



YORKSHIRE & HUMBER
ACADEMIC HEALTH SCIENCE NETWORK

TRANSFORMING LIVES THROUGH INNOVATION

Impact Report 2018-19




Office for
Life Sciences

NHS

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Transforming Lives Through Innovation

The Yorkshire & Humber Academic Health Science Network (AHSN) is one of 15 AHSNs set up by NHS England to operate as the innovation arm of the NHS.

We exist to encourage innovation in health and care and to stimulate growth in industry and the life sciences. Our vision is to improve the health and prosperity of our region by unlocking the potential of new ideas.

Across the country, AHSNs act as a bridge between health care providers, commissioners, academia

and industry. By connecting these sectors, we help to build a pipeline of solutions for the NHS from research and product development through to implementation and commercialisation.

Locally, we work in partnership with our regional health and care community and develop projects, programmes and initiatives that reflect the diversity and meet the needs of our local populations and health care challenges. Together, we breathe life into innovations that improve care, effectiveness and efficiency in the NHS and social care.

In the future we will continue to accelerate the spread and adoption of innovations with proven impact and value so that the health care system in our region gains the maximum benefits more quickly.

At Yorkshire & Humber AHSN we believe in the power of new ideas to improve lives and our ambition is to work together with all our partners to make life better for the people in our region by improving their health and care and by creating a thriving economy for everyone.

Find out more about the AHSN Network using the links below:



The AHSN Network website



What is the AHSN Network?



AHSN Network Impact Report 2018-19



The Innovators Magazine

Introduction

The last 12 months have been incredibly busy and productive for Yorkshire & Humber AHSN. This report sets out the progress we've made on our programmes of work. We'd like to highlight just a few of our achievements and some of the most significant developments in this introduction.

The organisation has undergone a major transformation this year as we respond to the demands of our new five-year licence. We've scaled up our operations to be in the best possible position to support our NHS member organisations whilst also ensuring that we deliver our commissioned programmes of work to spread and drive adoption of proven innovations across our region.

We've invested heavily into building strong relationships with senior stakeholders in our three regional health care systems: Humber Coast and Vale Health and Care Partnership, South Yorkshire and Bassetlaw Integrated Care System and West Yorkshire and Harrogate Health and Care Partnership. As a result, we've had constructive discussions that have helped us to identify the needs of each system and to understand where our programmes of work can support them.

Achieving the adoption and spread of proven innovations is at the heart of all our work and so we're very pleased to report on our successes over the last 12 months. For example:

- We have implemented the Pincer programme in 136 GP Practices in our region.

- Our Transfer of Care Around Medicines (TCAM) programme has fulfilled over 4,800 patient referrals from hospitals to community pharmacies.
- Our Faecal Calprotectin pathway has been adopted by the majority of Clinical Commissioning Groups in our region, including the whole of the Humber Coast and Vale Health and Care Partnership – a national first – as well as many other CCGs across England.
- We've had national recognition for our work with industry partners. At the HSJ Partnership Awards in March, three of our partnerships were shortlisted, one being highly commended and another, Doc Abode, winning the Workforce Innovation category.

Transforming Lives Through Innovation Annual Conference 2019

Get an overview of what happened at our Annual Conference this year



Play

Introduction

We are proud to support and be a partner of the Yorkshire & Humber Digital Care Board as it leads the delivery of the Yorkshire & Humber Care Record (YHCR). This work fulfils part of our remit to look at the health and care system across the whole of our region.

We have supported the development of the YHCR right from its conception during the bid for exemplar status.

Our Strategic Advisory Board is going from strength to strength and membership now includes representatives from our Yorkshire NHS providers and commissioners, the Deans of our three medical schools, senior representatives of the three largest life science trade bodies in the UK Association of British Pharmaceutical Industries (ABPI), Association of British HealthTech Industries (ABHI), the British In Vitro Diagnostic Association (BIVDA), NHS England, Health Education

England (HEE), and National Institute for Health Research (NIHR) organisations.

At a national level the collective impact of the 15 AHSNs has been significant. In 2018/19 we helped 2,605 companies develop or spread 3,630 innovations, leveraged £152 million of inward investment and supported companies in the creation of 691 jobs and safeguarded a further 188 jobs. At least 4,381 clinical teams are actively using innovations through AHSN adoption and spread programmes, and more than 230,000 people have benefitted from innovations on the Innovation and Technology Tariff and Payment programmes.

Our Yorkshire and Humber Annual Conference in May (see page 4 to watch the video highlights) gave us the opportunity to celebrate our successes, bring together

our partners from across the region to update them on our progress and discuss how we can work with them to improve the health and care of people in our region. There's more information on our achievements throughout this report.

However, we know that none of this would have happened without the collaboration and support of our NHS, industry and academic partners and our hard-working staff.

We're looking forward to the next 12 months and continuing to deliver on the key objectives of our commissioners and we thank you for your continued support.



Richard Stubbs
Chief Executive Officer



William Pope
Chair

Our Impact



2,500

falls avoided as a result of our Yorkshire Safety Huddles programme

Find out more on page 16

Find out more on page 28

213

companies received our support to help them engage with the NHS in our region



81

people avoided life-changing strokes as a result of our Atrial Fibrillation programme

Find out more on page 22

Our Impact

Find out more
on page 11

3,845

women were at a reduced risk of obstetric injury during childbirth thanks to the spread of the EpiScissors-60 product



Find out more
on page 24

144

patients improved their quality of life as a result of receiving ESCAPE-pain training to help them manage their joint pain



£13.8m

of NHS savings made through reduced readmissions from our Transfer of Care Around Medicines programme

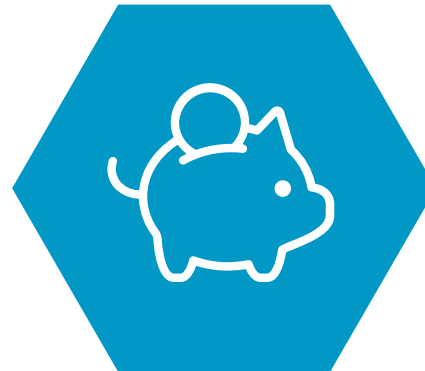
Find out more
on page 19

Our Impact

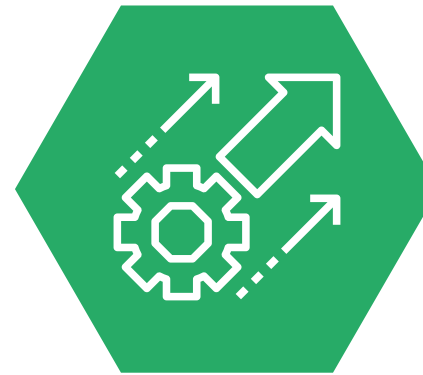
The following pages will give you an insight into the work we have done over the last 12 months across the inter-related themes of:



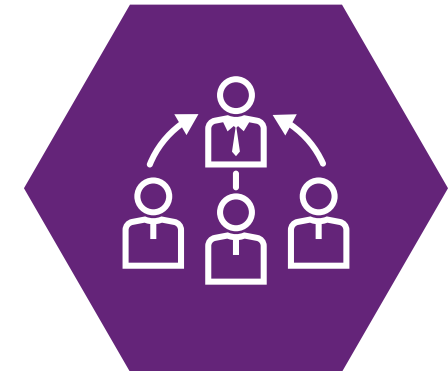
**Better
Patient Care**



**System
Savings**



**Improved
Outcomes**



**Support for
Industry**



Better Patient Care

We collaborate with clinicians and other frontline staff to encourage and support new ways of working that make care safer and better for patients.

