



UCLPartners

Business plan 2023-2024

Life-changing innovation for better health and care

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Foreword

UCLPartners is a health innovation partnership. Our mission is to help five million people from North London to the Essex coast live longer, healthier lives. We focus on the health challenges that have the biggest impact on the people most in need and work through partnership to deliver solutions that address these problems.

I am delighted to present our 2023-2024 business plan in which we present our plan of work across the partnership over the next 12 months.

The context we operate in remains challenging. Both the NHS and social care remain in considerable operational difficulty with resource constraints, workforce challenges and difficulties accessing care in a timely way. We are seeing the gains achieved in recent years in life expectancy and healthy life expectancy stall or reverse. Health inequalities are rising alongside adverse trends in the social determinants of health.

Meanwhile we see enormous potential in scientific advances, new technologies and a world-leading life-science ecosystem in London and beyond.

As such both the need for, and the potential of, innovation in health and care has never been greater. In late 2022, following extensive consultation, we launched our [five-year strategy](#). In this we clarify our priorities, population and partners, describe our ongoing commitment to work as a partnership, define our focus on research translation and innovation, and set out our offer to the system in delivering novel solutions to innovation challenges. Since then, we have developed our operating model for how we will work with the health and care system to deliver solutions and have undergone considerable internal change and development to prepare us for this mission. Over time, we are focusing our portfolio of work and will be working on larger, more transformational projects that harness cutting-edge innovation and have genuine potential to scale. Central to our future is working in lock-step with our integrated care systems, providing complementary innovation support. We were delighted this year to welcome our three integrated care systems to our board as partners.

Our 2022-2023 [impact report](#) describes our key achievements in the past 12 months and I'd like to congratulate my team and our partners on delivering this work. Over the next 12 months we will be testing and refining our operating model and will be working to deliver impact in our priority areas, while building health innovation capacity across the partnership.

This business plan gives an overview of our objectives and how we will deliver them. We very much look forward to working with our partners in this next phase of delivery of our strategy and our shared mission to deliver life-changing health innovation for our population.

By Dr Chris Laing, CEO of UCLPartners

Introduction

Our strategy

Our new five-year strategy centres around two ambitions:

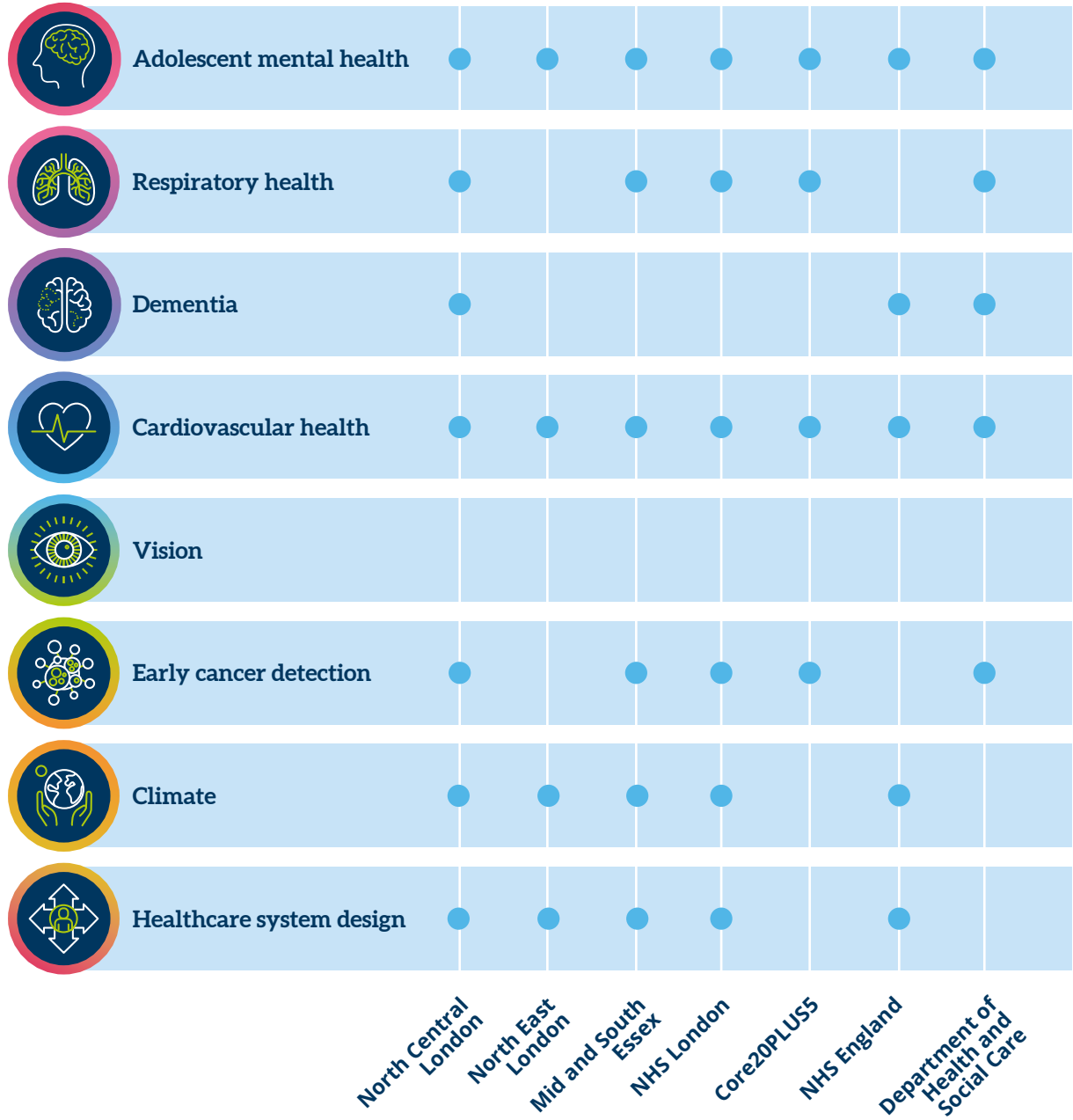
1. **We will build our strength as an inclusive health innovation partnership, from discovery and research to the scalable implementation of solutions and their evaluation.**
2. **We will deliver solutions to effectively tackle the biggest health challenges our communities are facing, reducing inequalities to improve lives and prioritising the people who are most in need.**

