-year programme will include developing a better understanding of the need for innovation across the SWAG geography through the creation of clear problem statements, horizon scanning for adoption-ready innovations and supporting real world evaluation, leading to the successful adoption of new innovations by cancer services within the region.

Real world evaluation

We are expanding and enhancing our support for promising later stage innovations, with an emphasis on the collection of the real world evidence needed for adoption by the NHS. This will include organising evidence workshops with promising innovators to help them better understand the evidence needed

and support to gain SBRI Healthcare funding. We will also deliver an increased number of real world evaluations this year, aligned to our local stakeholder priorities.

We will also focus on identifying opportunities to deliver real world evaluations as part of the new Cancer Innovation Programme (above) and we will complete our project with Gloucestershire's Local Maternity and Neonatal System to introduce and evaluate the use of the Anya pregnancy, parenting and breastfeeding support app to increase breastfeeding rates in younger and deprived populations (see page 15).

MedTech Pathway

The MedTech Pathway will form part of the [NHS Innovation Service](#), setting out the steps that MedTech developers and innovators from all sectors need to consider when developing a novel medical technology. As members of the Health Innovation Network's working group supporting the MedTech Pathway, we will input into the development of this new programme and explore opportunities with our system partners to support the implementation of the products selected for local adoption.





Work programmes

MedTech Funding Mandate

The [MedTech Funding Mandate \(MTFM\) policy](#) is an NHS Long Term Plan commitment to get selected NICE-approved cost-saving devices, diagnostics and digital products to NHS patients more quickly. The policy supports products that:

- are effective and improve patient outcomes
- are cost-saving within three years
- are affordable to the NHS.

Since 2022 we have supported the adoption of the MTFM products in the West of England as part of the national Health Innovation Network, and this will continue in 2024/25. These products are:

Four technologies providing an alternative treatment to transurethral resection of the prostate (TURP) for benign prostatic hyperplasia:

- **GreenLight XPS** – uses a laser to reduce the size of an enlarged prostate.
- **Rezum** – uses water vapour to destroy excess prostate tissue.
- **PLASMA System** – uses electrodes to cut out prostate tissue.

- **UroLift** – lifts and holds the enlarged prostate tissue away from the urethra, relieving the compression of this organ.

Four technologies providing an alternative to more invasive procedures:

- **Thopaz+** – a portable digital chest drain system, which accurately monitors and records air leak and fluid drainage.
- **XprESS Multi Sinus Dilation System** – a sterile, single-use device for treating chronic sinusitis with a dilating balloon.
- **Spectra Optia** – apheresis and cell collection platform for people with sickle cell disease who require automated red cell exchange.
- **AposHealth** – a non-invasive device worn on the feet to reduce pain and improve function in patients with knee osteoarthritis, a cost-saving treatment for patients unsuitable for knee replacement surgery.

Having supported most of the products above since 2022, we are particularly excited to be focusing our support this year on the spread of AposHealth, the first new technology selected for spread in 2024/25 through the MTFM.

Health Technology Adoption and Acceleration Fund (HTAAF)

The Department of Health and Social Care and NHS England have launched a new investment of £30 million to support the adoption and acceleration of technologies which can improve patient care and bring clinical system benefits, for example by cutting waiting lists, speeding up diagnosis or delivering new and improved ways to treat patients. HTAAF aims to propel innovative medical technologies that have received a NICE Early Value Assessment more quickly into patients' care pathways.

Through this programme we are supporting Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) to develop and deliver the Living Well with COPD project. This is a service model that provides digitally enabled care using specialist applications and remote monitoring equipment to empower people with chronic obstructive pulmonary disease (COPD) to take control of their health, while reducing calls to GP practices and admissions into local hospitals.



2 Improve quality and safety of care

The safety of patients and improving quality of care is a critical thread running throughout all of our work, in addition to our specific Patient Safety programmes.

We want to build on the success to date of our local Patient Safety Collaborative (PSC) and continue to support the ambitions of NHS England's National Patient Safety Improvement Programme.

Work programmes

Polypharmacy

We will continue to lead [the Health Innovation Network's national Polypharmacy programme](#), now in its third year.

The Polypharmacy programme aligns with recommendations such as the National Overprescribing Review (2021), which identified overprescribing had increased dramatically in 25 years. The Patient Safety Strategy, NHS England's National Medicines Optimisation Opportunities for 2023/24, the Chief Medical Officer's Annual Report 2023 and the World Health Organisation also reference the priority to reduce harm from polypharmacy.

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

We are supporting local systems to reduce problematic polypharmacy through three pillars of activity. Pillar one is using data to support population health management to identify

patients at potential risk and prioritise them for a Structured Medication Review. Pillar two is supporting the workforce by providing national and local Action Learning Sets and bespoke training sessions to improve confidence in stopping unnecessary medicines. Pillar three focuses on public behaviour change, supporting patients to consider their prescribed medications and encouraging conversations with healthcare professionals.

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.

Medicines Safety

The Medicines Safety Improvement Programme is one of the national PSC workstreams and aims to address the most important causes of severe harm associated with medicines. The programme covers safety culture, systems safety and high-risk medicines in common use.

Our work to reduce harm from opioids in non-cancer pain remains a priority for 2024/25, which we are reviewing across the patient pathway and





Work programmes

system working. Management of chronic pain requires personalised care, shared decision making and biopsychosocial support to allow patients to live well with their pain. There are over one million people in England taking high-risk opioids and we are supporting systems to move away from the medical model of prescribing towards a biopsychosocial model, including supported self-management. Recognition of inequalities together with a person-centred approach to clinical and social care will allow stratification and prioritisation of high-risk groups.

We will also support the scoping of pipeline diagnostic work and development of potential future medicines safety improvement priorities in two areas. The first is to address the use of falls-inducing medicines in people with frailty, which overlaps with our work through the Polypharmacy Programme. The second area of focus is psychotropics for people with learning disabilities.

Patient Safety Incident Response Framework

The [Patient Safety Incident Response Framework \(PSIRF\)](#) sets out the NHS's new approach to developing and maintaining effective systems

and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. It replaces the current Serious Incident Framework and represents a significant shift in the way the NHS responds to patient safety incidents.

Through our PSC commission from NHS England, we have been working with our three Integrated Care Boards to support NHS provider organisations across the West of England to transition to PSIRF by April 2024.

In 2024/25 we will continue to offer support in the form of facilitation, signposting and collaboration across existing networks, systems and stakeholders. We will continue to collaborate with the NHS England South West regional team by engaging with their network of Patient Safety Specialists and attending ICB Patient Safety Specialist meetings.

We will also remain active in the BNSSG and Bath and North East Somerset, Swindon and Wiltshire (BSW) Patient Safety Specialist Communities of Practice, and continue using our PSC as a platform for networking and sharing knowledge and learning about PSIRF. ➡➡





Work programmes

Maternity and Neonatal Patient Safety Improvement Programme

The Maternity and Neonatal Safety Improvement Programme is one of the national PSC commissioned workstreams. Our work to make care safer by consistently implementing best practice in maternity and neonatal care pathways continues in 2024/25 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 – 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 (MEWS) and updated newborn early warning track and trigger tools (NEWTT2) 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 facilitate a deterioration community of practice across our three Local Maternity and

Neonatal Systems (LMNS), providing QI education, sharing learning, and topic-focused discussions.

- Supporting the Perinatal Culture and Leadership Programme (PCLP). This has involved NHS England supporting 'quadrumvirate' or 'quads' as perinatal teams through leadership development, safety culture surveys, cultural conversations and planning for improvement. PSCs have been commissioned to support and coach the QI projects emerging from the PCLP. In the West of England, this builds on the culture work we have previously supported in maternity and neonatal units through PERIPrem.
- Supporting the continued focus on the reduction of health inequalities, and we will continue to host the Perinatal Equity Network in partnership with Health Innovation South West. This serves as the forum to support the delivery of LMNS equity plans, share learning, and access to expert speakers on topics beneficial to network members. This work is aligned to our Black Maternity Matters programme (see page 14).

PERIPrem

PERIPrem (Perinatal Excellence to Reduce Injury in Premature Birth) is a unique perinatal care bundle of 11 interventions that demonstrate a significant impact on brain injury and mortality rates amongst babies born prematurely. This innovative project was identified through our last Evidence into Practice call in 2019.

There has been great interest in PERIPrem following the successful implementation across the South West region, working in partnership with Health Innovation South West and the South West Neonatal Operational Delivery Network. PERIPrem Cymru launched in Wales in 2023, and we supported the adoption and spread of PERIPrem Cymru in Wales through sharing and adapting materials developed during the initial project.

Locally, we will continue to support increased adherence to the elements of the PERIPrem bundle by hosting regular learning and sharing events and signposting resources, which are freely available on our website.

We are also supporting the spread of implementation of PERIPrem across the rest of the country to help improve outcomes for more premature babies. ➡➡



Work programmes

Martha's Rule and Managing Deterioration Programme

This programme aims to reduce deterioration-associated harm by 2027 by improving the prevention, identification, escalation and response to physical deterioration, through system co-ordination as part of safe and reliable pathways of care.

'Martha's Rule', which gives patients and their families round-the-clock access to a rapid review from an independent critical care team if they are worried about their or a loved one's condition, is named in memory of 13-year-old Martha Mills. Martha tragically died after developing sepsis in hospital due to a failure to escalate her to intensive care and after her family's concerns about her deteriorating condition were not responded to promptly.

In February 2024, it was announced that the Health Innovation Network has been confirmed as a delivery partner for implementing [Martha's Rule](#). This national programme will build on NHS England's 'Worry and Concern' pilots launched at seven trusts last year, which developed and tested escalation methods for patients' and families' concerns.