Better Patient Care

Reducing the need for invasive procedures

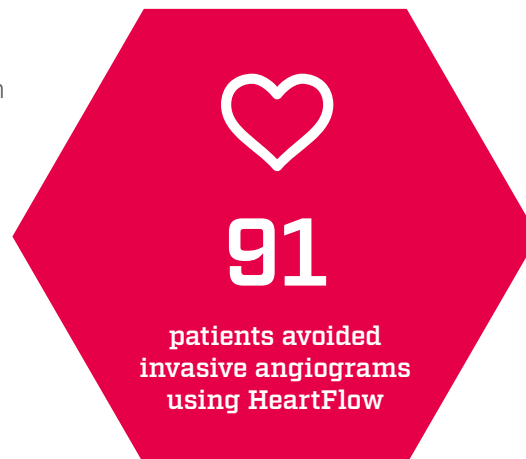
91 patients have avoided the need for an invasive angiogram as a result of our commitment to spread the Innovation and Technology Payment (ITP) programme procedure – HeartFlow. Hull University Teaching Hospitals NHS Trust and Sheffield Teaching Hospitals NHS Foundation Trust have reported 165 uses to NHS England which predicts a 55% reduction in patients who would otherwise have received this treatment. NHS savings of over £163,000 have been made as a result based on the NHS tariff.

The hospitals have seen reduced waiting times for diagnostic tests of coronary heart disease and we have achieved our overall spread target for this year with the sites in Hull, Sheffield and most recently, Leeds, now 'live' and using the new procedure.

HeartFlow is a non-invasive procedure that creates a personalised 3D model of the coronary arteries and analyses the impact that blockages have on blood

flow. It enables clinicians to identify significant coronary artery disease and determine the optimal treatment pathway thereby significantly cutting health care costs and leading to improved patient experiences and quality of life.

Statistics show that more than half of patients who undergo invasive angiogram tests have no significant coronary blockage.



Innovation Technology Tariff and Innovation Technology Payment programmes

Delivered in partnership with the AHSNs, the Innovation Technology Payment (ITP) and predecessor, the Innovation and Technology Tariff (ITT) supports NHS England's commitment to accelerate the adoption and spread of proven and affordable innovations and remove financial or procurement barriers to the uptake of products and technologies.

We have formed excellent working relationships with the companies that are taking part in the ITT and ITP programmes, developing a sound understanding of their products and the benefits they offer.

This has enabled us to successfully act as their champions with the NHS organisations in our region. The impact of these excellent working relationships can be seen in the progress we have made in spreading the majority of the ITT and ITP innovations, details of which are included throughout this report.

Better Patient Care

Safer care for mothers during childbirth

3,845 women had a reduced risk of obstetric injury during childbirth as a result of us exceeding our target for the number of EpiScissors-60 distributed into the NHS. Eight active sites in our region have used the product. We expect uptake to continue increasing and are supporting trusts to make reimbursement claims under the continued Innovation Technology Tariff funding.

A mother's life can be severely affected if she is among the 30,000 UK women a year who suffer obstetric anal sphincter injuries (OASIS) during childbirth. Many cases are caused by a mis-judgment of the angle of surgical cuts during childbirth – and result in direct annual costs to the NHS of £55 million.

The costs are ultimately far higher as OASIS is a major cause of associated complications that result in significant discomfort and long-term health consequences for patients as well as being a source of extensive compensation claims for the NHS.

The use of EpiScissors-60 during the procedure means that the angle of surgical cuts is easier for clinicians to assess and leads to safer care.



3,845
safer births using
EpiScissors-60



Better Patient Care

Reducing the risk of serious medical errors

Serious, preventable and costly medical errors have been avoided through the use of 11,037 Non-Injectable Arterial Connectors across Yorkshire and the Humber.

A Non-Injectable Arterial Connector (NIC) is a simple medical device, developed by NHS clinicians, which stops medication being accidentally given into the arterial line that is used to monitor patients in Intensive Care Units and operating theatres. It also prevents arterial line infections, eliminates accidental blood spillages during sampling and protects both patients and staff.



11,037

**Non-Injectable
Arterial Connectors
used in region**

Helping people with serious mental illnesses to live longer

Our Mental Health Physical Health programme has now been adopted in 164 Clinical Commissioning Groups (CCGs) across England, covering more than 600 organisations including primary care, mental health trusts, community health providers and prisons.

People with a serious mental illness (SMI) are at risk of dying prematurely, in some cases 20 years earlier than the general population. Many of these deaths are preventable if conditions like high blood pressure, diabetes and

cardiovascular problems are identified and treated early.

Our Mental Health Physical Health programme supports clinicians in conducting physical health checks on patients with SMI. It is continuing to spread across the country and is helping to tackle the issue of people with an SMI dying prematurely from identifiable and treatable physical health issues.



164

**CCGs have adopted the
Mental Health Physical
Health programme**

Better Patient Care

Identifying patients at risk from their prescriptions

In our region 136 GP Practices have implemented the PINCER programme. This has enabled them to identify patients at clinical risk from their prescriptions and act to correct these problems. This will increase the quality of life for patients and their families by, for example, lowering the number of gastrointestinal bleeds and hence the number of preventable hospital admissions and deaths.

Prescribing errors in general practice are an expensive, preventable cause of safety incidents. Research shows that serious errors affect one in 550 prescription items, while hazardous prescribing in general practice contributes to around one in 25 hospital admissions.

The PINCER intervention is led by primary care pharmacists and pharmacy technicians. It involves using computerised prescribing safety indicators to

search GP clinical systems, identifying patients who are at risk from their medications and establishing action plans to improve systems and reduce the risk to patients.

We continue to support both Clinical Commissioning Groups and practices to get their Data Protection Agreements signed and their data uploaded – and remain confident of reaching our year two target.