Our work will focus on the following health and healthcare system challenges:



Our strategic priorities are aligned with priorities of our regional partners as well as the local and national healthcare agenda.

Our priorities



Strategy aim 1

We will build our strength as an inclusive health innovation partnership, from discovery and research to the scalable implementation of solutions and their evaluation.



Strategy aim 1

How we will work

To deliver on our strategic ambitions, we have developed a new operating model that brings a specialist, integrated approach to managing a pipeline of innovation across our teams. Within this business plan, we set out how we will be delivering our work using this pipeline approach.



Insights

We will monitor our population health data to understand which of our boroughs and communities are most in need of help. We will assess healthcare demand and operational data where appropriate so we can surface patient and workforce insights for impact.

Discovery

We will support our academic partners in their identification of the problem and development of early innovations. By managing these relationships, we will effectively track the pipeline of research and translation against our priority areas, identifying promising solutions as early as possible.

Solutions

We will develop and assess promising innovations for their readiness for piloting, supporting prototype development, early-phase testing, legal compliance, assessment of 'market-readiness' and, where necessary, routes to procurement.

Implementation

We will pilot innovations and scale adoption across our three ICSs, using a range of improvement and implementation science tools to support adoption of change and innovation, and customising our approach according to local needs and feedback.

Evaluation

We are developing our real-world evaluation capabilities to enable the best support for evaluations at pilot, scale-up and national adoption levels. By working closely with our partners we will be able to evaluate the impact of our strategy and disseminate these learnings widely.

Developing our team

Organisational development

Over the past 18 months, we have worked internally with our team to implement our new strategy through a process of organisational development and redesign. We have moved from a workforce model of one third fixed-term appointments, one third secondments and one third permanent contracts to a workforce with over two thirds of staff on permanent contracts. We have worked with colleagues across the organisation to implement a new operating model, new ways of working and a new structure built to support an innovation pipeline. Throughout this process, we have engaged with colleagues to provide more clarity around organisational and team decision-making, cultivate areas of responsibility and focus for teams and individuals (starting with the senior leadership team) and harmonise policies and standardised practices across the organisation. This work is ongoing as we move toward the next phase of strategy implementation where we focus on processes and systems that the organisation uses to support our work.

Our staff networks underpin the organisation's commitments to equality, diversity and inclusion (EDI) and to tackling health inequalities. Now falling under our environmental, social and corporate governance (ESG) work, our staff-led EDI group continues to drive innovative work to support the organisation to benefit from its diverse individuals and teams, and to ensure that all colleagues can feel that they are able to bring their whole selves to work.

We report regularly on our workforce metrics to the Board, to staff and senior leadership and set targets to maintain an ethos of constant improvement and challenge to be better in providing a fair and equitable place to work. We are launching an annual staff survey this summer and will now have the opportunity to hear from staff on how these changes have impacted them and their experience working at UCLPartners.

Learning and development

This year will mark the first year of ear-marked investment in our workforce learning and development. Having worked across the organisation to understand priority learning needs, we will be making changes to learning and development through all elements of the employee lifecycle. The focus will be balanced between operational systems, interpersonal skills and technical competence to support innovation implementation.

