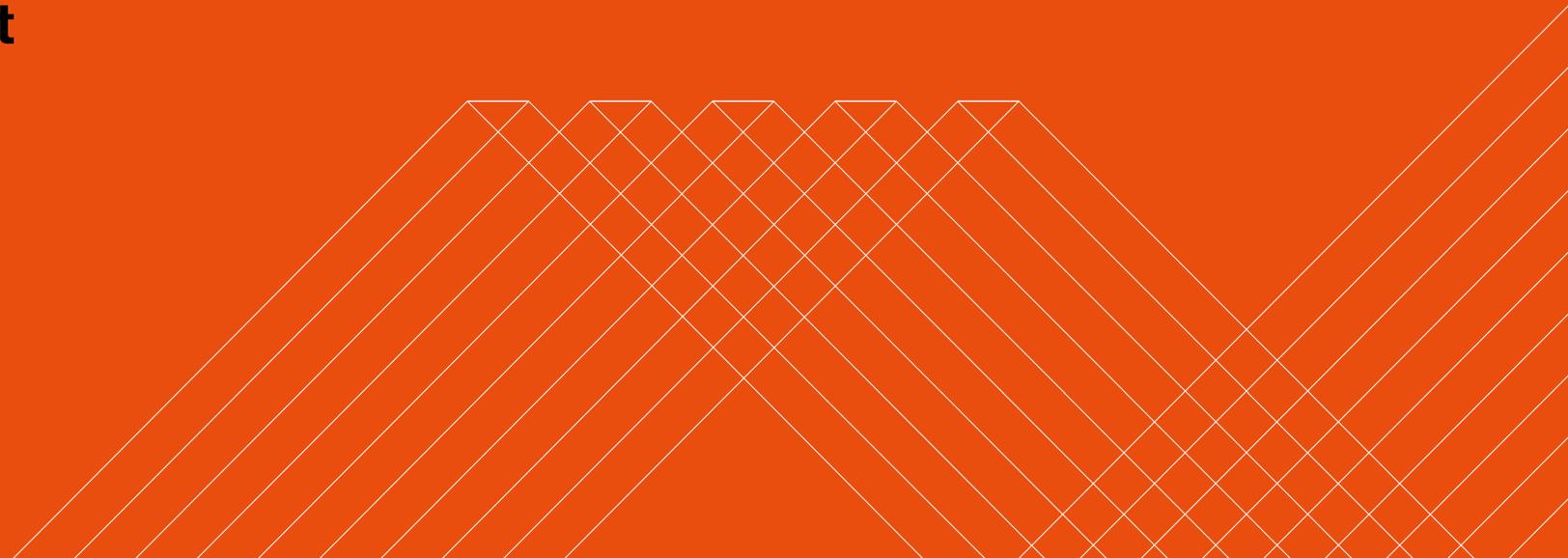


**Kent Surrey Sussex  
Academic Health Science  
Network**

# **Business plan**

## 2016 - 2020

**Summary document**



# Contents

---

## Business plan

Executive summary	3
How we work	6
Our refreshed portfolio	7
Refreshed portfolio components	8
Minimum delivery expectations and £100m ROI targeted	10
Relevance of our portfolio	11

## Appendix

Portfolio overview/delivery milestones	12
--	----

# Executive summary

## Growing our impact

Welcome to our plan to deliver far reaching impact for the health and social care system in Kent, Surrey and Sussex during 2016-2020.

The challenges facing the health and social care sectors are real, immediate and not expected to diminish in the short term. NHS England's Five Year Forward View (5YFV) has defined the context for our work over the next five years. The critical challenge around finance amounts to £30billion by 2020. There is a corresponding urgency for new models of care within which technology makes a significantly greater contribution. This plan describes our response and how we will achieve more through a refreshed and expanded service portfolio founded on the strong platform developed during our first three years.

## Aspiration

By 2020 we will have helped members of the health and social care system Kent, Surrey and Sussex to work together more effectively. This will enable the benefits of new technology, products and best practice reach more patients more quickly. In this way our work will improve the health and healthcare for people in Kent, Surrey and Sussex and bring more value to health and social care from industry and academia.