136

GP Practices have identified at risk patients

Better Patient Care



Yorkshire & Humber Care Record

Supporting joined up care across our region

One of the first five Local Health and Care Record Exemplars awarded by NHS England, the Yorkshire & Humber Care Record received £7.5m in national investment which is match funded by the region. We have supported the development of the Yorkshire & Humber Care Record from the initial bid for exemplar status. Our Director of Enterprise and Innovation is a member of the Yorkshire & Humber Digital Care Board and we have provided resources, including funds, to support the programme.

The programme's objectives are to provide the right information to the right person at the right time. It will do this by delivering a digital care record, linking clinical systems, improving intelligence and providing

digital tools that enable people to be actively involved in their care and wellbeing. This will improve care by providing timely and relevant information for care professionals and citizens securely and safely

The Yorkshire & Humber Care Record team is working with 74 organisations across the region including Humber Coast and Vale Health and Care Partnership, South Yorkshire and Bassetlaw Integrated Care System, West Yorkshire and Harrogate Health and Care Partnership and 725 individual GP practices

The success of pilot activity to date will allow further involvement from more organisations across the region in 2019-20.



**Find out more
about the Yorkshire
& Humber Care
Record**



Systems Savings

Over the last twelve months we've worked hard with our stakeholders to reduce costs and improve efficiencies in health care through our innovative programmes.

Systems Savings

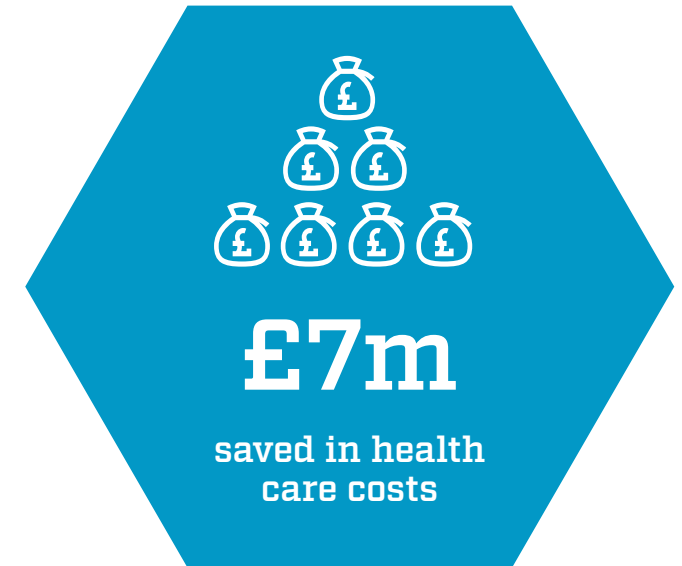
Preventing life-changing falls

As a result of our Yorkshire Safety Huddles programme over 2,500 falls have been avoided this year (7,600 cumulatively since the programme began). Many of these falls would have had life changing consequences for people, preventing them returning to their own homes or seriously reducing their ability to go about their daily lives.

This reduction in falls equates to around £7m saved (£17m cumulatively) in health care costs based on cost estimates from NHS Improvement.

Evaluation work we have conducted shows that 58% of hospital wards have reduced pressure ulcers, and 80% have reduced emergency 'crash' calls as a result of adopting safety huddles.

Yorkshire Safety Huddles is a programme designed to reduce the risk of harm for patients in a variety of care settings. These regular informal group discussions are led by senior clinicians, involve all levels of trained and untrained staff and provide an important space for the discussion of patient safety issues.



Through our Yorkshire and Humber Patient Safety Collaborative (PSC) we work with 324 teams in the Yorkshire and Humber region across 45 organisations including mental health teams, community teams and care homes. They all use huddles to reduce harm in key areas identified by each team.



Systems Savings

These include:

- Acute hospitals: falls and pressure ulcers.
- Mental health: violence and aggression, self-harm, fire incidents, verbal abuse and missing service users.
- Care home: deterioration, pressure ulcers, nutrition and hydration.
- Community teams: falls and pressure ulcers.

Our work on Patient Safety Huddles with Leeds Teaching Hospitals NHS Trust earned us an HSJ Value Award last year.

Reducing the potential risks – and associated costs – of unnecessary invasive procedures, injuries to patients and medication errors remains a constant challenge across the NHS and one which we continue to help address.



“ Safety huddles have had a massive impact for both our staff and patients in Leeds Teaching Hospitals. Staff have really taken on board the principles of huddles and now they are truly embedded into our daily routine. One of the biggest successes is they involve all members of the team, including clinical and non-clinical staff. Everyone has a voice and this creates great team-work. Huddles really do improve the safety of all our patients. ”

Dr Yvette Oade,

Chief Medical Officer,
Leeds Teaching Hospitals NHS Trust

Systems Savings

Reducing the need for expensive colonoscopies

We have successfully rolled out the Faecal Calprotectin pathway to 17 Clinical Commissioning Groups (CCGs) across Yorkshire and the Humber. Recently the pathway has been implemented across the whole of the Humber Coast and Vale Health and Care Partnership – this is a first for the region and for the country.



“ The patients will get seen and treated in primary care, they will avoid a referral up to the hospital, they will potentially avoid unnecessary investigations in secondary care, basically the right patient will go to the right place for the right reasons ”

Dr Iain Chalmers

GP – Weelsby View Health Centre

By preventing unnecessary, uncomfortable, and expensive colonoscopies and enabling the patient's condition to be managed in primary care, CCGs using the pathway will see savings of approximately £220,000 per annum. This cost saving has been validated through an evaluation commissioned by us last year from the York Health Economics Consortium (YHEC).

Our pathway is at the centre of the national algorithm shared by NHS England. It is endorsed by NICE and Crohn's & Colitis UK and is on the Inflammatory Bowel Disease (IBD) toolkit which is hosted by the Royal College of General Practitioners.

The Faecal Calprotectin pathway helps GPs to make the difficult distinction between Irritable Bowel Syndrome and Inflammatory Bowel Disease. As many as 19 out of 20 patients presenting symptoms of these conditions are unnecessarily referred to secondary care while, for other patients, diagnosis can be delayed.

We have led the implementation of the Faecal Calprotectin pathway since 2015 in partnership with York Teaching Hospital NHS Foundation Trust and we are now spearheading the roll-out of the pathway on behalf of the AHSN Network to make the best use of NHS resources and deliver a better patient experience.

Systems Savings

Medicines support to reduce readmissions

There are five trusts across the region now using Transfer of Care Around Medicines (TCAM). Community pharmacists have completed over 4,800 referrals made by the trusts between April 2018 and March 2019 and we estimate this has led to system savings of £13.8m and over 1,000 fewer readmissions.