In 2024/25 we will support pilot trust sites across the West of England to test and implement Martha's Rule. This will provide:

- staff access to 24/7 rapid reviews from a critical care outreach team who can be contacted if there are any concerns about a patient.
- access to the same 24/7 rapid review for patients, their families, carers and advocates if they are worried about the patient's condition.
- a structured approach to obtaining information about a patient's condition directly from patients and families.

This work will inform the development of wider national policy proposals that can be expanded in a phased approach across the NHS in 2025/26.

Work to support the delivery of Martha's Rule also builds on the Health Innovation Network's existing managing deterioration activity delivered through our 15 regionally-based PSCs to support the National Patient Safety Improvement Programme.





Work programmes

PreCiSSlon

Our award-winning Preventing Surgical Site Infection (PreCiSSlon) programme was another successful applicant to our Evidence into Practice call back in 2019. We helped to spread this care bundle to all hospital trusts across the West of England, halving surgical site infections (SSIs) after elective colorectal surgery.

Building on its success, last year we 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 was supported through use of a bespoke digital reporting tool provided by Cemplicity, making it easier for patients to provide feedback following caesarean surgery.

Analysis of data to date has shown that women with a higher body mass index (BMI) at booking are at increased risk of an SSI, so the next phase of the PreCiSSlon programme is for a six-month trial using negative pressure dressings with women with a BMI of 35 or over, in addition to the rest of the care bundle.

Improving care for NIV patients

While there has been a slight improvement in recent years, mortality rates for patients receiving non-invasive ventilation (NIV) in England remain higher than in many other countries.

Our [Improving NIV Care](#) programme is working with the six acute hospitals across the West of England to introduce a standardised NIV 5 care bundle, based on the British Thoracic Society's quality standards, to help address this. The aim is to reduce mortality rates to 10% or lower for patients who require acute NIV for type 2 respiratory failure. We are supporting implementation of the care bundle with quality improvement (QI) approaches and tools to ensure that the right support is given to clinicians.

This programme is due to complete in autumn 2024 and we will share our evaluation report and lessons learned.





Work programmes

3 Enable reductions in health inequalities and inequity

We aim to understand our impact on addressing health inequalities at a local level across our portfolio of work, specifically as we seek to reduce unwarranted variation in care outcomes and spread innovation.

The following are examples of specific project-related activity that we believe directly address key issues in the context of inequality and inequity of care outcomes in health and social care at the current time.

Black Maternity Matters

Black women face significant disparities in maternal health outcomes, with higher mortality and stillbirth rates compared to white women. The root causes are attributed to systemic biases, structural racism, and a lack of racial literacy and anti-racist theory and practice within healthcare services. We initiated the [Black Maternity Matters](#) project in 2022 to tackle these issues by providing targeted anti-racism education, peer support, and QI transformation projects.

Following the success of the first two phases of Black Maternity Matters, we are continuing the programme in 2024/25 and running further cohorts to reach more maternity and neonatal staff across the West of England. In addition, we are expanding our focus by creating a new Senior Leaders cohort, including chief executives, chief nursing officers, medical directors, heads of midwifery, and ICB leads across the South West region.

We will share our 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.

Innovation for Healthcare Inequalities Programme Wave 2

NHS England's [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.

In Wave 1 we supported two InHIP projects in BNSSG and BSW, both of which focused on lipid optimisation for patients with raised cholesterol in the most deprived areas. We have completed an evaluation of these projects, revealing a range of valuable learnings around targeting CVD related health inequalities in deprived areas.

The evaluation of all InHIP projects around the country will form an impact and learning report to ensure collective insights inform the development of Wave 2 projects, which will be undertaken during 2024/25. We will work with inequality leads in each of our three integrated care systems to identify a suitable innovation on which to focus targeted activity in line with the central programme criteria for our Wave 2 project.



Enable reductions in health inequalities and inequity



Work programmes

South West Learning Disabilities Collaborative

Our original Learning Disabilities Collaborative was established in early 2019, and initially focused on using the [National Early Warning Score 2 \(NEWS2\)](#) and soft-signs tools such as RESTORE2, and increasing uptake of annual health checks and flu vaccinations. After notable successes, the expanded South West Learning Disabilities Collaborative was created in 2022 to cover the entire South West region and now has close to 500 members.

The expanded collaborative, which is funded and delivered in partnership with NHS England South West, shares learning and best practice on a range of topics across the region.

In 2024/25 we are pleased to be continuing our support for this collaborative, running our popular webinars and bringing together health and care professionals, carers and people with lived experience driven by a shared ambition to improve health outcomes for people with learning disabilities.

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. Health Innovation West of England has supported Anya since its founder participated in our Health Innovation Programme in 2018.

Last year we partnered 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. The evaluation report will be published in 2024/25.

We supported Anya in their successful bid for SBRI Healthcare funding to enhance the app to ensure it was suited to a wide range of cultures and backgrounds and is accessible to all mothers.





4 Prevention and early intervention

Preventing illness and disease and a greater focus on the wider determinants of health is a high priority for all our system partners.

This 'left shift' is key to reducing health inequalities across all aspects of health and social care.

Work programmes

CVD Prevention

CVD Prevention is a Health Innovation Network national programme, which aims to reduce the burden of cardiovascular disease (CVD) on both individuals and the healthcare system through the early and timely diagnosis of conditions that can lead to cardiovascular conditions, such as hypercholesterolaemia, familial hypercholesterolaemia and hypertension. We are also optimising the care and treatment of people with CVD to reduce the likelihood of recurrent cardiovascular events and repeated hospital admissions.

Collectively, we also support the evaluation, adoption and spread of innovations that help to reduce admissions caused by cardiovascular events and improve the health of the population. These innovations could include pharmacological agents, diagnostic, digital and medical technologies.

In line with the national programme, our approach will be to work with colleagues in primary care, which will be shaped through discussions with key stakeholders in each ICB to ensure our work complements existing local initiatives aimed at reducing CVD.

Collaborative Lipid Fund

In partnership with BNSSG ICB and the GP federation, One Care, we are delivering a project to support surgeries across five primary care networks (PCNs) to improve lipid optimisation for high-risk patients. This project is funded by the Collaborative Lipid Fund, which is part of a wider national programme of work around secondary prevention lipid optimisation.

The five PCNs selected to participate in the project all have identified patient health inequality challenges and we are working with them to increase their capacity to develop and offer CVD reviews that target support to the specific patient populations in most need. We are providing training and support to embed new processes and set up patient recall systems.

We will evaluate the project to understand its impact on sustainable lipid optimisation, and learning will be shared across all the Health Innovation Networks involved in the wider programme.





Work programmes

Heart Failure Prevention

This is a new national programme for the Health Innovation Network in 2024/25. Our shared ambition is to improve outcomes for people living with heart failure by increasing quality of life, reducing admissions and readmissions and improving overall prognosis. We will achieve this by supporting pathway transformation and clinical service redesign using innovative diagnostic tools, pharmacological interventions and remote monitoring solutions.

We are currently scoping our local approach to the delivery of this programme. Our approach, in line with the national programme, this will be to initially focus activity for prevention in primary care and we will liaise with relevant colleagues in each ICB to understand their priorities for this work and how it might complement existing local initiatives.

Diabetes Hybrid Closed-Loop Systems

In 2024/25 we are joining forces with Health Innovation South West and Health Innovation Wessex to support clinical teams across the region to introduce [NICE-approved hybrid closed-loop systems](#) into clinical practice for patients with type one diabetes who meet the criteria. Our ambition is to establish revised patient pathways that can be sustained beyond the 12-month life of the project to support the agreed five-year implementation of these new technologies.





5 Drive economic growth

One of our key principles as a health innovation network is that wealth is as important as health.

Our aim is to support the creation of a forward-thinking commercial environment in the West of England, where the NHS can collaborate effectively with industry for patient benefit, while delivering greater value for the taxpayer and stimulating economic growth.

Work programmes

Innovator support and signposting

Our team offers a range of support services and guidance to innovators who are developing products and services with the potential to improve patient outcomes, increase efficiencies and grow the UK health sector economy. This support can include:

- providing early feedback and signposting on innovators' products or ideas and whether they meet UK health and care needs
- exploring appropriate clinical pathways with feedback from clinical teams
- signposting grant and funding opportunities
- understanding the evidence the NHS would require for adoption and assessing gaps in company evidence
- assessing market readiness and supporting the development of a value proposition
- delivering real world evaluation projects to gather the data and evidence required for commissioning and business case development
- identifying and referring to services provided by other organisations, such as regulatory and intellectual property advice.

The innovators we support include academic and clinical entrepreneurs, lived-experience innovators, SMEs and large businesses, including multinationals. Companies can come from anywhere in the world to receive our support. We tailor our support according to the level of adoption readiness of the technology, the demand and interest from our local systems and the innovator's needs.

[Visit our Innovation Exchange to find out more.](#)

Supporting inward investment

In 2024/25 we will continue to look for opportunities to support collaborative funding bids between the NHS, academia and industry that bring investment into the region. Last year's successful bids included the [LEAP digital health hub](#) led by a consortium of universities across the South West of England and Wales. Funded by the Engineering & Physical Sciences Research Council, the £4.11 million hub is set to revolutionise the region's digital health landscape.





Work programmes

SBRI Healthcare

The Small Business Research Initiative (SBRI) Healthcare is a national programme, which provides funding and support to early-stage projects, enabling testing for business feasibility and technology development, as well as to more mature products by supporting real world implementation studies. The programme is funded by the [Accelerated Access Collaborative \(AAC\)](#), which brings together industry, government, regulators, patients and the NHS, and is supported by the Health Innovation Network.