Strengthening our governance and the breadth of participation in our work

UCLPartners board

Our board of directors convene three-monthly board meetings. Board membership includes our partners (higher education institutions and NHS providers) and ICS and mental health leadership. The board oversees, assures and directs the activities of our health innovation partnership and statutory responsibilities for the organisation. The board receives three-monthly programme updates, following executive leadership team (ELT) review as well as assurance on our Health Innovation Network (formerly AHSN) and Academic Health Science Centre (AHSC) performance, finances, workforce development and welfare. The board makes larger strategic decisions with board sub-committees overseeing risk and audit and remuneration.

Executive leadership team (ELT)

The ELT receives three-monthly updates from programme boards and each of the six functional areas in the organisation (enterprise, implementation, people, engagement, finance, and evaluation and insights), reviewing progress and providing support and challenge. ELT also oversees delivery of broader organisational governance, strategy and delivery of our business plan.

- The **Environmental, Social and Governance Group** is a staff network chaired by the CEO with a year one focus on the sustainability/environmental impact of our organisation and work, our ethical approach to partnerships and industry while continuing and building further on the great work of our EDI group.
- The **Leadership Forum** is a development session for the senior leadership teams to discuss and co-design initiatives around organisational development, discuss strategy and gather insights from other organisations and leaders. It is about learning together to build a strong and cohesive leadership team.
- The **Patient, Carer and Public Advisory Panel** is a group of 24 patients, carers and members of the public in our region who influence our patient and public involvement and engagement strategy and feed into decision-making.

Programme boards

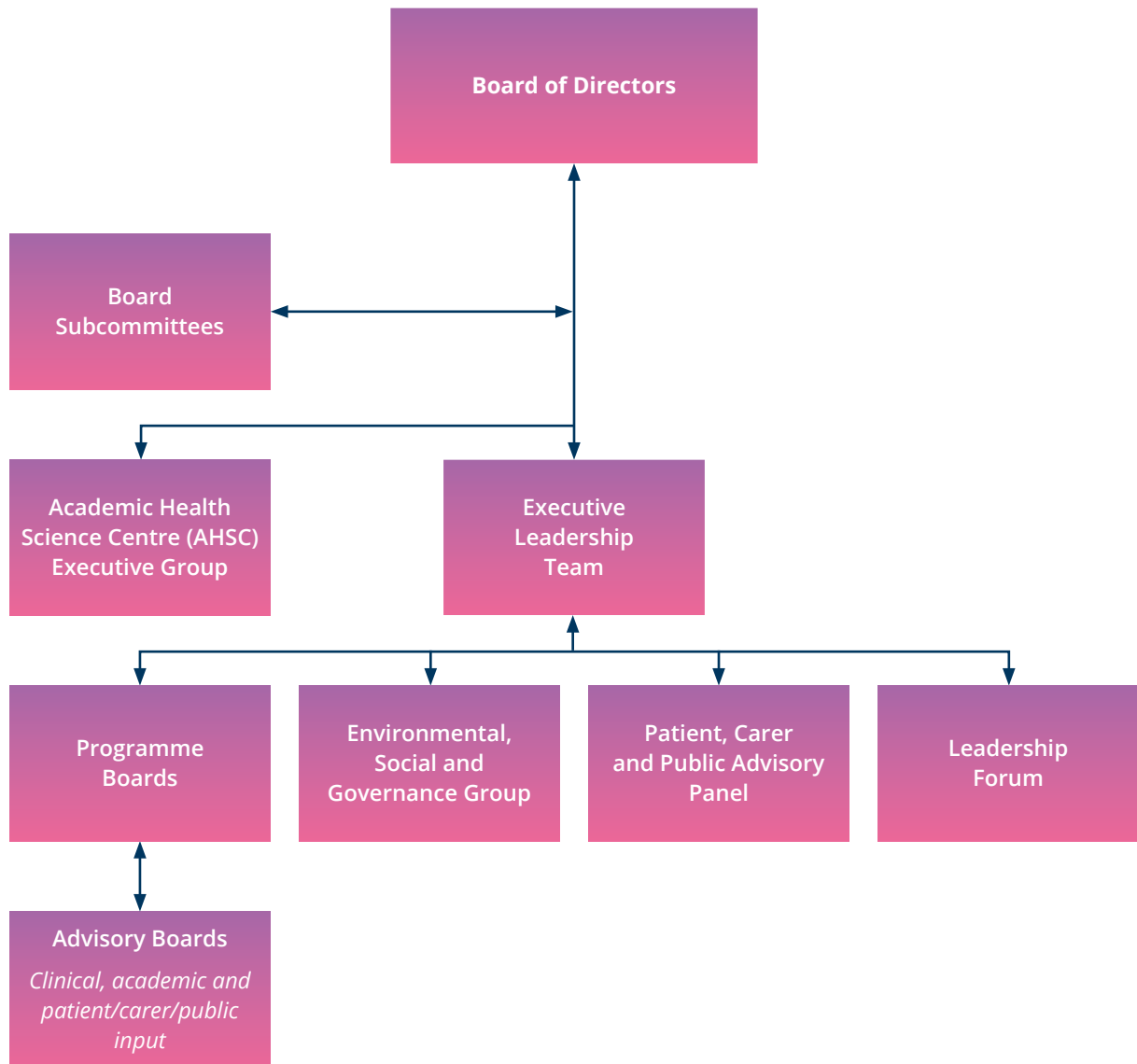
We have established programme boards to oversee delivery of our cross-pipeline research translation and innovation programmes. These are operational, business meetings designed to ensure delivery is on track, teams have appropriate support, responsibilities are clear, hand-overs are executed, and decisions are made in a timely way.