Our TCAM programme supports patients who have been discharged from hospital and may need extra help taking their prescribed medicines. This may be because they've had changes to their prescription, have started something new, or just need a bit of help to ensure they are taking their medicines safely and effectively.



£13.8m

of savings
through reduced
readmissions

Play ▶

Systems Savings

The programme ensures patients are referred through a safe and secure digital platform to their local community pharmacist when they are discharged from hospital. The initiative has shown that patients who see their community pharmacist after they've been in hospital are less likely to be readmitted and, if they are, will have a shorter length of stay.



“ If we improve the information that pharmacists get we can improve patient care and pick up any errors before patients are re-admitted to hospital again. ”

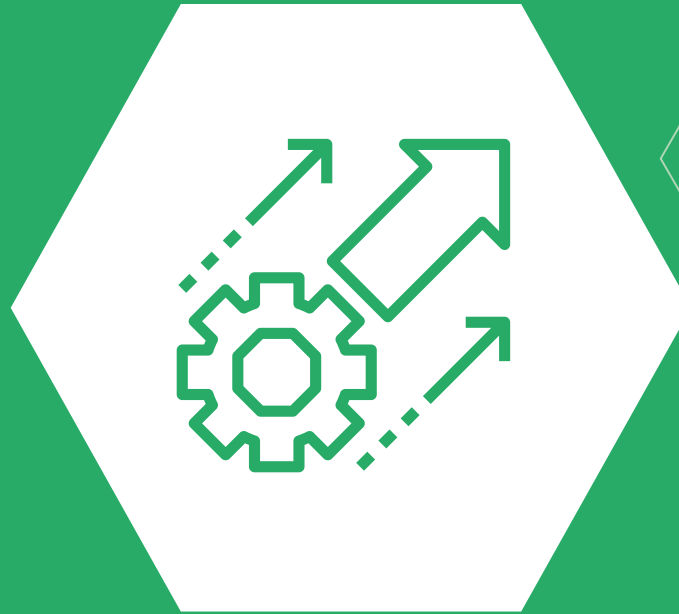
Melissa Burnley

Service Development Lead,
Community Pharmacy West
Yorkshire

Improving catheter safety

Across the region, we have seen 11 hospitals use 13,550 units of SecurAcath, thereby reducing the need for catheters to be replaced, saving time and money.

SecurAcath is another product being made available through the NHS Innovation and Technology Payment programme. It is a device that holds catheters in place without the need for sutures or adhesives. Patients in hospital may experience a range of complications when peripherally inserted central catheters are moved or dislodged.



Improved Outcomes

The needs of citizens are at the heart of our work and we are committed to improving the health outcomes of people living across Yorkshire and the Humber. We ensure that new products and services are evaluated and supported by evidence, designed in consultation and collaboration with patients and the public and implemented at scale and pace.

Improved Outcomes

Reducing cardiovascular disease

Atrial Fibrillation (AF) causes devastating strokes every year with one in every 20 sufferers left with a life-changing disability. Since April 2018 in the West Yorkshire and Harrogate region alone, we have identified over 1,500 patients with AF and protected approximately 2,000 patients with anticoagulation drugs. As a result of this increased anticoagulation it is estimated that 81 people with AF did not have a life-changing stroke because they received protective medicines.



During 2018-19 we have continued to provide hands-on support to GP practices across Yorkshire and the Humber to improve their ability to detect people who have AF and protect them through anticoagulation drugs. We have issued over 500 mobile electrocardiogram (ECG) devices to facilitate testing across the region and are working with 20 Clinical Commissioning Groups (CCGs). We will continue to explore ways in which we can work with them to deliver the programme on an even greater scale during the coming year.

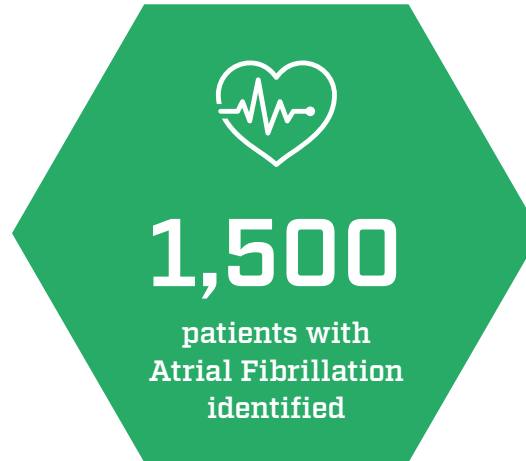
The national Quality Outcomes Framework data needed to report on our targets for this programme is not available until October 2019. In the interim we regularly audit our activity with GP practices and CCGs to monitor our progress and have been able to capture local data for the West Yorkshire and Harrogate Health and Care Partnership, which is indicating very positive results to date.

Improved Outcomes

We are working with our partners at West Yorkshire and Harrogate Health and Care Partnership to deliver its Healthy Hearts programme. This programme aims to reduce the number of heart attacks and strokes by 10% across the region and draws on learning from Bradford's successful Healthy Hearts campaign. This will mean that 420 people won't have heart attacks and 620 will not have strokes. It will also save the local health economy £12m by 2021.

We also have a joint working arrangement with Sanofi to deliver a Familial Hypocholesterolaemia (FH) project. FH is an inherited genetic condition which results in some people having exceptionally high levels of cholesterol in their blood and increases their risk of developing chronic heart disease.

Our work with Sanofi aims to identify patients in primary care who are at high risk of having this condition. Local guidelines are being used to ensure identified patients are referred to the appropriate service and receive treatment and genetic testing as required. The project is being delivered in Sheffield and North East Lincolnshire and will be developed further in the coming year.



“ My GP was able to diagnose that I had atrial fibrillation quickly and easily. I am now on medication, which means I can live my life without the serious risk of a stroke

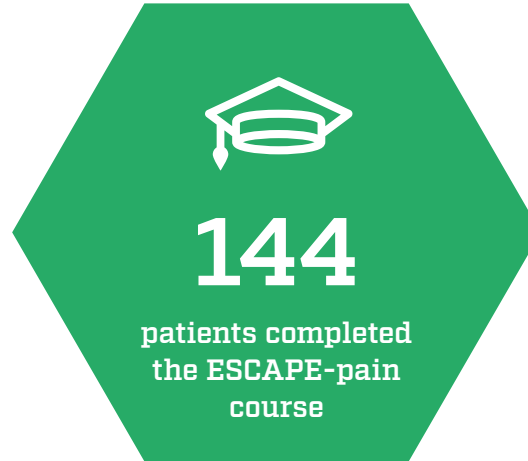
David Peak
Patient



Improved Outcomes

Helping people with joint pain stay active

Chronic joint pain, or osteoarthritis, is a life-inhibiting disease that affects one in five people over the age of 50 and one in two over 80. One in four GP appointments are estimated to be related to joint pain and 20% of GP time is spent helping people manage their joint pain.