We have a strong track record in successfully supporting innovators to apply for SBRI Healthcare funding to develop and spread their products and services, and will continue to provide this support in 2024/25 as new competitions are announced.

NHS Clinical Entrepreneur Programme

Launched in 2016, the [NHS Clinical Entrepreneur Programme](#) encourages healthcare staff to develop the commercial skills, knowledge and experience needed for successful spread

of innovation. The programme is now part of the [AAC](#). We will continue to support the programme by encouraging local clinical entrepreneurs to apply, providing support to local clinical entrepreneurs and helping to spread the innovations of those who are successful.

NHS Innovation Accelerator

We continue to support the [NHS Innovation Accelerator](#) (NIA), which is an [AAC](#) initiative delivered in partnership with England's 15 Health Innovation Networks. Each year the NIA selects promising innovators to join their fellowship programme, which places a dual focus on both the innovator (Fellow) and their innovation.

The NIA's mission is to spearhead the national acceleration of innovation and business growth of health and care innovators to help enhance patient experience and outcomes, and drive economic growth in the UK. The NIA does this by supporting NIA Fellows to extend their footprint in the NHS and further afield, as well as supporting their business growth.

NHS Innovation Support Service

Led by the AAC, the [NHS Innovation Service](#) acts as a catalyst for the development and spread of impactful innovations into the NHS. It's a useful tool for innovators, explaining the required standards and evidence, plus the NHS procurement and reimbursement processes.

Innovators can use the service to access personalised support from all 15 Health Innovation Networks, plus national support organisations including NICE, MHRA, NIHR and NHS Supply Chain.

A rising number of innovators are being referred to us through this service and we provide support and signposting in a similar way to those who contact us directly.



6 Enable productivity and support the health and care workforce

Health and social care systems in the West of England need innovative solutions to help them cope with demand and improve services for local people. We also recognise the importance innovation can play in delivering efficiencies and supporting productivity.

We need to find ways to support our over-stretched and busy staff to provide services more efficiently and safely and, in many instances, release time to care and spend with patients and users.

Work programmes

Domiciliary Care Workforce Programme

In 2024/25 we complete a major three-year [Domiciliary Care Workforce Programme](#) to trial the use of AI-based optimisation technology in the homecare sector, delivered in partnership with Health Innovation South West and NHS England Workforce, Training and Education South West. We have worked with two local authorities, Cornwall Council and Bristol City Council to pilot the use of Procomp's Strategic Optimisation service.

Our evaluation of the programme identified a number of opportunities for local authorities and care providers to improve the planning of homecare, offering potentially significant benefits for care workers, service users and the social care sector as a whole.

The findings from the Domiciliary Care Workforce Programme present a strong argument for both commissioners and providers to explore the opportunities offered by the use of optimisation software in planning home care, as well as identifying and implementing much needed systemic changes.

We are sharing these findings with key stakeholders, including policy makers and influencers, to explore how we best take advantage of these opportunities and overcome the barriers to change.

Educating and empowering health and care professionals to tackle inequity

Through our Black Maternity Matters programme, we are supporting health and care professionals at all stages of their career to embark on a journey of anti-racist education, joining an ever-expanding community empowered to make on-the-ground changes in reducing the inequity of outcomes experienced by Black women, families and babies. Read more on page 14 and [on our website](#).





Work programmes

Innovate Healthier Together

We are working in partnership with BNSSG ICB to deliver [Innovate Healthier Together](#), an exciting new programme to accelerate the adoption and spread of innovation across Healthier Together – the local integrated care system (ICS).

We have launched the Innovate Healthier Together Fellowship, a new community of innovation pioneers and change-makers from across BNSSG. The aim of the Fellowship is to provide a space to connect individuals with diverse skills from different parts of the health and social care landscape with common interests, ultimately providing opportunities for collaboration, to spark ideas and develop these into actionable solutions to drive better health outcomes and reduce health inequalities.

Our ambition is that fellows will co-produce an Innovation Charter – a set of shared principles for the development and deployment of innovations and innovative

practices – for BNSSG ICS partners to sign up to and actively endorse to accelerate innovation both within their own organisations, but also when collaborating with others, including industry partners.

In association with colleagues from the West of England Academy (page 25), we have developed the Innovate Healthier Together development programme – a three-module accredited course to develop participants' skills in design-thinking, QI and facilitation. This will resource them with the techniques and tools to support innovative and creative thinking. We will deliver this training to our second cohort in 2024/25.

Colleagues at NIHR ARC West have completed a bespoke research project to better understand the attitudes and behaviours of ICS leaders towards innovation in health and care. The findings of this research will allow us to develop a leadership engagement programme to support them with thought leadership and practical solutions to lead innovative teams.

The programme is also actively supporting teams deploying innovations into practice. We have been a key partner in the rapid deployment of the Living Well with COPD project, funded by the HTAAF, and we are working with ICS partners on the evaluation and future funding models of this proactive care project. See page 8 for more detail.

We continue to engage with locality partnerships and other ICS-wide groups, such as the Integrated Care @ Home Board and multi-disciplinary teams, working on the both the interim and transformational children and young people's neurodiversity assessment pathway. We are supporting them with design-thinking techniques to co-produce innovative solutions to some of health and care's most challenging service provision issues.

The Innovate Healthier Together programme will be evaluated in 2024/25, contributing to a practical guide for BNSSG ICS partners on opportunities for accelerating innovation into practice.



7 Engage diverse communities

Health and social care are intrinsically linked and there are many opportunities for innovation development and adoption.

We will work more closely with integrated care systems and seek to engage more with partners in social care, local authorities, the voluntary, community and social enterprise (VCSE) sector alongside colleagues in the NHS, particularly around prevention and early intervention.

We will engage more directly with local communities, in particular the disadvantaged and seldom heard, to better understand social determinants of health.

Work programmes

Scoping new programmes

How we engage with more diverse communities, including people with lived experience, will be a key consideration in the scoping of all our new projects in 2024/25, including our new Cancer Innovation Programme (page 7), our regional activity to introduce the use of diabetes hybrid closed-loop systems into wider clinical practice (page 17), and our support for the Health Innovation Network's new national programme to improve outcomes for people living with heart failure (page 17).

The value of wide-reaching engagement and genuine collaboration and co-creation is already being evidenced through our Black Maternity Matters programme, and we have been inspired to learn from this example and be much more intentional in our engagement approach.

ERIC Young Champions

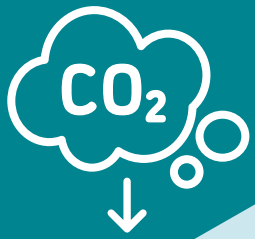
Following on from our Voices for Change project in 2021/22 in partnership with Bristol Health Partner's Bladder and Bowel Health Integration Team ([BABCON HIT](#)), we have

supported the Bristol-based children's bladder and bowel charity [ERIC](#) to better understand the challenges faced by young people aged 11-18 affected by bladder or bowel conditions.

We will support the publication of a report on a project carried out by the ERIC Young Champions, a group of young people living with bladder and bowel conditions and supported by [Participation People](#).

This project captured the experiences of over 900 secondary school aged young people to find out about their day-to-day experiences of living with a bladder or bowel condition. The group worked with our team and the charity to agree some powerful problem statements and needs.

The ambition is to open up conversations about what can be a very sensitive topic, and lay the groundwork to initiate positive and enduring change, with the potential to make a real difference to people's lives. We will share the outcomes and key messages from this report across health, education and industry to highlight the opportunities to make meaningful changes and drive innovative thinking to address needs.



Work programmes

8 Help deliver a net zero NHS

Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS.

With millions of employees and tens of millions citizen reliant on it, the NHS is a major contributor to the country's carbon emissions.

Our unique role working with industry, academia and the health and care system puts us in the perfect position to support the drive for sustainability at every level. We are committed to mitigating the impacts of climate change through our work with NHS organisations and innovators.































































































































We will actively encourage the development and uptake of technologies and best practices designed to reduce emissions in health and care by supporting innovation and innovators to make their product or company more sustainable and reduce carbon. We will also support our partners and systems to help them achieve their own NHS net zero ambitions.

Alongside finding solutions for the NHS to be more environmentally sustainable, we will hold ourselves accountable as an organisation for our own impact on the environment. By putting sustainability at the heart of innovation, we will ensure we can continue to deliver our mission of improving health and economic growth.





Our ambition is to build a foundation to enable us to respond to future opportunities by assessing our current baseline and skills within the organisation, with a particular focus on supporting innovators, growing our innovation pipeline, and being able to describe the impact of our work in terms of carbon benefits. This will enable us to position ourselves as experts in the net zero agenda in future years.

We will achieve this by reviewing our internal processes and suppliers against NHS net zero sustainability standards, create an organisational carbon reduction plan, and upskill staff to increase their own carbon literacy in engaging with the net zero and sustainability agenda.