Advisory boards

These convene four-monthly. They are chaired by our executive clinical directors, clinical leads or senior advisors. We convene clinical, scientific and operational expertise relating to the programme area from across the partnership. Patients and public and our PPIE teams will also attend. This ensures broader partnership expertise steers our work. These boards will:

- Provide critical challenge on programme updates
- Advise on specific questions raised by the UCLPartners team
- Suggest further development of our work
- Surface work in research or innovation they are undertaking or are aware of

Figure 1: UCLPartners governance structure



Towards problem-based innovation

The starting point for our work will be clearly defined problems that need an innovative solution. Within our health priority areas there are specific challenges or 'innovation priorities'. These are areas where existing solutions or best practice are not enough to meet health and care needs. In the coming year we will be working with our health and care system partners and patients to embed a process to define problems methodically and then activate our innovation pipeline process to find a solution. This may involve simply sourcing a solution or it may involve adapting innovation, assembling a solution from component parts. In some cases, the problem will trigger a research or primary innovation challenge that we can share with our research or industry partners.

Working with industry and delivering increased economic impact

UCLPartners is part of the Health Innovation Network, commissioned by NHS England and the Office for Life Sciences to spread innovation at pace and scale.

In 2023-2024 we will continue to deliver our well-established innovator support services to ensure understanding and insights on the NHS are shared with innovators on a regular basis.

We will continue to run our regular NHS Insight Briefings, as well as develop new specialist briefings to highlight specifics around funding flows in primary and secondary care.

As part of our closer integration and connection of national bodies to local initiatives, we have already started work with the Centre for Digital Innovation at UCL who work in close collaboration with Amazon Web Services.

Over the next 12 months we will seek to match the number of companies we supported in 2022-2023 of 225, but with a focus on large-scale collaborations.

Innovators working with us will benefit from technical expertise when further improving their products. They will also be linked in with opportunities available through the national **Accelerated Access Collaborative** (AAC) programmes such as SBRI and the **NHS Innovation Accelerator**, an NHS-funded national programme, hosted by UCLPartners and delivered in partnership with the Health Innovation Network.

We will continue to deliver innovation programmes for our local partners within our innovation networks launched in primary, secondary care and mental health with a view to extend this to early cancer via the three Cancer Alliances. These forums provide regular innovation exchanges with our provider sites, where provider and wider system colleagues present their local innovation projects, allowing us to introduce new technology based on their needs.

Supporting our workforce with innovation adoption

Our in-house education experts provide technical know-how and expertise to design and develop the educational materials that support innovations within our innovation pipeline, for our staff and teams and across our health and care system workforce. Our work in this area focusses on supporting our partnership workforce to adopt innovations within our pipeline and providing the learning and continuous development of our staff and teams to deliver our work.

Supporting our partnership workforce with innovation adoption and spread

Our partnership has a huge workforce. Across our three ICSs there are 119,608 whole time equivalent (WTE) staff (23,068 in Mid and South Essex, 48,991 in North Central London and 47,549 in North East London). We will use workforce data and metrics, drawing on our strong relationship with NHS England's Workforce, Training and Intelligence Team (formerly HEE), to ensure that capability building is aligned with and focussed for those implementing our solutions.

Our objectives in this area are:

1. Building capability and knowledge of mechanisms for spread within and across the partnership, including NHS providers
2. Building an understanding of the changes required for adoption within local care pathways and building suitable education interventions and change models to support transformation
3. Ensuring our commitments to equality, diversity and inclusion underpin all our training and education support to our health and care system

Providing learning and development opportunities to strengthen innovation implementation within our teams and with the Health Innovation Network

We are creating a suite of courses and programmes to support established and emerging learning and development needs. Our focus will be to build capability in key areas to deliver our pipeline.