ESCAPE-pain is a NICE-approved group rehabilitation programme for people with knee and/or hip osteoarthritis and features a tailored exercise programme supported by education sessions.

There are currently 20 sites delivering ESCAPE-pain in the Yorkshire and Humber region: nine in Humber Coast & Vale, seven in West Yorkshire

and Harrogate and four in South Yorkshire and Bassetlaw.

In our first year of supporting the programme's spread and adoption, 144 patients have completed an ESCAPE-pain course and we have trained 63 facilitators including physiotherapists and fitness instructors working in a range of settings to suit local pathways.

Improved Outcomes

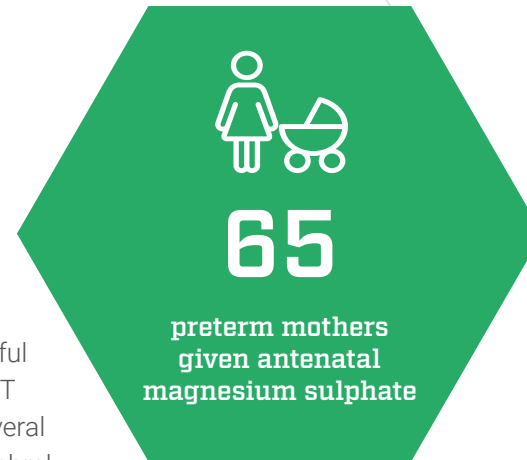
Reducing the risk of cerebral palsy in preterm babies

Babies born too soon (preterm) are at an increased risk of dying in the first weeks of life, and those who survive may suffer from varying degrees of cerebral palsy, blindness, deafness or physical disabilities.

Antenatal magnesium sulphate (MgSO₄) given prior to preterm birth for foetal neuroprotection prevents cerebral palsy and costs approximately £1 per individual dose – avoiding a £5m cost to the system during the person's lifetime.

Designed in partnership with families and staff, Preventing Cerebral Palsy in PreTerm Labour (PReCePT) is a national AHSN quality improvement project, aimed at increasing antenatal administration of magnesium sulphate to mothers during preterm labour.

Between 4,000 and 5,000 babies are born before 30 weeks' gestation in England per year and stand to benefit from full national roll out of the PReCePT



programme. Successful scaling up of PReCePT is likely to prevent several hundred cases of cerebral palsy per year, based on highest grade evidence.

This year, 65 preterm mothers have been given MgSO₄ in our region as a result of our work on the PReCePT programme.

We have worked with two of our three regional Local Maternity Systems to hold launch events to engage local maternity teams with the programme and we are providing support to the third area. In addition, we have provided report data and implementation materials to each participating maternity team.



Improved Outcomes



Helping patients to use their medicines better

We have supported the 'Me and My Medicines' campaign in our region through a series of awareness and engagement activities.

'Me and My Medicines' is a campaign led by patients and supported by clinical staff to help people ask questions about and use their medicines better.

We are now developing a project to undertake some local pilot implementations and work collaboratively with other AHSN pilot sites to collate data and outcomes.

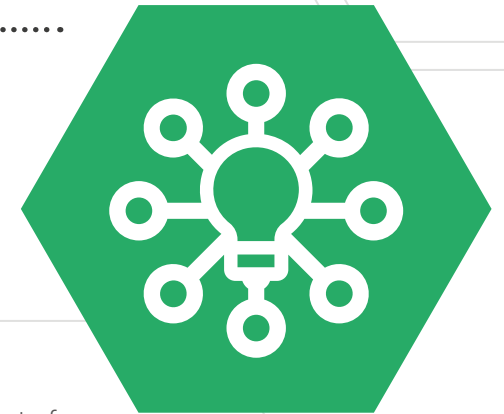
Matching proven innovation to unmet health care needs

Since Autumn 2018, we have led the development of the South Yorkshire & Bassetlaw Innovation Hub.

Three exemplar Innovation projects are currently being developed, the focus areas of these will include: Workforce, Population Health Management (with a focus on CVD) and Urgent and Emergency Care. The Hub will become fully operational from late summer.

The South Yorkshire & Bassetlaw Innovation Hub is a pioneering development, supporting the matching of prioritised unmet need or 'system problems' with proven innovations to help drive improved health outcomes, operational and clinical processes and patient experience across the health economy.

It will provide a single point of contact for industry partners and academia seeking partnerships and be a visible, tangible and accessible unit for our health and care colleagues to seek guidance and advice on bringing innovation into frontline healthcare delivery.

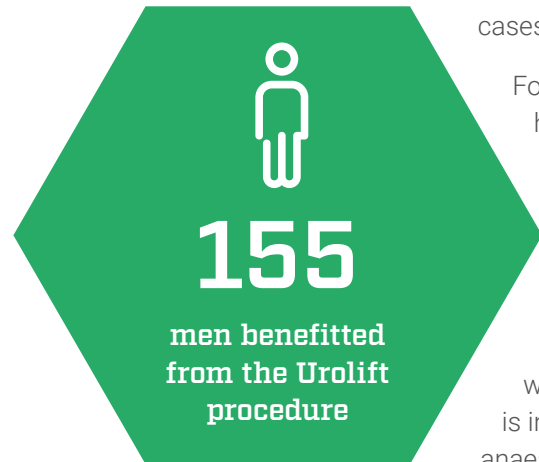


Improved Outcomes

Fewer side effects for prostate surgery patients

In Yorkshire and the Humber, 155 men underwent prostate surgery using the Urolift procedure in six hospitals as a result of our work to encourage trusts to adopt this Innovation Technology Tariff (ITT) procedure. These patients were treated as day cases, reducing the need for overnight stays and associated costs.

Urolift is an alternative surgical procedure for Benign Prostatic Hyperplasia (BPH) available through the ITT. BPH is a common and chronic condition where the enlarged prostate can make it difficult for a man to pass urine, leading to urinary tract infections, urinary retention, and in some cases renal failure.



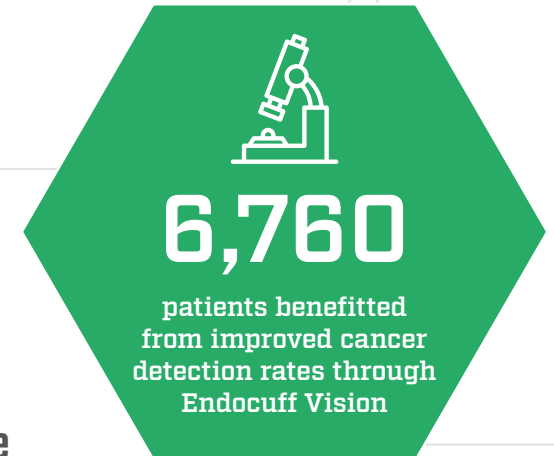
Following the procedure, patients return home after a few hours, typically without catheter, and follow-up is normally by telephone. Patients have significantly fewer side effects (notably 0% risk of permanent sexual dysfunction) and post-operative complications, such as infection and bleeding, compared with existing alternatives. The procedure is increasingly carried out under a local anaesthetic.