		Discover, develop and deploy well-evidenced and cost-effective innovation into practice	Improve quality and safety of care	Enable reductions in health inequalities and inequity	Prevention and early intervention	Drive economic growth	Enable productivity and support the health and care workforce	Engage diverse communities	Help deliver a net zero NHS
Needs analysis, horizon scanning and demand signalling									
	Evidence into Practice								
Cancer Innovation Programme									
Real world evaluation									
MedTech Funding Mandate									
MedTech Pathway									
Health Technology Adoption and Acceleration Fund (HTAAF)									
Polypharmacy									
Medicines Safety									
Patient Safety Incident Response Framework									
Maternity and Neonatal Patient Safety Improvement Programme									
PERIPrem									
Martha's Rule and Managing Deterioration Programme									
PreCiSSion									
Improving care for NIV patients									
Black Maternity Matters									
Innovation for Healthcare Inequalities Programme									
Anya – real world evaluation									
South West Learning Disabilities Collaborative									
CVD Prevention									
Collaborative Lipid Fund									
Heart Failure Prevention									
Diabetes Hybrid Closed-Loop Systems									
Innovator support and signposting									
NHS Innovation Support Service									
SBRI Healthcare									
NHS Clinical Entrepreneur Programme									
NHS Innovation Accelerator									
Supporting inward investment									
Domiciliary Care Workforce Programme									
Innovate Healthier Together									
ERIC Young Champions									

24

KEY:  NHS ENGLAND  OFFICE FOR LIFE SCIENCES  PATIENT SAFETY  LOCAL/REGIONAL

Enabling activities

Alongside our portfolio of work programmes, we will enhance our broader offer of support functions and enabling activities to...



Facilitate and grow local networks

We are valued for our role as an 'honest broker' in facilitating vibrant clinical networks and will seek to build on the strength and depth of existing relationships to create new networks and communities through which we can learn, engage and deliver impact.

This year, in collaboration with the SWAG Cancer Alliance, we are launching a new cancer innovation programme (see page 7) to speed up the adoption of innovations in response to local priorities.

We will also prioritise engagement with local authorities and communities to identify opportunities for innovation to address social determinants of health, building on established relationships with organisations such as Bristol Health Partners and establishing new links with academia and industry to achieve this.

Looking to repeat the success of last year's event in bringing together the local health and care innovation community, we will hold our annual conference in Bristol in November 2024. This year our ambition is to widen opportunities for engagement and networking with innovators and industry, as well as social care and the VCSE sector.



Build our Academy offer and develop innovation capability

The Academy is one of our strongest assets. It supports health and care professionals to think and work innovatively and implement new ways of working using creative problem solving and QI methods and tools.

In 2024/25, we will seek to evolve, develop and transfer our capability through continued training and our skills and knowledge exchange. We will also continue to explore how we effectively offer colleagues the space to nurture their own individual, organisational and system-wide mindset for innovation.

As well as providing access to generic training courses and resources, we are also embedding Academy sessions across our portfolio of programmes, such as Black Maternity Matters and Innovate Healthier Together, which we anticipate will lead to more direct impact.

Find out more about [the West of England Academy](#).

Through the Innovate Healthier Together programme (see page 21) we are working with the ICB to galvanise, grow and support the local innovation community in BNSSG, and we are looking to develop similar initiatives with other system partners to respond to their challenges and needs.



Develop a robust and efficient innovation pipeline

During 2024/25 we will continue to manage our vibrant innovation pipeline to identify and support innovators from both our region and across the UK whose innovations offer the potential to meet local health and care needs.

Our support to companies will focus on:

- providing the now-embedded 'Innovator Offer' into the support we provide to innovators, ensuring a consistent level of service to innovators working with Health Innovation Networks.
- supporting innovators to access appropriate funding in key priority themes, such as SBRI Healthcare.
- providing tailored support to promising innovators in areas such as navigating the NHS, funding, value proposition development, evidence and cost benefit assessment, ensuring innovators meet the NHS standards and evidence requirements.
- providing innovator support to companies referred via the NHS Innovation Service.
- delivering an accelerator programme for promising innovators to support them to navigate the complexities of the NHS and expedite adoption readiness.

Through our needs identification activity, we will bring people together to help them collectively articulate the issues and challenges that would benefit most from new approaches. Our work with ERIC Young Champions is an example of this – see page 22. We will also support system partners with horizon scanning for relevant innovations that meet their specific requirements.





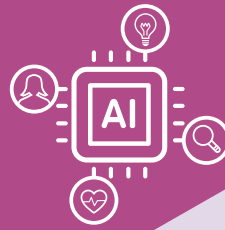
Expand our evaluation and insight capability

We recognise the importance of our evaluation and insights function to enable others to demonstrate impact and support the spread and adoption of innovation. We aim to grow this enabling function to be more impactful in what we can offer our partners.

Our Evaluation and Insight team seek to provide a critical assessment through various robust and real-world processes to understand whether the adoption of an innovation within a health or social care setting achieves the desired change in outcomes.

In response to asks from our local systems, during 2024/25 we will expand our evaluation and insights service offer to:

- deliver more real-world evaluation of innovation, such as our work on Anya - see page 15
- demonstrate the impact of our partners work and amplify successes ready for spread and wider adoption
- capitalise on new evaluation and insights business development opportunities, enabling growth and investment into our region.



Champion exploration of the potential of AI across health and care

We recognise the huge potential of artificial intelligence (AI) in addressing many of the challenges faced by the health and care system and we will focus more on this space. Our strength will be our ability to convene and harness the skills of others as consortia developers and catalysts.

Through our three-year Domiciliary Care Workforce programme (see page 20), we have been trialling the use of Procomp's AI-based optimisation technology in the planning and provision of homecare services, which has signalled positive opportunities for the social care sector. We will share the findings of this work with key stakeholders to explore how we best take advantage of these opportunities and address any barriers to change.

During 2024/25 we'll engage with initiatives such as the Primary Care Laboratory and [Digital Neighbourhoods](#) to understand immediate priorities where stakeholders believe AI might be impactful in improving health and care outcomes.

Immediate priorities are likely to include early diagnosis, better access to cancer services, unlocking the power of AI in prevention and proactive care.





Collaboration

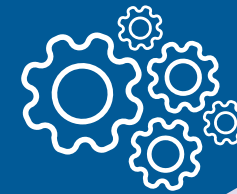
As a proud contributor and partner of the national Health Innovation Network, we will continue to play an active national role in spreading innovation into practice during 2024/25. This will include continuing to lead the national Polypharmacy programme, encouraging and supporting the wider spread of PERIPrem and co-ordinating national discussions with the Department of Health and Social Care on innovation in social care.

We will deepen our collaboration with Health Innovation South West and Health Innovation Wessex to optimally serve the South West region and, as agreed with the regional NHS England team, we will deliver economies of scale and work efficiently and effectively to respond collectively to regional priorities.

In 2024/25, this will initially focus on CVD and subsequently wider clinical priorities, such as cancer. We continue to collaborate closely across our Patient Safety and wider innovation exchange (Office for Life Sciences) commissions.

On behalf of the Health Innovation Network, in 2024/25 we will continue to work with Health Innovation Wessex to facilitate engagement with partners on the national Innovation Ecosystem Review and publish updates on this work on our website.

We continue to benefit from the direction and oversight of an active, engaged and enthusiastic partnership board. We have expanded our board representation to include the chief officers of all [our member organisations](#), including our three integrated care boards.



Corporate support services

Our corporate team, which spans finance, procurement, HR, and business administration together with communication and events, provides essential support for the effective delivery of our work programme as well as maintaining the organisation-wide governance processes, including the secretariat for the Health Innovation West of England Partnership Board.

In addition to the subject matter expertise available within the corporate team, as part of the Royal United Hospitals Bath NHS Foundation Trust, Health Innovation West of England benefits from additional support from within the Trust around finance, procurement, HR and information governance.

Colleagues from the corporate team work closely with the programme delivery team, including as part of individual programme and project teams, as well as supporting the work of the Chief Executive and leadership team.

Measurement Framework

As highlighted in our new five-year strategy, we will hold ourselves to account for the successful delivery of our bold ambitions and have set clear targets that will enable us to demonstrate impact, as well as share learning. Our five-year targets are:

50,000+
lives impacted by
innovations in our
local portfolio

50+
new innovations
spread

5,000+
health and
care workers
benefitting from
our work

Measurable
contribution to
reducing health
inequalities
and inequity

**£60
million+**
contributed to
economic growth
and UK PLC

550+
jobs created or
safeguarded

1,250+
innovators
supported

Measurable
contribution
towards achieving
net zero

To help us focus on these ambitious longer-term goals, we have developed a measurement framework to demonstrate our impact during the next 12 months.

This framework follows a path beginning with our top-line business objectives, broken down into high-level measurable goals, key performance indicators (KPIs) and metrics.

In addition to providing clear progress data for our annual report, this approach provides clarity and transparency to our commissioners and partnership board around our business objectives and deliverables, aligned to delivering our five-year strategy.

Supporting this, we are developing several systems, processes and documents to monitor progress and

support the story we tell. These include investing in our Evaluation and Insights and Programme Management Office (PMO) functions, a balanced scorecard and associated assurance reporting at an organisational level, with logic models and highlight report summaries developed at project/portfolio level.

Get in touch and find out more

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

Supporting innovators

To talk to our Innovation team about support for developing healthcare innovations, email healthinnowest.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 healthinnowest.academy@nhs.net or visit www.healthinnowest.net/west-of-england-academy.