We will:

1. Work across the network to design shared policies and approaches to spread and scale different methods for innovations and sharing learning.
2. Improve our organisational capability to develop and deliver educational materials to our partners
3. Design and deliver programmes of learning and development:
 - For our operational systems and processes to support pipeline working
 - To facilitate cross-function knowledge-sharing
 - To support the development of highly specialised functions within the business

Working across London to harness data for research and innovation

We are actively supporting London-wide ambitions on healthcare and health data integration for clinical care, research and innovation. We are collaborating on the London Sub National Secure Data Environment (SNSDE) programme, providing strategic leadership and communications support.

London is wave one of four 'wave one' SNSDE sites. Funding is being provided by the NHS England transformation directorate. London's SNSDE will link data from all five of London's ICBs within the London Data Service, adding further bespoke and specialist data feeds in time. The other three wave one sites are taking a disease-themed approach (dementia, cancer and mental health).

Governance is still in development, bringing together the pan-London infrastructure for data, patient and public involvement and engagement (PPIE), with the Citizens Advisory Group (CAG), Independent Information Access group (IIAG) alongside system and research stakeholders and the five ICSs.

Financial sustainability will require revenue generation through industry and university paid access (adhering to the governance framework) or NHS system investment.

There is a specific focus on clinical trials and artificial intelligence (AI) work as two priority use cases, alongside increasing the breadth of multi-modal data included and progressing a direct access model to support scale up of users.

During 2023-2024 the programme will:

Summer 2023

- Create the next iteration of the commercial model, including principles around future revenue sharing
- Achieve sign-off of the schedule for data entry prioritisation
- Reach all necessary information governance (IG) milestones for both the SNSDE for research and development and the London Data Service
- Develop a metadata catalogue and publish a data dictionary for researchers to access and use

Spring 2024

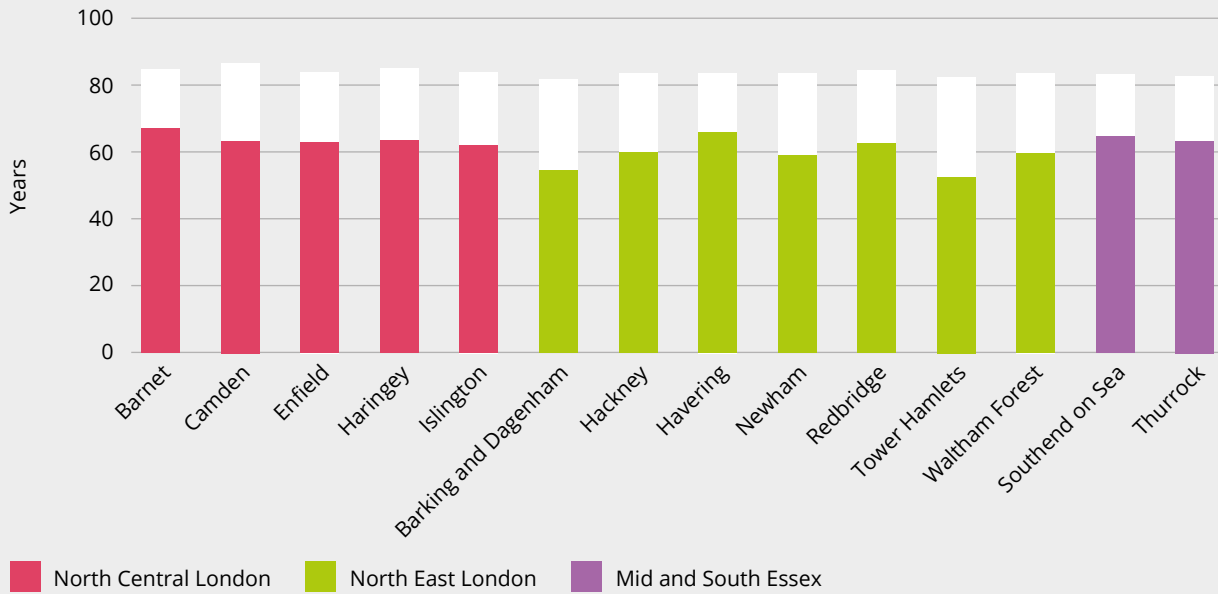
- Scope an AI and algorithm testing service offer and direct access service offer and draft timeline for implementation including support from partners such as the AI centre
- Contain 10.7 million GP registered population data in the SNSDE

As part of this work, we have undertaken significant mapping of the local UCLPartners health research and innovation infrastructure and stakeholders, convening a UCLPartners expert group. While the London work progresses, there is much we can do with more local collaboration. It is likely we will look to support more local, 'cutting-edge' approaches to SDEs which may then support subsequent development of the London SNSDE. In addition, we hope UCLPartners and our research community will be active members and users of the SNSDE for research and evaluation activities.

Health, healthcare and inequalities

There are very significant gaps between life expectancy and healthy life expectancy across the UCLPartners region and huge variation between boroughs. For example, females have similar life expectancy in Barking & Dagenham and Barnet but are likely to enjoy almost 10 more years of healthy life in Barnet compared to Barking & Dagenham. Similar variation is evident in males.