## By 2020 we will have:

**Helped 500,000 patients to receive care in line with best practice through quality and safety improvement pathways.**

**Supported spread and adoption of six high impact innovations, totalling 30 by 2020.**

**Realised in excess of £100million benefits through our work.**

**Successfully implemented a credible industry support process to improve spread and adoption of valuable innovation.**

**Grown our network's numbers and improved connections across the region.**

## Foundations

Our foundations for growth and greater, more radical impact include:

- Our region-wide networks of clinical communities.
- Our ability to enhance collaboration across sectors.
- Our approach to engaging with industry which is attracting national and international interest.

We have improved our measurement capability and will demonstrate a significant return on investment through robust appraisal of our impact.

## Strategy

Our strategy for the next five years is to increase our investment in service offers around:

- System leadership (e.g. supporting system transformation planning), working with the Kent Surrey Sussex Leadership Collaborative.
- Older people (through our Living Well For Longer programme), working closely with locality commissioners and providers.
- Accelerating the spread and adoption of new technologies, products and best practice to improve patient outcomes.

We play a significant role helping public sector organisations in Kent, Surrey and Sussex to make their contribution to the 5YFV priorities through our ability to broker connections at a regional and sub-regional level. In addition, the national AHSN Network is delivering national programmes regionally such as the Small Business Research Initiative, the National Innovation Accelerator, medicines optimisation and others where there is scope for work done in one region to benefit the healthcare sector across England.

Our membership of the AHSN Network enables us to bring these innovations to our members and stakeholders more quickly. The national AHSN Network has also agreed to work together on projects suitable for roll-out in every region to maximise the return on successful innovation and best practice. The next will be Atrial Fibrillation (AF) which we will deliver by working with our AF clinical network.

## Portfolio

Our portfolio features a locality approach that connects senior leaders to enable better collaboration for greater transformation. It is designed to support the accelerated introduction of the 5YFV. It is focused on demand management and value for money improvements, alongside capacity building. We will support the journey towards greater efficiency by accelerating the spread and adoption of best practice in terms of models of care, treatments and technologies. We will achieve greater impact from our work to support industry through a suite of new products that have been shown to meet their needs for doing business more effectively with the NHS.

## Network growth and confidence

Our paying membership numbers are growing - almost doubling in 2015. Last year they, and other stakeholders, took part in a national AHSN Network stakeholder survey. We are proud to report that:

- 81% of our stakeholders would recommend working with us.
- 77% of our stakeholders say they have a good working relationship with us.
- We're seen as effective when it comes to delivery – 74% of our stakeholders believe we will deliver our priorities.

## Organisational Development (OD)

We will strengthen capability and boost our measurement expertise. Our engagement strategy to date means we are seen, internally and externally, as a good place to work and good people to work with. We will use this as a basis for further improvement, particularly around our reporting and governance. As our portfolio develops over the next five years, there will be a corresponding shift in the skills mix of our workforce. Our Locality Support Plans will have us to nurture more independent ambassadors and advocates amongst our members and partners. Our refreshed marketing and communications strategy will better enable us to adopt a sophisticated CRM approach, within which we will target effort towards relationships with more senior stakeholders. This will be led by a revised executive team and Board structure.

## Flexibility, speed, resilience

Our growth is soundly financed and resourced, allowing us to undertake work to develop our organisation which will increase our capacity and capability as an innovation catalyst and build further agility. The flexibility and speed with which we can respond to a changing environment – such as member needs, national priorities or international opportunities – ensure our business has resilience and sustainable growth potential, as well as being relevant to existing partners and responsive to new connections.



**David Clayton-Smith**, Chairman



**Guy Boersma**, Managing Director

# How we work

---

## Catalysts

Our ability to act as catalysts for innovation and change is built on our established clinical collaboratives which are able to share clinically developed, evidence based, best practice and accelerate the spread and adoption of innovative technology.

## Collaborative networks

We have strong and established links with clinical communities through our collaborative networks. They are the route to better patient outcomes and remain fundamental to accelerate the adoption of sustainable new models of care and transformative technologies that the system needs.