General enquiries

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

Connect with us



@HealthInnoWest



Health Innovation
West of England

Glossary of abbreviations

AAC ▶ Accelerated Access Collaborative

AI ▶ Artificial intelligence

ARC ▶ Applied Research Collaboration

BNSSG ▶ Bristol, North Somerset
and South Gloucestershire

BMI ▶ Body mass index

BSW ▶ Bath and North East Somerset,
Swindon and Wiltshire

COPD ▶ chronic obstructive
pulmonary disease

CVD ▶ Cardiovascular disease

HR ▶ Human resources

HTAAF ▶ Health Technology Adoption
and Acceleration Fund

ICB ▶ Integrated Care Board

ICS ▶ Integrated Care System

InHIP ▶ Innovation for Healthcare
Inequalities Programme

LMNS ▶ Local Maternity
Neonatal System

MedTech ▶ Medical technology

MEWS ▶ Maternity early warning score

MHRA ▶ Medicines and Healthcare
products Regulatory Agency

MTFM ▶ MedTech Funding Mandate

NEWTT2 ▶ Newborn early warning
track and trigger tools

NIA ▶ NHS Innovation Accelerator

NICE ▶ National Institute for
Health and Care Excellence

NIHR ▶ National Institute for
Health and Care Research

NIV ▶ Non-invasive ventilation

PERIPrem ▶ Perinatal Excellence to Reduce
Injury in Premature Birth

PCLP ▶ Perinatal Culture and
Leadership Programme

PreciSSion ▶ Preventing Surgical
Site Infection

PCN ▶ Primary Care Network

PSC ▶ Patient Safety Collaborative

PSIRF ▶ Patient Safety Incident
Response Framework

QI ▶ Quality improvement

SBRI ▶ Small Business Research
Initiative

SME ▶ Small and medium-sized
enterprises

SSI ▶ Surgical site infection

SWAG ▶ Somerset, Wiltshire,
Avon and Gloucestershire
(Cancer Alliance)

VCSE ▶ Voluntary, community
and social enterprise

Appendices

A working draft of our balanced scorecard for 2024/25 is included here, featuring the proposed outcomes and metrics for each of our projects and programmes.

Four examples of project logic models are also included. These examples in this section are live documents, which will continue to be developed and refined throughout the lifecycle of the project.



Draft balanced scorecard

<div><div>Commission</div><div>Commission</div><div>NHSE</div><div>NHSI</div><div>OLS</div><div>...</div></div> <div><div>Programme</div><div>Innovation Exchange</div><div>Local</div><div>MTFM</div><div>National</div><div>...</div></div> <div><div>Project</div><div>Heart Failure</div><div>Heartflow</div><div>InHIP Wave 2</div><div>Innovator Support and ...</div><div>...</div></div> <div><div>ICS</div><div>All</div><div>BNSSG</div><div>BSW&Gloucs</div><div>Gloucs</div><div>...</div></div>						<h2>Health Innovation West of England Performance Report</h2> <p>This balanced scorecard is a draft and metrics will continue to be refined and updated throughout 2024/25.</p> <div><div>Delivery RAG</div><div>Red</div><div>Amber</div><div>Green</div></div> <div><div>Budget to Mar '2025</div><div>Over budget (+10%)</div><div>On budget</div><div>Under budget (-10%)</div></div>									
Commission	Programme	Project	ICS	Measure description	Agreed Year End Target	Actual Year to date	Trajectory Q1	Trajectory Q2	Trajectory Q3	Trajectory Q4	RAG Current Quarter	Next Quarter Forecast	Non-pay Budget Status YTD	Risks, Issues and Finance	
NHSE	National	CVD Prevention LIPIDS	All	Number of PCNs engaged in adopting the Lipid optimisation element of the Programme											
NHSE	National	CVD Prevention LIPIDS	All	% Uptake of HIST as a proportion of all statins prescribed (aiming for 80% HIST prescribed compared to all prescribing in primary care)											
NHSE	National	CVD Prevention LIPIDS	All	% Increase in lipid lowering therapy to 95% in people with CVD by 2026											
NHSE	National	CVD Prevention FH	All	Number of PCNs engaged in adopting the FH component of the Programme											
NHSE	National	CVD Prevention FH	All	Number of PCNs adopting resources to support case finding and subsequent optimisation											
NHSE	National	CVD Prevention FH	All	Increase population prevalence from current 13.6% to 23% by 2026											
NHSE	National	CVD Prevention BPO	All	Target 80% of people are treated to NICE guidance											
NHSE	National	BNSSG CLF	BNSSG	Reduction in numbers of patients from the 5 participating PCN's attending ED with CVD related illness.											
NHSE	National	Heart Failure	All	Number of PCNs engaged in adopting the Programme											
NHSE	National	Heart Failure	All	Number of PCNs adopting resources to support case finding and subsequent optimisation											
NHSE	National	Heart Failure	All	Number of admissions and lives saved avoided through increased uptake of SGLT2i using NNT											
NHSE	National	CKD	All	Number of PCNs engaged in adopting the Programme											
NHSE	National	CKD	All	Number of PCNs adopting resources to support case finding and subsequent optimisation											
NHSE	National	CKD	All	Increase in prescription items											
NHSE	National	CKD	All	Reduction in rates of RRT and lives saved											
NHSE	National	Med Tech Pathway	All	Metrics TBC (project in scoping)											
NHSE	National	InHIP Wave 2	All	Metrics TBC (project in scoping)											
Intentionally Blank															

Commission	Programme	Project	ICS	Measure description	Agreed Year End Target	Actual Year to date	Trajectory Q1	Trajectory Q2	Trajectory Q3	Trajectory Q4	RAG Current Quarter	Next Quarter Forecast	Non-pay Budget Status YTD	Risks, Issues and Finance
NHSE	MTFM	GammaCore	All	Number of patients using non-invasive vagus nerve stimulation for the treatment of cluster headaches										
NHSE	MTFM	GammaCore	All	Number of sites adopting										
NHSE	MTFM	Greenlight XPS	All	Number of sites adopting										
NHSE	MTFM	Heartflow	All	Number of Heartflow scans appropriately used										
NHSE	MTFM	Heartflow	All	Number of sites adopting										
NHSE	MTFM	Placental Growth Factor (PIGF)	All	Number of reportable placental growth factor based tests performed to rule out pre-eclampsia										
NHSE	MTFM	Placental Growth Factor (PIGF)	All	Number of sites adopting										
NHSE	MTFM	PLASMA+ system	All	Number of sites adopting										
NHSE	MTFM	Rezum	All	Number of sites adopting										
NHSE	MTFM	SecurAcath	All	Number of SecurAcaths sold										
NHSE	MTFM	SecurAcath	All	Number of sites adopting										
NHSE	MTFM	Spectra Optia	All	Number of sites adopting										
NHSE	MTFM	Thopaz+ portable digital system	All	Number of sites adopting										
NHSE	MTFM	Urolift	All	Number of sites adopting										
NHSE	MTFM	XprESS multi sinus dilation system	All	Number of sites adopting										
NHSE	MTFM	APOS Health	All	Metrics TBC (project in scoping)										
		Intentionally Blank												
OLS	Innovation Exchange	Needs Identification and Horizon Scanning	All	Number of horizon-scanning activities (In quarter)	8		2	2	2	2				
OLS	Innovation Exchange	Innovator Support and signposting	All	Total number of individual innovators supported in year (Cumulative)	120		TBC	TBC	TBC	TBC				
OLS	Innovation Exchange	Innovator Support and signposting	All	Total number of companies supported (Number of supports in quarter cumulative)	272		68	136	204	272				
OLS	Innovation Exchange	Innovator Support and signposting	All	Number of companies supported at Level 1 (Cumulative per quarter)	140		35	70	105	140				
OLS	Innovation Exchange	Innovator Support and signposting	All	Number of companies supported at Levels 2 and 3 (Cumulative per quarter)	100		25	50	75	100				
OLS	Innovation Exchange	Innovator Support and signposting	All	Number of companies supported at Level 4 (Cumulative per quarter)	32		8	16	24	32				
OLS	Innovation Exchange	Real World Evaluation	All	Number of innovations in process of evaluated at individual sites (Cumulative)	14		2	5	10	14				
OLS	Innovation Exchange	Real World Evaluation	All	Evaluations initiated (within quarter)	4		1	1	1	1				
OLS	Innovation Exchange	Spread and adoption	All	Number of innovations introduced to new clinical settings (cumulative)	8		2	4	6	8				

Commission	Programme	Project	ICS	Measure description	Agreed Year End Target	Actual Year to date	Trajectory Q1	Trajectory Q2	Trajectory Q3	Trajectory Q4	RAG Current Quarter	Next Quarter Forecast	Non-pay Budget Status YTD	Risks, Issues and Finance
OLS	Innovation Exchange	ERIC	All											
OLS	Innovation Exchange	Anya	Gloucs											
OLS	Innovation Exchange	New RWE (To be defined)												
OLS	Innovation Exchange	Dom Care												
		Intentionally Blank												
NHSE	PSC	Maternity and neonatal - optimisation	All	% of trusts adopting mat neo support programme	5									
NHSE	PSC	Maternity and neonatal - Leadership & Culture	All	Metrics TBC										
NHSE	PSC	Medicines safety	All	ICSs supported to implement the "Whole Systems Approach to High Risk Opioid Prescribing" change package	3									
NHSE	PSC	Systems safety (PSIRF)	All	Metrics TBC ?maturity rating of patient safety networks										
NHSE	PSC	Deterioration (Marthas Rule)	All	Metrics TBC										
		Intentionally Blank												
NHSE	Local	Black Mothers Matter (Phase 3)	All	Workforce - Number of staff trained, change in experience, knowledge, and practice										
NHSE	Local	PreCISlon	All	Reduction in SSI rates for caesarean birth	30%									
NHSE	Local	Non-Invasive Ventilation (NIV)	All	Number of lives saved										
NHSE	Local	Academy	All	Number of events or equivalent held										
NHSE	Local	Academy	All	Workforce - Number of staff trained, change in experience, knowledge, and practice										
NHSE	Local	Net Zero	All	Number of Innovator case studies or projects with at least one sustainability metric										
NHSE	Local	Evidence Into Practice	All	Number of successful innovations to be spread locally										
NHSE	Local	Polypharmacy	All	Reduction in number of people over 75 taking 10 or more medicines										
		Intentionally Blank												
Third Part	Specific Commissions	South West Learning Disability Collaborative (SWLDC)	All	Number of members of the collaborative										
Third Part	Specific Commissions	PERIPrem (National Programme)		Increase in adherence to the bundle										
Third Part	Specific Commissions	Diabetes Hybrid Closed Loop	BSW&Gloucs	Metrics TBC (project in scoping)										
Third Part	Specific Commissions	Cancer	All	Number of horizon scans completed										
Third Part	Specific Commissions	BNSSG IHT	BNSSG	Number of people trained in the IHT Curriculum										

Logic Model — Maternity and Neonatal

Context

"While the birth of a baby represents the happiest moment of many people's lives, some families have experienced unacceptable care, trauma, and loss, and with incredible bravery have rightly challenged the NHS to improve." NHS England, Three Year Delivery Plan for Maternity and Neonatal Services <https://www.england.nhs.uk/long-read/three-year-delivery-plan-for-maternity-and-neonatal-services/#introduction>

Goal

Improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high-quality healthcare experience for all women, babies and families across maternity and neonatal care settings in England.