Improving bowel cancer detection rate

6,760 Yorkshire and Humber patients over 10 sites have benefitted from improving the Adenoma Detection Rate (ADR) and cancer detection through improved colonoscopy performance as a result of the use of Endocuff Vision.

Endocuff Vision is a medical device that attaches to an endoscope to improve colorectal examination for patients undergoing bowel cancer tests.

Bowel cancer is the fourth most common cancer in England with 34,000 people diagnosed each year. For every 1,000 patients treated it is estimated that six cases of cancer could be avoided through use of this device.





Support for Industry

A central element of our role is to encourage innovation in health and care and to stimulate growth in life sciences and industry.

When we introduce healthcare organisations to the industry innovators and entrepreneurs who can help them most, we generate new business opportunities and the new jobs that come with them.

In the last 12 months we have worked with 213 companies to help them understand the health care challenges in our region and what they need to do to engage successfully with NHS organisations.

Support for Industry

Connecting innovators with the NHS marketplace

This year, we held 15 Innovation Exchange events on various topics to explore challenges faced by our local health and care systems and promote better understanding of these among industry innovators, so they are better prepared to do business with the NHS.

As part of our ongoing commitment to work with industry partners and health tech innovators, we also hosted the second edition of the Bridging the Gap series of events on behalf of the AHSN Network. Watch the video on the right to see what happened. 97 companies from across the country joined us in Leeds for this event and 23 of those had 1-2-1 mentoring sessions with Business Development Directors from the Network.

We have an Innovation Exchange website that provides innovators with a platform from which to share information about their technologies, and NHS organisations with an opportunity to find solutions to their challenges. This website is a shared asset with The Innovation Agency, the AHSN for the North West Coast, and promotes joined up working across the north of England.



The Innovation Exchange website is currently undergoing a redesign and has been relaunched. The new version will feature improved functionality including the ability for NHS organisations to post unmet needs that innovators will be able to respond to directly.

Our Innovation Exchange is an AHSN Network coordinated approach to identifying, selecting and supporting the adoption of innovations that improve our economy and patients' lives.



Support for Industry

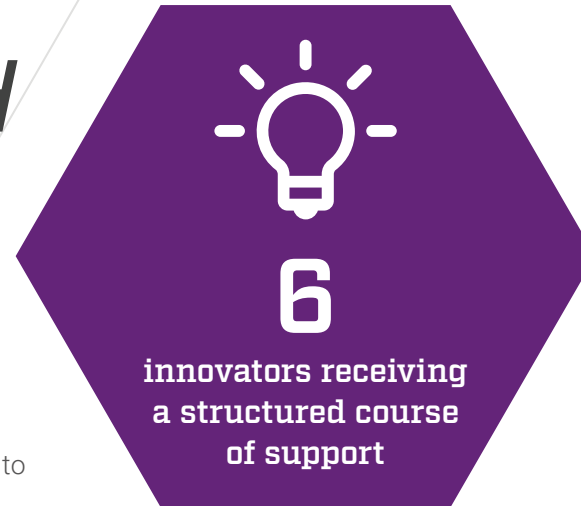
Propel@YH

Region's first digital health accelerator

In January, we launched our new digital health accelerator, Propel@YH. We commissioned our partners at mHabitat, an NHS-owned co-design specialist and expert in the application of digital to health and care, to deliver this programme.

We announced the names of the six companies that will form the first Propel@YH cohort at our Transforming Lives Through Innovation conference in May.

These companies are now being provided with access to a structured course of support and advice aimed at enabling accelerated company growth and increased market presence.



“ It's incredibly rewarding that the people behind Propel@YH recognise the opportunity to facilitate our aspirations to co-create 'tech for good' and help us on our journey. ”

Barry Singleton

VP Client Engagement,
Scaled Insights



Support for Industry



Fast-tracking the uptake and spread of high impact innovations

We continue to provide quality support to the NHS Innovator Accelerator (NIA) and Small Business Research Initiative Healthcare (SBRI Healthcare) programmes.

The NIA supports the faster uptake and spread of high impact, evidence-based innovations across England's NHS, benefitting patients, populations and NHS staff. To date the NIA has successfully supported 36 Fellows representing 37 innovations.

SBRI Healthcare is an NHS England initiative, championed by the 15 AHSNs across England.

Over the past 12 months, we have worked with a range of NIA Fellows to facilitate the adoption and spread of their innovations in our region and we were joined by several NIA Fellows at our Transforming Lives Through Innovation Annual Conference.

Examples of our work with NIA Fellows include:

- Supporting IEG4 with the development of a business case for implementation with a large CCG in our region. We helped with brokering and facilitation of meetings with the CCG and associated Local Authority to develop a full options appraisal and cost/benefit analysis. We also supported IEG4 in its successful application to join the NHS Innovation Accelerator programme in 2019.
- We secured Doncaster to be one of only two sites in the country to implement a live site trial and deployment of DrDoctor.
- We have supported the implementation of Lantum into five geographical areas this year. Additionally, Lantum was provided with a platform to speak at one of our regional events held specifically to showcase innovations in workforce scheduling.

- We contracted the York Health Economics Consortium (YHEC) to undertake a health economic evaluation of Healthy.io's Dip.io urinalysis app. The evaluation focused on the implementation of Dip.io into a number of GP Practices in Hull, where it has been utilised for the remote testing of ACR levels in diabetic patients.

This year we provided support to Doc Abode throughout the delivery of its SBRI phase two work, including assistance with its financial modelling. Doc Abode is a digital platform that gives NHS health care providers access to a more flexible workforce for arranging emergency patient home visits.

Our partnership with Doc Abode and Local Care Direct in Leeds and Huddersfield was successful in its application to the HSJ Partnership Awards this year, winning the Workforce Innovation Category.