## Knowledge exchange

We will support our clinical communities and health economy leaders to become more effective networks for exchange of knowledge to speed up the diffusion of new technologies and treatments. For instance, we have built strong relationships with the Region of Southern Denmark and arranged a series of study tours for leading figures from Kent, Surrey and Sussex.

This contributed to the success of the test bed bid which will bring £5million inward investment over the next two years and will see us working with colleagues in Europe's only 5G innovation centre - giving us the opportunity to be part of game changing healthcare innovation.

Our winter Expo and summer partnership days have connected over 1500 colleagues from across the public and private sectors and we will continue to deliver high profile, large scale events, strongly focused on clinical and system priorities. Our refocused engagement with industry will enable us to identify and showcase more credible and higher value new technologies.

## Clinical links

Our links with clinical communities are key to our ability to meet member and national stakeholder priorities. This has informed our decisions to invest in the Living Well For Longer programme to improve the health and healthcare of older people, System Leadership Support to accelerate the Five Year Forward View's vision for new models of care, and industry and voluntary sector engagement to help meet the £30bn challenge and support economic growth, while continuing to support organisations with quality and patient safety improvements.

# Our refreshed portfolio

## Upstream

For the first time we include an upstream innovation project, based in the University of Surrey 5G Innovation Centre. This stems from the successful bid to NHS England for test bed status, led by Surrey and Borders Partnership NHS Foundation Trust and including consortium members brought together by KSS AHSN.

## Beyond the NHS

The portfolio also reflects greater involvement of non-NHS partners, such as Age UK, the University of Surrey, University of Kent and the Region of Southern Denmark, coupled with an approach to industry engagement that is attracting significant interest amongst SMEs and larger companies, as well as across the national AHSN Network.

## Building capacity

Our portfolio will help us to catalyse innovation and build capacity across the region.

### Specifically we will:

- Improve skills in quality and safety practitioners.
- Improve change and transformation skills at senior levels and support leaders to champion innovation.
- Build collective leadership skills within a collaborative culture that works in the interests of patients across the region rather than for organisations.
- Build capacity in out of hospital settings, for instance through our projects to up-skill community pharmacists and care home staff.

## Portfolio highlights

- **New high impact projects, which contribute to the £30 billion challenge: Age UK; Polypharmacy; Hydration; End of Life Care; Atrial Fibrillation;**
- **Help to implement new models of sustainable care faster: Joint System Leadership Support Programme to support Locality Transformation Boards**
- **Disruptive innovation from industry and the voluntary sector, 5G Living Lab**
- **National programmes: SBRI, NIA, Patient Safety, Medicines Optimisation**

# Refreshed portfolio components

## Locality support plans

We are working in three localities where the local transformation board is our customer. These localities recognise the need for health economies to collaborate in order to make the changes needed at the scale required, and have responded by promoting system needs ahead of individual institutions' needs. Our offer includes:

- Excellent knowledge of the patch.
- An effective approach to frontline engagement which builds clinical support for change not clinical resistance.
- Extensive contacts, a good network of partners and associates and an ability to convene.
- Credible, influential and available senior leaders, project managers and analysts.
- Delivery excellence.

## Living Well For Longer

Living Well For Longer aims to support our members and partners with four strategic priorities. These are to:

1. reduce unnecessary hospital admission
2. enhance self-management
3. support capability in care homes, and
4. align with public health strategies and early intervention

By focusing on these four priorities we will contribute to new models of care and promote citizenship and role of communities within health care. We will also contribute to the £30bn financial challenge by supporting our partners, member and stakeholders to provide better healthcare, a better experience for patients and better value for the tax payer.

## Industry engagement

The relationship between industry and KSS AHSN will also mature over the coming years. Working with the AHSN Network the most promising and applicable technologies identified nationally by the 15 will be promoted within region, improving access to patient populations. In addition companies will be engaged through innovation surgeries, and through test beds so that innovations early in development access clinical testing and evaluation more easily, and products with greater evidence behind their use can be trialled and championed in clinical areas developed through the EQR communities. The net effect of this work is two-fold: more companies will have tested and evaluated products within region (leading to more sales and patient benefit, or conversely, less wasted effort) and the region itself will be a better partner and customer for industry, a legacy benefit.