Theme 4 of Three Year Delivery Plan to implement the national early warning score and updated newborn early warning trigger and track tools to improve the care of unwell mothers and babies, enabling timely escalation where needed.

Element 5 of reducing preterm births and optimising perinatal care set out in Saving Babies Lives v3.

- Contribute to the national ambition, set out in Better Births, to reduce the rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth by 50% by 2025.
- Contribute to the national ambition, set out in Safer Maternity Care, to reduce the national rate of preterm births from 8% to 6%.

Engagement with stakeholders and system leaders in the maternity and neonatal ecosystem at local, regional, and national levels.

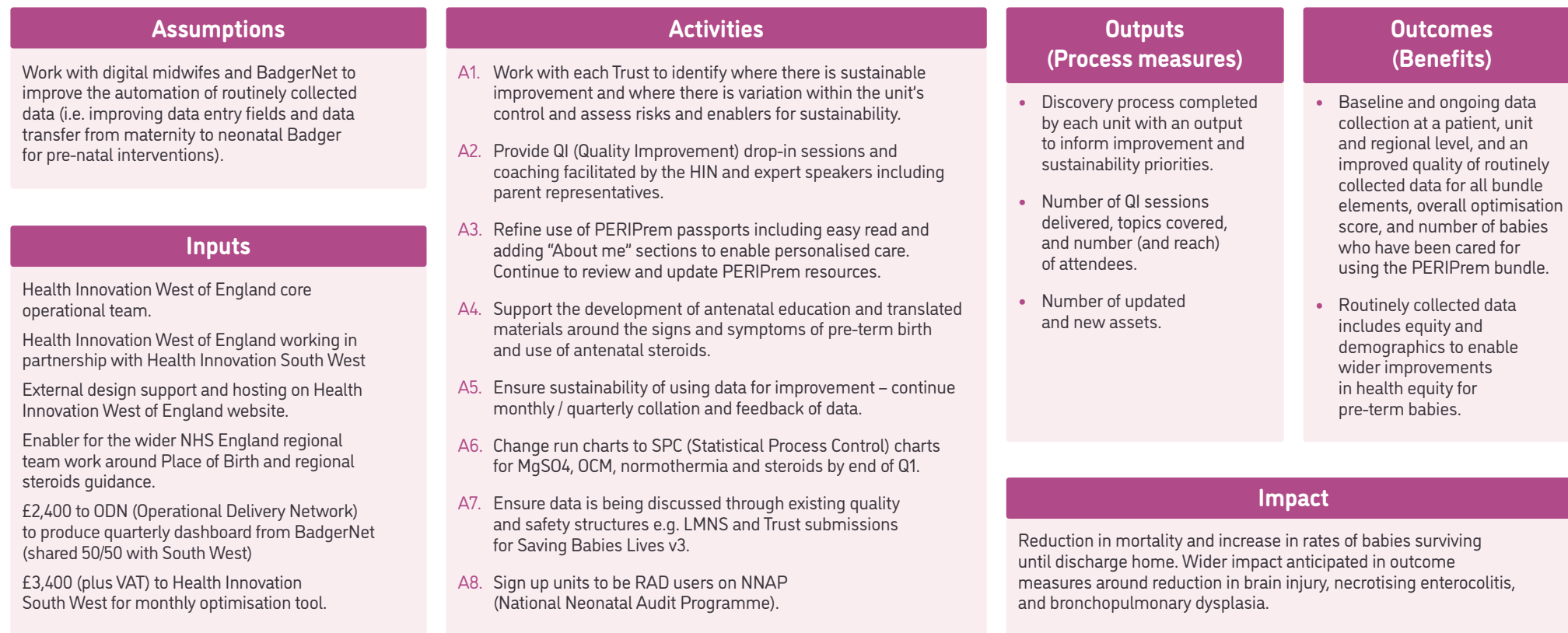
Take action to reduce health inequalities and inequity to improve life chances for the population served.

Provide coaching and support for units to progress their learning from the Perinatal Culture and Leadership Programme into improvements in practice.

Assumptions	Activities	Outputs (Process measures)	Outcomes (Benefits)
<p>Dependencies:</p> <p>D1. NHS England PCLP team to provide handover with contact details for quad leads and progress to date.</p> <p>D2. Named quad leads in each trust.</p> <p>D3. Sapphire research team. Resources to support adoption of the "Moments" tool</p> <p>D4. NHS England. National coordination of an online platform to support sustainability.</p>	<p>A1. MatNeo team meetings, attendance at LMNS meetings, and connecting with regional maternity and neonatal networks.</p> <p>A2. Core Leadership meetings every 2 months.</p> <p>A3. Learning and sharing across Health Innovation Networks via the MatNeoSIP Workstream Leads.</p> <p>A4. Delivery of online Regional Perinatal Equity Network events (RPEN) hosted in partnership with Health Innovation South West and NHS E regional team.</p> <p>A5. Discovery process to explore learning to date, findings from the SCORE survey, and aspirations for the future.</p> <p>A6. Quality Improvement projects for units to improve optimisation, deterioration, reduce health inequalities, or improve a priority area.</p> <p>A7. Support collaborative learning and sharing.</p>	<ul style="list-style-type: none"> • 4 x RPEN p.a. • Maturity, effectiveness, and engagement of RPEN • Discovery process completed by each unit with an output to inform improvement priorities. • Number of Quality Improvement projects in place with designated leads from the quad members for that unit. • Informing and creating conditions for perinatal culture in all projects. • Maturity, effectiveness, and engagement in the community of practice (minimum 4 events in 2024/25) and linking with LMNSs. 	<p>Key stakeholders are supportive and engaged in the program. Sustainable engagement and relationship building through strategic partnerships.</p>
Inputs			Impact
<p>Health Innovation West of England. Core operational team of clinical lead, programme manager, project manager, and project support officer.</p> <p>£15,000 non-pay budget.</p> <p>Health Innovation West of England convened core Leadership team including representatives from Local Maternity & Neonatal Systems, regional networks, and other key stakeholders alongside a cross-section of perinatal disciplines.</p> <p>National WSL (workstream leads) co-leads and coordination of WSL meetings.</p> <p>Working in partnership with Health Innovation South West, and NHSE</p>			<p>Development of a collaborative community of practice to support regional perinatal equity and to support trusts and LMNS to deliver their equity plans, with impacts including increased confidence, growth of skills, knowledge sharing, scaling of common approaches, and collaboration to create better practices.</p> <p>Support perinatal leaders in each unit to sustainably develop leadership capacity, capability and improvement relating to safety culture in their organisation and as part of their local systems to facilitate and grow high performing teams.</p>