Figure 3: Life expectancy vs disability free life expectancy at birth for females by upper tier local authority



Source: ONS Crown Copyright 2016

Figure 4: Percentage of the population in each local authority that is in the most deprived 20% of the national population



Source: English indices of deprivation 2019

Areas across the UCLPartners region with low healthy life expectancy tend to have more people living in the most deprived 20% of the national population and are more likely to have a greater degree of ethnic and language diversity.

The drivers for this variation in healthy life expectancy are largely from causes considered preventable, for example coronary heart disease and certain types of cancer. Five of the 12 London boroughs and three of the nine Mid and South Essex local authorities in the UCLPartners region have some of the highest levels of mortality in England for people under 75, who have died from a preventable cause, such as some cardiovascular disease and cancers.

Our commitments for 2023-2024:

- Our [insights platform](#), launched earlier this year, brings together publicly available health and deprivation data across the three integrated care systems in our region. We will track trends over time in our population and monitor the larger scale impact of our work.
- We will target specific health problems that drive inequalities and make them innovation priorities (for example, using new technology to improve early cancer detection in disadvantaged groups).
- We will, using our health insights platform, ensure we prioritise access to innovation for the most disadvantaged groups and communities.
- We will ensure innovations are assessed to determine inclusiveness to different communities and patient groups.
- We will evaluate the inclusiveness of innovations through testing.
- Our evaluations will assess accessibility and inequalities reduction in hard outcomes.

We will conduct work focused specifically on healthcare inequality. At the heart of this work is the [Innovation for Health Care Inequalities Programme](#) (InHIP). Through this programme we are building on the networks we have, connecting our ICSs to leading innovations and evidence to help them deliver on their own ambitions to reduce healthcare inequality.

We will also support the development of the Wood Green Community Diagnostic Centre (CDC), with the aim of understanding and improving how the CDC impacts healthcare inequalities.

We will continue to work on the National Child Mortality Database, which gathers information on all children who die in England so that children's lives can be saved in the future. We will lead quality improvement planning and analysis on the programme.

We will continue to co-lead the Anchor Strategy and Change Network with NHS London, enabling those leading anchor work to share and spread innovative approaches to tackle health inequalities and positively impact the local economy.

A strong commitment to patient and public involvement

Our mission is to help five million people from North London to the Essex coast live longer, healthier lives. We believe that the only way we can do this is through working in partnership with people whose lives our work affects: patients, carers and the public. Our **Patient and Public Involvement and Engagement (PPIE) Strategy**, developed in consultation with patient partners, is centred around the six themes from the UK Standards for Public Involvement:



Inclusive opportunities



Governance



Support and learning



Working together



Impact



Communications

In 2023-2024 we will focus on:

- Building on our existing close working with patients and carers in our programme delivery, embedding meaningful patient, public and carer involvement and engagement at all stages of the innovation pipeline
- Engaging local communities with lived experience of the health challenges that we are seeking to solve. We will partner with existing local community groups to ensure seldom-heard voices inform our work
- Recruiting and support two patient, carer and public representatives on each of our programme advisory boards as they are established, starting with cardiovascular health, adolescent mental health and climate
- Developing a PPIE support model for clinical and commercial innovators, to support them to meaningfully and actively involve patients and the public
- Seeking patient input into decisions about the recruitment into our leadership roles by inviting patients to be part of stakeholder panels

We will continue to work with our newly formed Patient, Public and Carer advisory panel to review and develop our approach to PPIE.

Enhancing engagement and the reach of our communications

Our new communications strategy has three key objectives:



Strong partnership



Significant profile



Strategic engagement

Strong partnership

Through powerful and impact-led communications, we will ensure that **leaders in our NHS and academic partners highly value UCLPartners** for driving partnership working that solves the biggest health challenges facing our communities through research and innovation.

In 2023-2024 we will:

- Ensure key stakeholders are well informed and up-to-date about our work in their local area and more broadly by establishing a new suite of tailored updates for key partners and stakeholders, tracking progress against our business plan and strategy
- Implement changes to our website and other corporate communications to strengthen our brand and understanding of how collaborative working along our innovation pipeline can address big health challenges

Significant profile

We will gain and **build national and international recognition** for UCLPartners as a leading health innovation partnership that makes a life-changing impact at scale.

In 2023-2024 we will:

- Ensure strong presence at key external events in our priority areas as part of the establishment of a horizon-scanning capability that includes systematic collation of upcoming events and policy developments, as well as identification of trends through review of trade and national media articles in our priority areas
- Secure proactive trade and national media coverage, with particular focus this year on cardiovascular health, adolescent mental health, climate and cancer
- Provide communications leadership and counsel for London-wide and national initiatives (e.g. the set up of the London Secure Data Environment, national Innovation for Healthcare Inequalities Programme) that support our strategic priorities and build our strength as an inclusive health innovation partnership

Strategic engagement

We will use targeted communications and engagement approaches for different stakeholders to enable UCLPartners to **mobilise healthcare professionals, researchers, patients, industry and innovators** in collective effort to tackle the biggest health challenges facing our communities.