## System leadership

We will strengthen collective leadership and accelerate the introduction of sustainable new care models, as outlined in the 5YFV, to deliver greater change at faster pace.

We will build a culture of partnership and collaboration to address local, regional and national priorities, such as the £30billion challenge. To help achieve this we have a partnership with the KSS Leadership Collaborative and will focus on activities such as whole system modelling, simulation events and capability building.

## Wider system

We will extend our work with the non-statutory members of the health and social care system. Our Living Well For Longer programme aims to support more effective and more sustainable services for older people. Its programmes address issues faced by older people with frailty and align with public health strategies, early intervention and enhanced self management. For instance our Hydrate project supports capability building in care homes to avoid emergency admissions and harm caused by dehydration. Our work with Age UK unlocks more resources from the voluntary sector to support the health and social care agenda.

## Research

We aim to promote a better working relationship between academic partners so they are better placed for future national research and academic calls and bid opportunities.

By the end of our license we will have:

- Worked with University of Surrey, supporting the creation of the living lab, identifying subsequent themes of work (building on the success of the Surrey and Borders/Department of Engineering 5G Internet of things award) and assisting the establishment of the medical school if this bid is successful. This will leave a legacy of academia, health and social care, patients, carers and industry working together to develop solutions for future health priorities.
- Worked with Royal Holloway University to lead a revised CLARHC bid by 2017.

- Worked with Brighton and Sussex universities, and with the Brighton and Sussex Medical School, to establish a Sussex Health Partners forum, building on the successes of the Surrey Health Partners consortium.
- In addition we will broker a conversation between the academic institutes of the region and national NHS and NIHR about how increased credibility can be established so that bids against national initiatives are received more favourably.

# Minimum delivery expectations: >£100m return on investment targeted

	2016/17	2017/18	2018/19	2019/20	Projection
<b>Improving care out of hospital</b> (Living Well For Longer programme)	<ul style="list-style-type: none"> <li>Age UK: 1,500 patients benefiting</li> <li>Polypharmacy: Cash releasing savings identified from drugs budget by Brighton CCG</li> </ul>	<ul style="list-style-type: none"> <li>Age UK: 1,500 patients benefiting</li> <li>Polypharmacy project evaluation: estimating</li> <li>£210k ROI from 1,000 medication reviews</li> </ul>	<ul style="list-style-type: none"> <li>Age UK: 1,500 patients benefiting</li> <li>Polypharmacy: ~210k ROI from 1,000 medication reviews</li> </ul>	<ul style="list-style-type: none"> <li>Age UK: 1,500 patients benefiting</li> <li>Polypharmacy: ~210k ROI from 1,000 medication reviews</li> </ul>	<ul style="list-style-type: none"> <li>Age UK: £4 saved for every £1 invested = £3.6 million ROI</li> </ul>
<b>Quality and Safety Improvement</b> (incl. Patient Safety Collaborative)	<ul style="list-style-type: none"> <li>5% reduction in NIV mortality</li> <li>&gt;3% increase in #NOF discharges to usual place of residence</li> <li>5% increased uptake in use of OACs by locality</li> </ul>	<ul style="list-style-type: none"> <li>1,000 lives saved Emergency Laparotomy Collaborative</li> <li>600 fewer diabetes hypoglycaemia hospital admissions</li> <li>430,000 patients benefiting from EQR best practice</li> <li>4% reduction in mortality rate from sepsis</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in stroke admissions by 5% and subsequent lives saved</li> <li>7% reduction in mortality from sepsis</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in heart failure 30-day readmission rates by 5%</li> </ul>	<ul style="list-style-type: none"> <li>Polypharmacy: ~£210k ROI from 1,000 medication reviews with £460 saved per review year on year equating to ~£840k over 4 years</li> <li>*~£76m worth of benefits realised over 4 years (EQR)</li> </ul>
<b>Industry engagement</b>	<ul style="list-style-type: none"> <li>Maintain innovation surgery throughput at 100 companies per year</li> <li>£5m inward investment from Innovate UK</li> </ul>	<ul style="list-style-type: none"> <li>Maintain 'test bed' introductions at 35 companies per year</li> </ul>	<ul style="list-style-type: none"> <li>Maintain innovation surgery throughput at 100 companies per year</li> <li>Maintain 'test bed' introductions at 35 companies per year</li> </ul>	<ul style="list-style-type: none"> <li>Maintain throughput of services but increase quality of products / companies engaged</li> </ul>	<ul style="list-style-type: none"> <li>£4.5m secured from Innovate UK. Surrey Borders, the lead partner get £1.5m of it over two years</li> <li>Polyphotonix: ~£85m basecase benefits (6-monthly effect)</li> </ul>