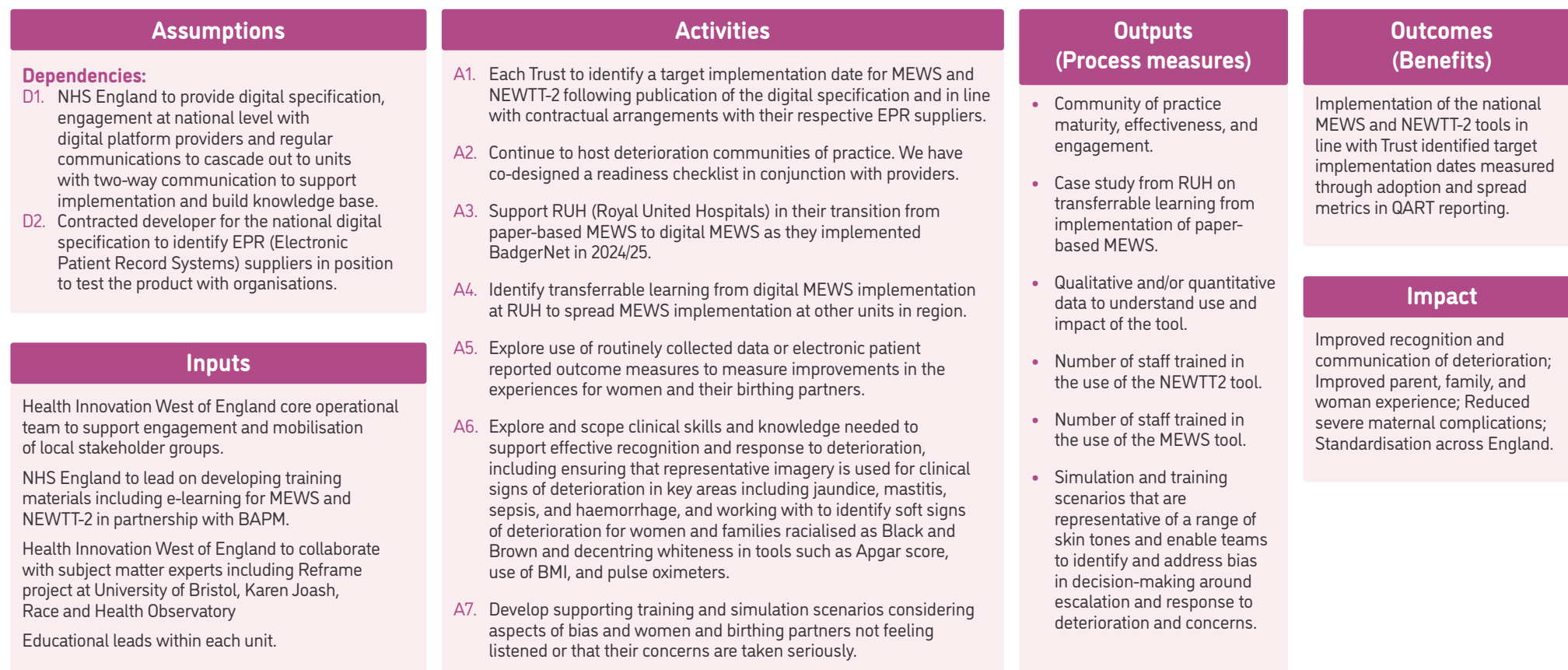
Logic Model — Maternity and Neonatal

Ensure PERIPrem is fully embedded and sustained and achieving high reliability as a pathway approach for the eleven evidence-based interventions



Logic Model — Maternity and Neonatal

Implement the national MEWS (Maternity Early Warning Score) and NEWTT-2 tools as part of an overall improvement programme in ensuring that women and birthing partners feel listened to, and their concerns are taken seriously so that issues are correctly identified and escalated to the right person at the right time.



Logic Model — Black Maternity Matters

Context

Black women face significant disparities in perinatal health outcomes, with higher mortality and stillbirth rates compared to white women. The root causes are attributed to systemic biases, structural racism, and a lack of racial literacy and Anti – Racism theory and practice within healthcare services. BMM tackles these issues at root cause by providing targeted anti-racism education, theory, peer support, and Quality Improvement (QI) transformation projects for perinatal staff. Black Maternity Matters will reduce racial disparities in perinatal outcomes for Black women and their babies through a multifaceted approach, centring on supporting NHS perinatal services to transform into anti racist organisations.

Moving the onus away from women and babies racialised as Black and instead onto the unsafe systems of care that perpetuate harm will result in improved outcomes and experiences, and reduction in morbidity and mortality.

Goal

Reduction in racist influenced care and decision making through transformation in individual and system-level attitudes towards racism, resulting in reduced harm and improved outcomes for Black women, their babies, and perinatal teams. This includes fostering Anti-Racist organizations, enhancing team dynamics, and promoting a culture of trust.

Impact

System wide and individual targeted Anti Racism training (through an Anti - Blackness Lens) for perinatal care, coterminous with a community of practice results in:

- Individual & system level transformation, reduction in unconscious and conscious expression of racism in perinatal care
- Reduction of unconscious and conscious incidences of racism and a reduction in harm to Black women, people and babies within perinatal systems
- Reduction in expression of unconscious and conscious incidences of racism between team members
- Improved team dynamic and psychological safety in perinatal teams because of the transformation to Anti Racist organisations

Assumptions

Perinatal services will continue to engage with BMM to allow staff to participate in training, join the collaborative and continue to coordinate action for improvement within trusts on an individual and trust level.

Relationships continue with RHO and ARC West in the co production of Anti Racist Evaluation Framework and Perinatal Ant- Racist Care Bundle.

Inputs

Core Collaborative consisting of:

- Clinical lead
- Senior Programme Manager
- Senior Project Manager
- Project Support Officer
- Black Mothers Matter
- BCohCo
- Representation Matters
- SRO (Director of Programmes)
- Insight & Evaluation

Support from Health Innovation West of England Corporate, Communications, Academy and wider Delivery team.

Wider project steering group including representatives from:

- ARC West
- Race and Health Observatory
- Health Foundation
- BNSSG, BSW, Gloucestershire LMNSs
- Psychology support
- Regional team.

Wider stakeholder support including expert speakers and educational institutions (e.g. UWE).

BMM brand identity and assets.

Funding secured: £...

Non-pay budget: £ ...

<https://www.healthinnowest.net/our-work/transforming-services-and-systems/black-maternity-matters>

Black
Maternity
MATTERS



Logic Model — Black Maternity Matters

Activities

A. Programme coordination:

1. Project management and clinical leadership provided by Health Innovation West of England.
2. BMM Steering Group to provide support and coordination with collaborative partners, supplemented by local operational groups in each LMNS region.
3. Engagement and mobilisation of stakeholders including regional maternity team, Local Maternity and Neonatal Systems (LMNSs), unit leaders, and other interested stakeholders (including funding for a representative from community organisation(s) supporting people racialised as Black accessing maternity and neonatal services to be part of the collaborative).
4. Exploring and securing local sources of funding for the component parts of the programme described below.
5. Develop BMM branding and design assets to support the objectives of the programme.

B. Design and delivery of the components of Black Maternity Matters programme:

1. LMNS funded cohorts of 20-30 participants per LMNS with three in-person specialist **anti-racist and specifically anti-blackness education programme delivered by highly experienced professional trainers with lived experience**, accompanied by three online book groups. (£ Course delivery and £ venue and catering).
2. **Senior Leadership cohort** of 20-30 participants across a region with three in-person specialist anti-racist and specifically anti-blackness education programme delivered by highly experienced professional trainers with lived experience, accompanied by three online book groups.
3. Identified **Maternity Champions within each unit with funded backfill** (0.2 WTE midpoint Band 7).
4. BMM **website with resource guide** including reflective activities and links to further information including reports, reading, and podcasts.
5. Participants will take part in preparation activities in advance of each session including reflective activities, reading the three books selected for their cohort, and putting learning into practice.
6. Participants will design and implement a **Quality Improvement (QI) project** either individually or as a team with colleagues, that aims to improve outcomes and experiences for people racialised as Black using their services.
7. West of England Academy and BMM team to co-deliver **QI training and coaching** through an introductory session (QWhat?), three 90 mins webinars (also available as video on-demand), and QI workbook to support 6. This is supplemented by ad hoc community of practice sessions around particular themes that emerge from QI project topic selection (e.g. translation and interpretation, clinical signs on different skin tones).
8. **Resource pack for each participant** including a journal and pen, bookmark with summary of the QI training, three books for their cohort, and a Black Maternity Matters branded bag. (£35 per participant)
9. **Coordinate peer support within and across cohorts** through WhatsApp groups led by champions, a dedicated website, and a regular newsletter to create a wider community of practice within which participants can continue their learning and actions after the completion of the taught programme.
10. **Annual celebration event** to share learning, celebrate achievements and completion of the taught component of the course, and support ongoing community development.
11. **Provision of psychological support** using a reflective practice model for supervision and to sustain wellbeing of participants available on request.

C. Evaluation of the programme:

1. Evaluation of Phases 1 and 2 are complete as formative evaluation to inform the design and development of the programme.
2. Evaluation of Phase 3 in progress.
3. Design and development of a **Perinatal Anti-Racism Evaluation Framework** to explore the impact of BMM on maternal and neonatal outcomes, and qualitative study of the impact of BMM on Black women and families' experience of perinatal care.

D. System-wide interventions to create the conditions for sustainability:

1. **Brave Spaces** workshops for perinatal staff who identify as Black or mixed-black to share experiences, develop community and support, provide tools to support stress management, well-being, and explore resilience, cultural celebration and pride. (15 participants per face-to-face workshop)
2. BMM **training for student midwives** to integrate anti-racism and equitable care principles into midwifery education in collaboration with educational institutions.
3. Design of a **perinatal system mandatory 3-hour training session** for all staff to create a shared understanding of the key topics.
4. Collaboration with the Race and Health Observatory to **design and develop a perinatal anti-racism care bundle**.
5. Assessment and delivery of requests for training and education under the BMM umbrella.
6. **Improve data quality** for routinely collected data on ethnicity and outcomes.

E. Scope mechanism for wider adoption and spread:

1. Scope **mechanism for Phase 4 roll out** of BMM.
2. Scope opportunities to adopt model in other health settings (**Black Health Matters**)
3. **Communications plan and supporting assets** (e.g. enquirers' pack) to support profile raising of programme and messaging at conferences, workshops, and events.

<https://www.healthinnowest.net/our-work/transforming-services-and-systems/black-maternity-matters>

Outputs (Process measures)

A. Programme coordination:

- Membership of BMM Steering Group.
- Stakeholders who are aware of and involved in the project.
- Funding secured to support the delivery of the programme.

B. Design and delivery of the components of Black Maternity Matters programme:

Number of staff participating in the programme:

- Cohort 1 (17)
- Cohort 2 (62)
- Cohort 3 (87)

Number of QI projects, topics covered, and stage of maturity (started, showing improvements, sustained results).

Number of views of supporting materials (e.g. videos)

Number of hours of psychological support provided.

C. Evaluation of the programme:

Number of publications generated.

Deliverable of evaluation framework leading to measurement of impact on outcomes and experiences.

D. System-wide interventions to create the conditions for sustainability:

Number of staff participating in Brave Spaces workshops.

Number of student midwives trained.

Number of staff participating in perinatal training session.

Deliverable of anti-racism care bundle.