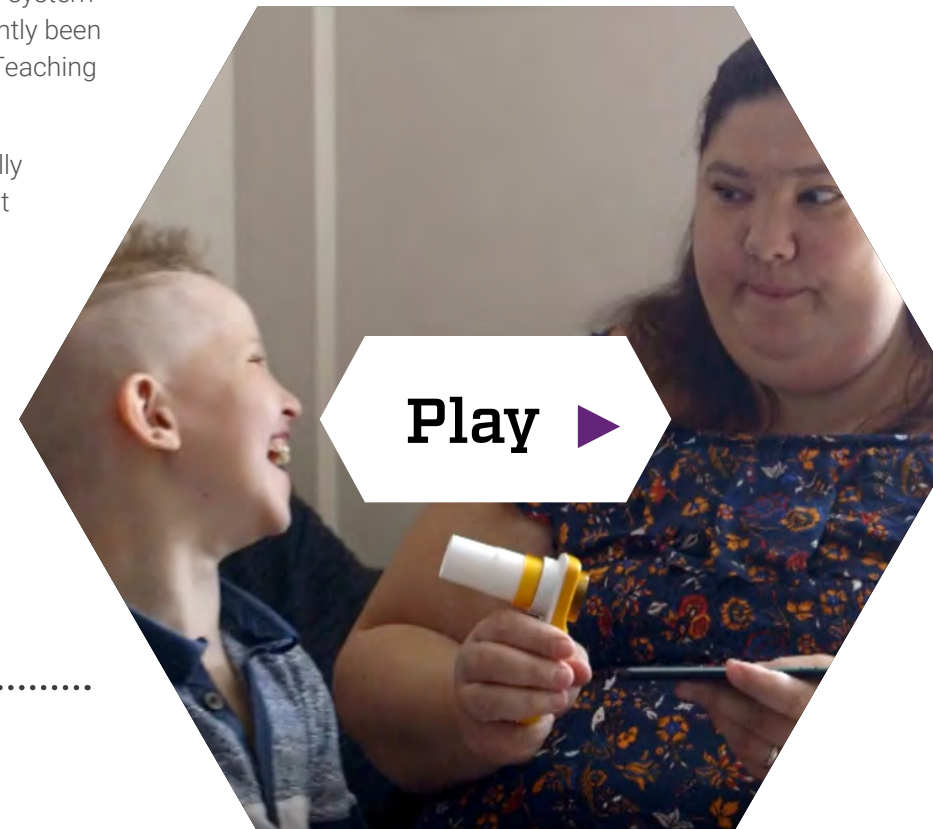
Support for Industry

Real-world evaluation to drive adoption

Through our work with the Office for Life Sciences, we have a real-world evaluation programme to support companies.

Evaluations currently underway include e-Reception, Asthma+Me, Waitless, Smart-ER (one of the companies on the Propel@YH cohort) and Regenerys.

- eReception is a digital reception and triage service and is being evaluated across 20 practices in Leeds
- Asthma+Me supports the management of severe asthma in children and is undergoing trials with patients at Sheffield Children's NHS Foundation Trust
- Waitless is a patient-facing app that shows patients the fastest places to access urgent care services for minor emergencies. We are working with West Yorkshire and Harrogate Health and Care Partnership to evaluate the potential for implementing Waitless in Wakefield and determine its potential impact for the system
- Smart-ER is a patient-driven digital triage system for emergency departments and is currently being evaluated for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Regenerys' Adiposet™ system dramatically improves the patient experience of breast reconstruction following breast cancer treatment and is being evaluated using data from Nottingham University Hospitals NHS Trust.

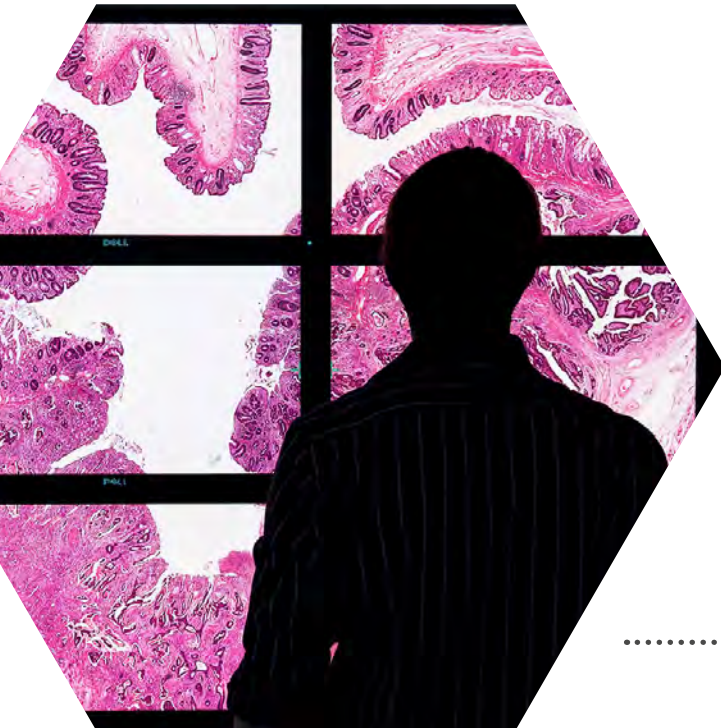


Support for Industry

Helping to secure £10m investment for digital pathology

Another major local project we are proud to support is the Northern Pathology Imaging Co-operative (NPIC).

This is a successful partnership led by the University of Leeds and Leeds Teaching Hospitals NHS Trust that embraces a network of nine NHS hospitals, seven universities and ten industry-leading medical technology companies.



The consortium is now set to become a world-leading centre for applying artificial intelligence (AI) research to cancer diagnosis.

Its vision is to be in a position where 750,000 slides per year can be digitised and to use this resource to improve the diagnostic accuracy and capacity of pathology services in the region. It will also create a rich dataset of high-quality images that are a potential resource for innovative image analysis companies with expertise in machine learning and AI to imagine and create new ways of improving diagnosis of disease.

NPIC has been awarded £10.1m investment from UK Research and Innovation to expand a digital pathology and artificial intelligence programme across the North of England. We supported this bid and our Director of Enterprise and Innovation chairs the project's Steering Committee.

The investment from UK Research and Innovation has now been boosted by an initial investment of £7m from the companies involved in the programme.

“ This new northern co-operative will allow us to use digital pathology to help patients across the region, and provide a platform on which we will develop artificial intelligence tools for pathology diagnosis to be used around the world.

Dr Darren Treanor

Pathologist,
University of Leeds and Leeds
Teaching Hospitals NHS Trust

Support for Industry

Ground-breaking study to spot risks of disease

In January we supported the launch of a new proteomics clinical trial in Leeds. We are working with US biotech company SomaLogic, the Leeds Centre for Personalised Medicine and Health, the Leeds Academic Health Partnership, Leeds Teaching Hospitals NHS Trust, Leeds City Council, NHS Leeds Clinical Commissioning Group and local GPs (among others). The trial will recruit 1,000 patients who will benefit from a diagnostic protein test that will inform preventative action from health care professionals and ultimately reduce early onset of disease, particularly Type 2 Diabetes.