# Relevance of our portfolio

	NHS England objective	£22 billion sector challenge	Most valued AHSN USP	Principal impact contribution sought	Principal local priority addressed
<b>Living well for longer</b>	Focus on the needs of patients and local populations: address unmet health needs, while promoting best practice	The £11 billion expected from improved provider productivity and efficiency	Increased opportunity to work with other innovators and researchers from other sectors and other HEIs.	Improved value for the taxpayer: shrinking the ageing population's contribution to the £22 billion by maintaining the independence and vitality of older people for longer	Reversing the trend of reduced community capability (esp. social care) and increased reliance on emergency hospital beds
<b>Industry engagement</b>	Improve health through earlier adoption and spread of value adding new products, technologies and services	The £11 billion expected from improved provider productivity and efficiency. Also the £5 billion expected from non-pay procurement improvements	AHSNs: The network for industry: a larger programme of work	Improved value for the taxpayer: faster adoption and spread of evidence-base vfm practice in place of poorer	Improving the efficiency and productivity of health and social care in Kent, Surrey and Sussex
<b>System leadership support</b>	Build a culture of partnership and collaboration to address local, regional and national priorities	The £5 billion expected from sustainable, new models of care	Even-handedness: A new strategic system leadership support offer supporting faster implementation of new models of sustainable care	Faster implementation of Five Year Forward View new models of sustainable care	Transforming to implement sustainable new models of care asap
<b>Quality and safety improvement</b>	Speed up adoption of innovation /best practice interventions into practice to improve clinical outcomes, patient experience and value for the taxpayer	The £11 billion expected from improved provider productivity and efficiency	Even-handedness: A new strategic system leadership support offer supporting faster implementation of new models of sustainable care	Safer and higher quality care: lives saved and better health outcomes, better patient experience and better value for the taxpayer	Satisfying CQC, Monitor, TDA and NHS England

# Portfolio overview

AHSN programmes & enabling activity	Projects	Strategic outcomes					
		Reduced mortality	Reduced harm	Better care experience	Capability building	Better value	
Living Well for Longer Programme	Polypharmacy		Y	Y	Y	Y	
	End of Life			Y	Y	Y	
	Hydration		Y	Y	Y	Y	
	Age UK		Y	Y		Y	
	New project development		Y	Y	Y	Y	
Industry Engagement	Innovation surgeries					Y	
	Test bed (market access)				Y		
	Test bed (product development)					Y	
System Leadership Support (Joint Programme with HEKSS)	Whole System Support (using Measures, Leadership, Modeling, Simulation)					Y	
	Community Pharmacy		Y	Y	Y	Y	
	Joint projects with KSS LC (detail tbc)				Y		
	CLAHRC system change & commissioning workstream				Y		
	New project development				Y		
Quality & Safety Improvement Programmes	Patient Safety Collaborative	Acute Kidney Injury	Y				
		Sepsis	Y				
		Mental Health		Y	Y		
		Leadership & Culture				Y	
		Measurement				Y	
	Enhanced Recovery	Pressure Damage		Y	Y		Y
		Safe Discharge			Y		
		Medication Errors		Y			Y
	Respiratory Network	Emergency Laparotomy	Y	Y	Y	Y	Y
		Elective Pathways measurement	Y	Y	Y		Y
		COPD		Y	Y	Y	Y
		Community Acquired Pneumonia	Y	Y	Y	Y	Y
	Enhancing Quality	Acute NIV	Y	Y	Y	Y	
		Asthma		Y	Y		Y
		Heart Failure		Y	Y	Y	Y
Diabetes Hypoglycaemia Pathway		Y	Y	Y	Y	Y	
Corporate	Fractured Neck of Femur	Y	Y	Y	Y	Y	
	Atrial Fibrillation	Y	Y	Y	Y	Y	
	EKBI and other investments				Y	Y	
	Import / export with other AHSNs						
	Portfolio measurement & evaluation				Y	Y	