Improved data quality.

E. Scope mechanism for wider adoption and spread:

Deliverable of an adoption and spread plan.

Deliverable of communications plan.

Spread and reach of wider stakeholders.

Number of conferences attended and number of presentations, posters, workshops and events.

Alignment

Alignment with Maternity and Neonatal Safety improvement programme including

- Regional Perinatal Equity Network (RPEN)
- early recognition of deterioration including that representative imagery is used for clinical signs of deterioration in key areas including jaundice, mastitis, sepsis, and haemorrhage, and working with to identify soft signs of deterioration for women and families racialised as Black and Brown and decentering whiteness in tools such as Apgar score, use of BMI, and pulse oximeters. Develop supporting training and simulation scenarios considering aspects of bias and women and birthing partners not feeling listened to or that their concerns are taken seriously.
- Update PERIPrem passport in line with BMM principles (About Me section) and to collect ethnicity data.

Logic Model — CVD prevention Health Innovation West of England

Context

Cardiovascular disease (CVD) continues to remain a leading cause of mortality in England causing 25% of all deaths, it is the largest contributor to health inequalities accounting for one-fifth of the life expectancy gap between the most and least deprived communities in addition to disproportionately affecting those of South Asian or Afro-Caribbean ethnicity. CVD is a multifactorial disease with patients presenting with a number of co-morbidities; adopting a multimorbidity approach to encompass conditions such as heart failure, hypertension, familial hypercholesterolaemia (FH) and hypercholesterolemia, will allow for sustainable reductions in CVD burden leading to better patient outcomes.

Goal

To improve outcomes (increase quantity & quality of life, reduce admissions & re-admissions and improve prognosis) for people living with CVD, through supporting Primary Care prevention work in one of 4 key areas of CVD: i) Heart Failure, ii) hypertension iii) familial hypercholesterolaemia (FH) iv) hypercholesterolemia.

System need will determine in which of these 4 areas this prevention work occurs.

Assumptions

- Initial targeting of cohorts within deprived areas to ensure that the intervention does not increase the HI gap.
- This prevention work in Primary Care will increase early treatment and optimisation in Heart Failure, Hypertension and / or hypercholesterolemia.
- This prevention work will reduce the number of hospital admissions due to sub-optimal management of the above conditions, improving a person's QoL and producing savings within the NHS.

Inputs

- Locally identified Health Innovation Network resource to enable programme delivery.
- Central team delivery of CVD programme

Activities

Case Finding:

- Implement a NICE approved case finding tool to assist with early identification of patients.

(Health Innovation Manchester, Ardens, NHS Digital Partners, Clinical Digital Resource Collaborative (CDRC))

Education:

- Support Primary Care with a range of training opportunities (Webinars, Community of practice, in person training) to enhance confidence and skills in the relevant condition area, including case finding, treatment and optimisation.
- Provide ongoing training / coaching to support Primary Care to embed this knowledge into practice.
- Provide ongoing training to support pathway change.

Treatment / Optimisation

- Support pathway change to enhance treatment with NICE approved medications (see below) and optimisation in primary care.

i. Heart Failure: ACEi/ARB/ARNI, Beta-blocker, MRA, SGLT2i

ii. Hypertension: ACB, ARB, CCB, Diuretic

iii. Lipid optimization: Fluvastatin, Pravastatin, imvastatin, Atorvastatin, Rosuvastatin, Ezetimibe and Bempedoic acid, Inclisiran

iv. FH: Ezetimibe, Simvastatin, Atorvastatin, Rosuvastatin, Fluvastatin

- Provide training and guidance around the implementation of NICE approved medications to support effective treatment and optimisation.

Outputs

- Pathway transformation to enhance case finding, treatment and optimisation within Primary care.
- Supporting workforce capability development through education & training.
- RWE of transformed pathways and interventions to support a business case for continued adoption of this prevention work in Primary Care.

Outcomes

- Increased case finding capabilities within Primary Care. Optimised management/ treatment using NICE approved medications.
- Improved/increased access to NICE approved medications, reducing CVD burden
- Evaluation of Impact of pathway transformation / intervention.

Impact

- Increased uptake of NICE approved medications associated with prognostic benefit.
- Reduction in CV events
- Reduction in index admissions and readmissions due to sub-optimal management of CV conditions, resulting in improved health outcomes and patient experience.

Logic Model — Net Zero Health Innovation West of England

Context			
<p>Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS.</p> <p>Our ambition is to build a foundation to enable us to respond to future opportunities by assessing our current baseline and skills with a particular focus on supporting innovators, growing the pipeline, and being able to describe the impact of our work in terms of carbon benefits, with an aim to position our Health Innovation Network as experts in the NetZero agenda in future years.</p> <p>Health Innovation West of England is committed to mitigating the impacts of climate change through our work with NHS organisations and innovators. Where possible, we make efforts to conserve energy and reduce waste in our offices and events, as well as supporting our staff to make sustainable choices.</p>			
Goal			
<p>Health Innovation Networks have been working together through the Environmental Sustainability Advisory Group (ESAG) and supporting community of interest (COI), coordinated by Pete Waddingham (NetZero Lead for the network). This group has agreed three strategic aims for HINs to enable the achievement of a NetZero NHS.</p> <ol style="list-style-type: none">1. Supporting innovation and innovators to make their innovation/ organisation more sustainable and reduce carbon and ensure that innovation that contributes to NetZero is supported and promoted.2. Ensure that local HINs and the HIN network are an authoritative voice delivering positive contributions.3. Support our partners and systems to help them achieve their NHS NetZero ambitions by adopting and scaling innovations.			
Assumptions	Activities	Outputs (Process measures)	Outcomes (Benefits)
<p>System leads indicate significant pressures, necessitating NetZero innovations to show immediate financial or workforce benefits.</p> <p>Supporting innovators for NetZero aids green plans, supply chain and procurement, reduces medicine waste, transforms digital service, and helps prevent intensive support or hospitalisation.</p> <p>We are expected to demonstrate our impact in terms of NetZero as part of our MLA.</p>	<p>1. Supporting innovation and innovators</p> <ul style="list-style-type: none">Following the baseline survey of staff knowledge, we will train and upskill staff on the Innovator Support Guide to be able to signpost and support innovators. This can include supporting innovators to be 'market ready' through both 1-1 support as well as supplier briefings and engagement sessions, horizon scanning and demand signally, and targeted support to enable innovators to complete carbon calculations.We already share funding and networking opportunities from the Health Innovation NetZero network through communications channels.NetZero is already embedded as part of our innovator engagement form and innovator pipeline assessment form. In 2024/25 we will review how we use our CRM (customer relationship management) system Zoho to collect and report on impact metrics, creating a consolidated NetZero database (including assessment of maturity).We have successfully supported innovators to bid for SBRI funding in 2022 and two innovations from our region (LabCycle and RevolutionZero) were highlighted as case studies to support innovators in the 2023 funding call. <p>2. Authoritative voice delivering positive contributions</p> <ul style="list-style-type: none">In 2024/25 we are carrying out a baseline staff survey. The outputs of this will feed into developing a Carbon Reduction Plan in line with Procurement Policy Note (PPN) 06/21, and a training needs plan to upskill staff across the organisation and increase our awareness and expertise. <p>3. Support to our partners and systems</p> <ul style="list-style-type: none">In 2023/24 we launched an external-facing webpage, and as our offer develops, we can create additional communication assets to highlight our offer related to NetZero.In 2024/25 we will refresh our stakeholder list to ensure we are connecting in with local and national networks and communities of practice around climate change and NetZero and building strategic partnerships which add value to pursuing the HIN aims and contribution towards NetZero.	<p>1. At least one case study of innovators that we are working with that are contributing to/ have potential to contribute to NetZero.</p> <p>Database of known innovators in our region.</p> <p>Number of commercial opportunities identified, supported and secured.</p> <p>2. A baseline report on the staff survey responses and a repeat survey after 12 months.</p> <p>A carbon reduction plan identifying our baseline carbon impact of business activities and actions to reduce this impact.</p> <p>Monthly highlight reports through Verto and an annual update report assessing our progress and learning.</p> <p>3. At least one case study on the carbon impact and benefits of a delivery project e.g. NIV, medicines.</p> <p>Database of key stakeholders in system and region.</p> <p>Establish the Network as a national authoritative voice on transforming health through the spread of innovation measured through number of and attendance at engagement events both those run by the HIN and speaking at events hosted by others.</p>	<p>1. Number of pipeline projects or innovators supported identified as contributing to NetZero.</p> <p>Economic value (£) of funding secured from NetZero funding opportunities.</p> <p>Number of innovator case studies.</p> <p>Number of Real World Evaluations (RWE) including assessment of carbon impact and benefits.</p> <p>2. Percentage of staff trained through the e-learning and innovator support pack.</p> <p>Carbon impact of our business activities in CO2e (measured on an annual snapshot basis).</p> <p>3. Number of local programmes which have at least one sustainability metric within their outcome measures (measured through local impact tracker reporting via QART).</p>
Inputs	Impact		
<p>£15,000 budget 2024/25 for 3 x carbon calculations.</p> <p>Contribute to national ESAG and COI.</p> <p>Support from national NetZero lead including highlighting commercial opportunities and innovators and delivering national level support and events.</p> <p>Access to relevant training provision to enhance capability and NetZero expertise.</p> <p>Support from communication and corporate team as well as metrics support from PMO.</p>	<p>Putting sustainability at the heart of innovation will ensure we can continue to deliver our mission of improving health and economic growth.</p>		
https://www.healthinnowest.net/toolkits-and-resources/supporting-the-nhs-to-become-net-zero			