In 2023-2024 we will:

- Develop and deliver stakeholder events bringing together expert insights on research translation and innovation adoption
- Work collaboratively with industry, charity, community and NHS partners to deliver joint communications outputs about the impact of our work in partnership

Other priorities for increasing our health innovation capability

We have identified the following priority areas, relating to our innovation capability, that we will be working on over the following year:



Data



Commercialisation



International network



Fellowships



Health innovation districts

Data

Shared approaches to data for research and innovation (including standards, interoperability and governance arrangements).

Commercialisation

Shared approaches to commercialisation and intellectual property generation within our partnership.

International network

Extending our innovation network internationally to promote learning and dissemination of innovation.

Fellowships

Developing junior and senior innovation fellowships, with secondments from partner organisations, to develop innovations on behalf of partner organisations.

Health innovation districts

Further work with London Partners and MedCity to promote the Knowledge Quarter, Barts Life Science campus and the Olympic Park as internationally leading health innovation districts.

Strategy aim 2

We will deliver solutions to effectively tackle the biggest health challenges our communities are facing, reducing inequalities to improve lives and prioritising the people who are most in need.



Strategy aim 2

Addressing priority areas for our local population

Our work will focus on key health and healthcare system challenges. These priority areas, together with highlights of some of the work we will deliver within them for 2023-2024 are described here.

Health challenges



Adolescent mental health

Mental health concerns among young people are on the rise and many young people are living in difficulty. Our work in this area aims to create the conditions for young people to move from being victims of circumstances to active agents of change within their own lives, contribute to the evidence base for understanding root causes, and amplify the voices of seldom heard communities.

Highlights for 2023-2024 will include:

- Continued work in Newham on the Kailo programme – an early blueprint of an evidence-informed framework that can be used by local areas to co-design prevention strategies that address the social determinants of adolescent mental health. We will identify boroughs across our three ICSs to work with to iterate the Kailo approach, identify insights to act on and gather the system leadership and commitment to change
- Supporting the mobilisation of the [#BeeWell](#) survey approach in Havering to establish a more in-depth understanding of where to target interventions for local communities of young people and better understand how to tailor the approach
- Building the iThrive 2.0 model bringing a renewed focus on inequalities and clarity on “what” should be delivered as well as “how”



Respiratory health

There are around 30,000 hospital admissions and 3,500 deaths each year from Chronic Obstructive Pulmonary Disease (COPD) in London. These rates are significantly higher than the national average. Our work on respiratory health is at an early stage. In this area we will work with researchers, system leaders and clinicians to define problems on which we can collaborate, scan the horizon for high-potential innovations, looking at areas including PCR testing, air quality and health, COPD and severe asthma and run some exploratory work across a range of areas, testing out our approaches in practice.

Highlights for 2023-2024 will include:

- Evaluating a pilot in Camden using PCR testing for respiratory conditions for frail older people, assessing its potential for wider scale
- Developing work on street level pollution, its links to child and adult respiratory disease and how this might be ameliorated



Dementia

Dementia is the second biggest cause of death in the UK and the leading cause of death in women. The number of people living with dementia is projected to increase rapidly, with some estimates suggesting it could reach 1.4 million by 2040. We will work with researchers and system leaders to look at the significance of disease-modifying therapies for pathways and services, understanding the scale of need and the range of ancillary innovations required to realise benefits. We will also continue to explore the post-diagnostic support for people with dementia now, and viable approaches to improving this support, to help people to live independently for longer.

Highlights for 2023-2024 will include:

- Supporting a new therapies audit, using primary data from across our region to assess the scale of likely future eligibility for disease-modifying therapies
- Understanding the changing significance of blood testing for dementia screening and diagnosis, looking at how this practice is changing and its significance for memory services and for future care pathways
- Building on work to review post-diagnostic support and prototype a Dementia Keyworker role
- Mapping current memory services
- Working with patients, clinicians and others to design new dementia care models that will accelerate diagnosis and access to existing and novel treatments
- Evaluating novel dementia diagnostic innovations to assess their applicability in new care models



Cardiovascular health

Cardiovascular disease (CVD) causes 25% of premature UK deaths and costs the NHS and wider economy £19 billion per year. It is a major driver of health inequalities and therefore a significant burden in the diverse populations UCLPartners serves. Our work will focus on the prediction, detection and management of cardiovascular health risk and provide data and support to patients and clinical teams to enable better patient outcomes.