# Living Well for Longer programme delivery milestones

Project	Key Milestone	2016-17				2017-18	2018-19	2019-20
		Q1	Q2	Q3	Q4	Q1-4	Q1-4	Q1-4
Polypharmacy	Establish project board (Apr 16)	◆						
	Secure pharmacist and pharmacy technician for phase 1 (Apr 16)	◆						
	Agree 2 additional CCGs to be phase 2 sites (June 16)	◆						
	Secure pharmacists and pharmacy technicians for phase 2 (Oct 16)			◆				
	Evaluate whole project (to include identifying cash releasing savings) (Dec 17)					◆		
	Develop toolkit for wider use (Mar 18)					◆		
	Brighton CCG identify the cash release releasing savings from drugs budget as a result of the Level 3 reviews				◆			
End of Life	Identify localities taking part in the project	◆						
	Evaluate project and disseminate learning				◆			
	Deliver 2 x collaborative sessions for people working on EOLC (Q4 2016-17)				◆			
Hydration	Sign up care home and charter - Locality 1 (End of April-16)	◆						
	Produce baseline data for key deliverables - All localities (End of April-16)	◆						
	Complete training for care home champions - Locality 1 (End of May-16)	◆						
	Baseline audit of staff awareness of hydration issues - Locality 1 (End of May-16)	◆						
	Agree transfer to Business as usual and withdrawal of KSS AHSN based on acceptance criteria - Locality 1		◆					
	Final comparison of actual key deliverables vs baseline - Locality 1 (End of October-16)			◆				
Age UK	Agree and establish robust project governance arrangements between Age UK and AHSN	◆						
	Site 1 go-live	◆						
	Set up partnership programme board							
	Agree the financial model							
	Informal co-design and engagement activities for 3 new sites 1 Q1 2 in Q2 3 in Q3 2016/17		◆	◆				
	To have a formal partnership agreement in place with new localities (same Q as above)		◆	◆				
	Secure funding for sites 2 and 3 ( same quarters as above)		◆					
	100 people identified as cohort from each site respectively		◆					
	Go live - service delivery in pilot sites 2 and 3 Q1/Q2 onwards			◆				
	Evaluate project and disseminate learning					◆		

# Industry Engagement delivery milestones

Project	Key Milestone	2016-17				2017-18	2018-19	2019-20
		Q1	Q2	Q3	Q4	Q1-4	Q1-4	Q1-4
Innovation surgeries	Increase 'innovation surgeries' throughput to 100 Med Tech and Diagnostic innovations per year				◆			
	Develop pharmaceutical company equivalent 'innovation surgery'				◆			
	Develop marketing material for promoting surgeries and test beds	◆						
Test bed (market access)	Identify three potential test beds in KSS		◆					
	Introduce 10 companies to the test bed process					◆		
Innovation Exchange	Identify 'first movers' for Innovation Exchange for technologies		◆					
	Review outputs of AAR and AHSN Network (national) response			◆				
	Pilot exchange documentation				◆			