We have also continued our work with the four National Institute of Health Research (NIHR) MedTech Co-operatives in our region including supporting workshops to identify unmet needs and inform future research priorities.

We are also contributing to the Clinical Research Network's Vision 2020 programme of events in our region.

“ This is a great example of how AHSN investment in Yorkshire's academic-health institutions can support industry and catalyse exciting research to improve population health.

Dr Neville Young

Director of Enterprise and Innovation,
Yorkshire & Humber AHSN



Governance

Yorkshire & Humber AHSN is a company limited by guarantee. Our key executive groups are:

1. Board of Directors

Professor William Pope (Chair), Richard Stubbs (Chief Executive Officer), Sir Andrew Cash OBE (Non-Executive Director) and Christine Outram MBE (Non-Executive Director) meet quarterly to conduct the company's business. Their remit includes scrutiny and assurance of:

- Financial, performance and risk management.
- Development of, and delivery against our strategy and business plan.
- Equality impact and action.



Professor William Pope

Chair

Professor William Pope has a wealth of experience, leadership and expertise gained from senior roles within industry, the NHS and academia, including at chairman and chief executive level. He has significant experience of working with world-leading companies including BAE Systems, BBC, BP, Ford, GlaxoSmithKline, Huawei and Unilever, and was chief executive officer of the UK's largest integrated health, safety and environmental business for 10 years. He has been CEO of innovative and disruptive technology companies, focusing on environmental conditions and their impact on both the environment and human health.

Will has been one of the UK leaders in managing and developing environmental and technology companies over the last 35 years. He is a four times winner of the "Technology Fast 50" awards for the fastest growing companies, a winner of numerous other awards and holds a number of professional appointments in academia, industry and health.



Richard Stubbs

Chief Executive Officer

Richard's focus is on driving the faster adoption of innovation into the NHS. He represents Yorkshire & Humber AHSN on several boards in the regional health and care system including the South Yorkshire and Bassetlaw Integrated Care System board, the West Yorkshire and Harrogate Health and Care Partnership board and the Yorkshire and Humber Digital Care Board.

Richard leads on several programme areas for the AHSN Network including Communications and Engagement and International activity. He also chairs the Northern AHSN Group which includes the leadership teams from all four northern AHSNs.

He is a founding member of the NHS Confederation's Black Asian Minority Ethnic (BAME) Leadership Network, is a member of the NHS Assembly and is a Non-Executive Director of the Sheffield City Region Local Enterprise Partnership.

Governance



Sir Andrew Cash OBE

**Chief Executive System Lead,
South Yorkshire and Bassetlaw Integrated Care
System and Non-Executive Director,
Yorkshire & Humber AHSN**

Andrew is Chief Executive System Lead of the South Yorkshire and Bassetlaw Integrated Care System, one of the first and most advanced integrated care systems in England.

Andrew was formerly the Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust, a post he held for 16 years. He is a visiting Professor in Leadership and Development at the Universities of Sheffield and York. He chairs the NHS Employers Policy Board and is Deputy Chair of the NHS Confederation.

He was appointed an OBE in 2001 and knighted in 2009 for services to the National Health Service.



Christine Outram MBE

**Chair at the Christie NHS Foundation Trust
and Chair of the Yorkshire & Humber AHSN
Remuneration Committee**

Christine was appointed as Chair of The Christie in October 2014.

Christine has had a long career in the NHS with over 20 years' experience at Chief Executive level, including the North Central London Strategic Health Authority and NHS Leeds, as well as a spell as Director General for the Department of Health's Arm's Length Body Review in 2004.

With a strong interest in professional education and research, she was appointed managing director of NHS Medical Education England in 2009, an organisation set up to support the Department of Health's work to develop education and training for doctors, dentists, pharmacists and healthcare scientists. She later combined this role with that of transition director leading on the set up of Health Education England in 2011.

Governance

2. Strategic Advisory Board (SAB)

Chaired by Professor William Pope, the SAB is made up of senior leaders from across Yorkshire and the Humber bringing together researchers, clinicians, patients, industry and educators with strategic, financial and operational experience. Its remit covers:

- Advice and guidance at a regional level.
- Consulting partner organisations to agree priorities and identify opportunities.
- Forward planning and agreeing our overall portfolio.
- System-wide ownership and leadership.
- Creating dynamic partnerships and mobilising wider resources.
- Advocacy for our work.

3. Senior Leadership Team (SLT)

The SLT is responsible for the day-to-day leadership and running of our organisation.

It is accountable to our Board of Directors and has robust governance arrangements in place to ensure we operate effectively.

Nationally, we report quarterly to NHS England, NHS Improvement and the Office of Life Sciences (OLS) to assure them we're achieving our national metrics and locally agreed plans.

Our funding is split between NHS England, NHS

Improvement and the Office of Life Sciences for the Innovation Exchange. We also receive funding from sources such as Health Education England and Healthcare UK.

Governance



Kathy Scott

Director of Operations and Deputy CEO

Kathy joined us from NHS England where she was Head of Innovation. She has been an integral part of NHS England's management of AHSNs for the past two years and brings a wealth of experience from her previous national role. Kathy has executive responsibility for ensuring that we are delivering on all our contracted programmes of work, which includes management of our Project Management Office. Kathy also deputises for Richard when required.



Dr Neville Young

Director of Enterprise and Innovation

Neville joined us in June 2016 and leads the Enterprise and Innovation team. This team works to identify and/or develop high-quality, well-evidenced innovations and matches them to NHS need. This benefits patients directly and helps drive cost efficiencies.

Neville has also worked as an academic researcher, a drug trial manager, a consultant and a director for a health tech start up and is focused on helping to identify and support the 'pull' from the healthcare systems for innovative health technologies.



Tony Jamieson

Director of Transformation and Improvement

As Director of Transformation and Improvement, Tony leads system wide adoption, innovation and continuous improvement. He leads on patient safety, as well as providing oversight of our programmes in Medicines Optimisation. Tony leads on Polypharmacy for the national AHSN Network and is co-lead for Medicines Safety within the National Patient Safety Collaborative Programme.

Tony's career started in community Pharmacy and he brings his clinical experience, commercial background and perspective as a commissioner to the organisation's endeavours.



Sally Hawksworth

Director of Corporate Services

As Director of Corporate Services, Sally is responsible for the strategic and operational management of several key functions including Finance, Human Resources, IT and Marketing. She has been with the organisation for over three years and was previously Head of Corporate Services.

Sally's background is in accountancy and she uses her extensive skills to produce the performance reports required by NHS England as well as advising our Board of Directors on all aspects of finance and governance. This ensures we continue to provide the best value for our members.



YORKSHIRE & HUMBER

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