Highlights for 2023-2024 will include:

- Developing and prototyping a personalised digital approach to tracking and managing blood pressure and supporting patient activation, education, self-management and behaviour change, working with industry partners, creating a viable product and service model to pilot at scale if successful
- Driving a major programme of work deploying intelligent use of data to prevent heart attacks and strokes at scale. The CVD ACTION London demonstrator programme will bring dedicated practical support for transformation in two primary care networks in each of the five London ICSs, in close collaboration with the other two London Health Innovation Networks. Similar support will be provided to two primary care networks in Mid and South Essex. The programme is built around an at-scale pilot of the CVD ACTION tool, which provides granular data on the most important CVD prevention metrics, enables prioritisation and enables holistic action to prevent disease



Vision

An estimated two million people in the UK are living with sight loss and half of these cases were likely preventable. We will work to support scaling of cutting-edge developments in eye health across our local population, accelerate the delivery of innovation that predicts and detects eye disease early and accelerate the access of those at risk to cutting-edge therapies to prevent vision loss.

Highlights for 2023-2024 will include:

- Working with Moorfields to assess a new approach to the ophthalmology pathway which is digital by default and uses virtual triage and high-volume centres to reduce wait times and increase efficiency



Early cancer detection

Cancer is the third most common cause of death in our population and across the UK. Currently, England's cancer outcomes are worse than the European average; a major driver of this is delayed detection. To help address this we will grow our knowledge and networks in relation to cancer care, learning from researchers, system leaders, clinicians and patients, defining with them problems on which we can collaborate. We will also work to discover and implement solutions that accelerate the early detection of cancer and seek to understand why some communities participate in cancer screening and treatment more easily than others.

Highlights for 2023-2024 will include:

- Testing and evaluating qXR – an AI tool for chest X-ray, developed by Qure AI – which seeks to improve diagnostic efficiency and speed up the detection of lung cancer. Evaluation support will be provided in collaboration with the Centre for Healthcare Innovation and Research. This will explore qualitative feedback, alongside a health economic evaluation from UCL
- Working in partnership with Macmillan Cancer Support to implement proven solutions in integrated personalised cancer care across all three ICSs, building in the process for a rigorous evidence base

Future healthcare systems



Climate

We established the UCLPartners Climate Collaborative in summer 2022. Our aim is to support NHS trusts to accelerate reduction in CO₂e/year across scope 1-3 emissions.

Highlights for 2023-2024 will include:

- Working with innovators to identify 1-3 solutions to scale across the partnership
- Continuing to focus on our energy strategy (both supply and demand) including progressing with development of Power Purchase Agreements (PPAs) to ensure impact at scale in greener energy
- Continuing our 'Connecting for Change' programme that aims to build academic-NHS collaborations to produce actionable evidence needed to accelerate net zero healthcare
- Increasing engagement with clinicians to tackle net zero including developing an innovation collaborative approach drawing on implementation methodology
- Supporting the development of research, growing the evidence base and evaluating actions taken towards achieving net zero



Health system design

Many health challenges relate to problems with effective access. Therefore, we will support the use of modelling and simulation to improve healthcare system design. We will also support the implementation and evaluation of radically different models of care that meet our population and partners needs.

Highlights for 2023-2024 will include:

- Working with industry and university partners to use modern technology and simulation to support the design and testing of new models of care. Initially we are simulating the potential impact of integrated long term condition management care models

Patient safety

As part of the Health Innovation Network, we will continue to host a local patient safety collaborative made up of all the NHS providers and commissioners across the three ICSs in our region. The approach of our patient safety work – in line with the national strategy – is to build strong patient safety cultures and systems through insight, involvement and improvement work.

The priorities for our patient safety work are:



Maternity



Medicines



Mental health



Safety systems

Maternity

- Early recognition of deterioration and further development of the Maternity Early Warning Score

Medicines

- Reduce medicine errors by 50% and reduce harm from opioid high-dose prescribing by 50%

Mental health

- Reduce suicide and self-harm in inpatient mental health services and reduce the incidence of restrictive practice in inpatient mental health and learning disability services by 50%

Safety systems

- Support partners with the transition to the Patient Safety Incident Response Framework (PSIRF), completing this transition by the autumn

Funding

Our total funding anticipated for this year is £9.1 million.

Our funding is derived from a variety of sources, as broken down below:

Source	Funding (£)
Health Innovation Network	3.4m
Project income	2.9m
Partner contributions	1.2m
Health Education England	0.7m
NHS Innovation Accelerator	0.6m
Other	0.3m

The UCLPartners audit committee reviews our financial accounts and annual budget. We have developed a sustainable financial model beyond 3-5 years by leveraging a mix of our Health Innovation Network re-licence, partner contributions and increased project income to support transformation and innovation.



For further information about our work visit: www.uclpartners.com

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