# System Leadership Support programme delivery milestones

Project	Key Milestone	2016-17				2017-18	2018-19	2019-20
		Q1	Q2	Q3	Q4	Q1-4	Q1-4	Q1-4
Capability building – quality and safety culture	Course 1 completion			◆				
	Localities identified	◆						
	Course 2 completion date				◆			
Whole System Support	Changes to transformation programme agreed by Epsom Strategy Board as a result of Leadership Sentiment Survey findings			◆		◆	◆	
	Revisions agreed to a locality's new care model as a result of whole system workforce modelling project output				◆			
Community Pharmacy	Scope training and education needs							
	Training delivery underway							
	Evaluation report issued							
Joint projects with KSS LC	Scope joint programme		◆					
CLAHRC system change and commissioning work stream	Agree whether to prepare for a 2018 CLAHRC bid	◆		◆				
	Confirm content of bid					◆		
	Secure CLAHRC status						◆	

# Enhancing Quality and Enhanced Recovery programme delivery milestones

Project	Key Milestone	2016-17				2017-18
		Q1	Q2	Q3	Q4	Q1-4
Emergency Laparotomy	Create ELC run-chart maker and programme dashboard, enabling the collection and analysis of data and benefits tracking	◆				
	Implement ELC care bundle across 100% of hospitals (28/28) by August 2017					◆
	Track and report on achievement against care bundle delivery and mortality reductions delivered	◆		◆		◆
	Complete full evaluation assessment (ELC care bundle and qualitative measures, Year 2 - full report)					◆
	Reduce crude 30 day mortality for all patients by an average of 15% and risk adjusted hospital mortality rates by 30% across all 28 hospitals					◆
	Complete Health Economics sub-project (cost impact of care bundle)					◆
Elective Pathways measurement	Completion and implementation of new data collection service tool		◆			

# Enhancing Quality and Enhanced Recovery programme delivery milestones

Project	Key Milestone	2016-17				2017-18	2018-19	2019-20
		Q1	Q2	Q3	Q4	Q1-4	Q1-4	Q1-4
Heart Failure	Present baseline and improvement period figures for acute and community services monitoring re-admission and mortality rates		◆				◆	
	Reduction in mortality rates by 1% for patients receiving HF care bundle				◆			
	Reduction in heart failure 30-day readmission rates by 5% by Q4 19/20							◆
	Completion of 5 peer reviews and health economics study of impact of programme				◆			
Fractured Neck of Femur	NOF Care Bundle: Benchmarking report created and published	◆						
	NOF Care Bundle: First Quarterly Report created showing outcomes for providers	◆						
	NOF Care bundle: Baseline data established for participating trusts.		◆					
	Peer Reviews: Initial round of 3 reviews completed and recommendations made.	◆						
	Reduction in length of stay by 0.5 days for #NOF patients Reduction in mortality rates by 0.5% Increase in number of patients discharged to place of residence by 3%				◆			
Atrial Fibrillation	KSS AHSN Alliance for AF to begin pilot primary care project with Surrey Downs CCG / 33 GP practices.	◆						
	Increase in documented AF prevalence by 2% (Surrey Downs locality) through GP training and development in partnership with industry				◆			
	Increased number of patients treated with OACS by 5% by Q4 16/17 (Surrey Downs locality)				◆			
	Reduction in stroke admissions by 5% (Surrey Downs locality) and subsequent reduction in stroke related mortality					◆		
Diabetes Hypoglycaemia Pathway	Provide support to 19 CCGs to help them implement the SECAmb Hypoglycaemia Pathway			◆				
	Reduction in emergency hospital admissions due to hypoglycaemia across KSS by 10% by Q1 2017/18 which will result in an approximate saving of £350k in hospital spells and emergency medicine					◆		
	Reduction in conveyances to hospital for hypoglycaemia across KSS by 10% by Q1 2017/18					◆		

## Enhancing Quality and Enhanced Recovery programme delivery milestones

Project	Key milestone	2016-17				2017-18	2018-19	2019-20
		Q1	Q2	Q3	Q4	Q1-Q4	Q1-Q4	Q1-Q4
COPD	To increase proportion of appropriate patients receiving PR on discharge			◆				
	To reduce the number of hospital bed days for COPD per 1000 COPD population across KSS by 1%				◆			
	To reduce readmissions within 30 days and 90 days by 2%				◆			
	Complete health economic analysis of smoking cessation and pulmonary rehab interventions delivered in KSS				◆			
Community Acquired Pneumonia	Complete full epidemiological and economic evaluation of CAP programme				◆			
	Tracking of CAP ACS scores and mortality rates		◆		◆			
	Completion and implementation of new data collection service tool to reduce programme delivery costs		◆					
Acute NIV	NIV e-learning modules available across KSS April 2016	◆						
	Mortality of appropriate patients on NIV in hospital reduced by 5%				◆			
Asthma	Robust production of dashboards to inform service reviews at local level				◆			

# Patient Safety Collaborative programme delivery milestones

Project	Key milestone	2016-17				2017-18	2018-19	2019-20
		Q1	Q2	Q3	Q4	Q1-Q4	Q1-Q4	Q1-Q4
Pressure Damage	Create Community of Practice for organisations piloting and using Purpose T				◆			
	Provide benchmarking capability through the Implementation of a common SSKIN bundle audit tool					◆		
	Create pressure damage CQUIN for use by CCGs				◆			
	Provide benchmarking capability through the Implementation of the provision of data platform and common clinical incident reporting language			◆				
Safe Discharge	Implement pilot project for reducing on-day bookings for transport			◆				
	Implement and evaluate a pilot for discharge passport to improve patient communications			◆				
	Development of core standards for safe transfer				◆			
	Establish monitoring of discharge metrics via NRLS datix system across KSS				◆			
Medication Errors	Develop a portal for sharing of initiatives and solutions for the effective implementation of national medication related patient safety alerts		◆					
	measure the impact of the implementation of the portal through the rate of medication related clinical incidents at regional and individual organisation level					◆		
	Develop a process for increasing the frequency of medication related clinical incidents within primary care				◆			
	Establish locality groups in primary care for sharing and learning from trends in medication related safety incidents			◆				
	Develop in partnership with commissioners a CQUIN for the implementation of the medication safety thermometer into secondary, community and mental health Trusts care within KSS		◆					

# Patient Safety Collaborative programme delivery milestones

Project	Key milestone	2016-17				2017-18	2018-19	2019-20
		Q1	Q2	Q3	Q4	Q1-Q4	Q1-Q4	Q1-Q4
Acute Kidney Injury	Establish alerting capability for all flagged patients. b) primary care 2016				◆			
	Establish clinical cascade and care bundle with alerts in inpatient settings.				◆			
	Design web tool capability to host educational resources				◆			
	Implement and evaluate 2 pilots for sick Day rules for high risk patients, to improve awareness and use of Sick day rules.					◆		
	Scope extension of outcomes tracking and benchmarking of AKI cases to primary care.					◆		
Sepsis	Create baseline data pack with trajectories	◆						
	Collate and publish evidence of best practice for Sepsis coding and the achievement of Sepsis CQUINs		◆					
	Establish a Sepsis Leads Network that spans all care settings			◆				
	Recruit a working group for the Technology work stream				◆			
	Share tools and approaches for reliable sepsis screening in pre-admission pathways and treatment in acute settings across KSS (through various methods)			◆		◆	◆	
	Complete interim evaluation of outcome measures to track progress against benefits realisation plan (by March 2017, March 2018, March 2019 and March 2020)				◆	◆	◆	◆
Mental Health	Establish mental health forum for local Mental Health providers, the PSC and south of England collaborative programme lead.	◆						
	Agree programme priorities for south of England mental health collaborative.	◆						
	Agree process for data collection and reporting of measuring improvements.		◆					
Leadership and culture	Complete first wave of front line safety culture model project				◆			
	Complete second wave of front line safety culture model project					◆		
	Complete first wave of capability development project (with IHI/HEEKSS)				◆			
	Complete second wave of capability development project (with IHI/HEEKSS)					◆		
Measurement	Develop measurement approaches that look beyond retrospective harm - Critically analyse opportunities to instigate alternative measurement approaches for safety and share with stakeholders				◆			
	Pilot the implementation of a novel data-model to support quality improvement, accountability, organisational insight and preparedness							
	Development, provision and maintenance of work stream dashboards presenting key work stream level measures in a way to assess change and variation across the PSC and in alignment with work stream priorities		◆					