Oxford Academic Health Science Network 14/15 Business Plan

For the period ending 31 March 2015

Prof Gary A Ford CBE, Oxford AHSN CEO

**21st February 2014**

Contents

Chief Executive's Review

1. I am pleased to present our Business Plan for 2014/15 and beyond (years 2 -5). This builds upon the significant progress that we have made during year 1 (2013/14) in terms of establishing the Oxford AHSN.

2. During year 1 (2013/14) we have made progress including:

    - Signing our Licence agreement with NHS England
    - Mobilising our core team and recruiting a number of key individuals
    - Agreeing our overall governance structure with our Board
    - Confirmed the 9 Clinical Networks that we are supporting
    - Developing a set of Funding Guidelines and a Funding Agreement to formalise the support we will be offering our Clinical Networks, Programmes and Themes
    - Close collaborative working with our Clinical Networks to mobilise them
    - Establishing the Innovation Adoption programme
    - Established the Continuing Learning programme with partner Health Education Thames Valley – a Patient Safety Academy and MScs for Evidence Based Medicine – open to 8 Clinicians (medics, nurses, AHPs, Pharmacists and Healthcare Scientists) within the Oxford AHSN geography
    - Developed Wealth Creation Strategy in consultation with key stakeholder groups
    - Established strong links with LEPs – they will be part of the AHSN Partnership Board and we have agreed joint working to deliver the Wealth Creation programme
    - Produced a report and event to support App development and commercialisation
    - Continued good stakeholder and public engagement via the sponsorship of and attendance at a range of conferences and meetings and a number of well attended locality events

3. **Going forward into 14/15 our Vision is -** Best health for our population and prosperity for our region**.**

4. **This will be delivered in line with our Mission -** We will support collaboration, research and innovation across the NHS, universities and business, building on our strengths to deliver exemplary care and create the strongest life science cluster**.**

5. **Strategy and objectives.** The strategy is designed to achieve the four objectives set out in the contract between the Oxford AHSN and NHS England, supported by aims developed by the AHSN, reflecting local conditions, existing initiatives and strengths.

    - Focus on the needs of patients and local populations
    - Speed up adoption of innovation into practice
    - Build a culture of partnership and collaboration
    - Create wealth

6. This strategy is characterised by our five Programmes (Best Care, Wealth Creation, Informatics, Research & Development, Patient, Public Involvement Engagement & Experience) and 4 cross cutting themes:

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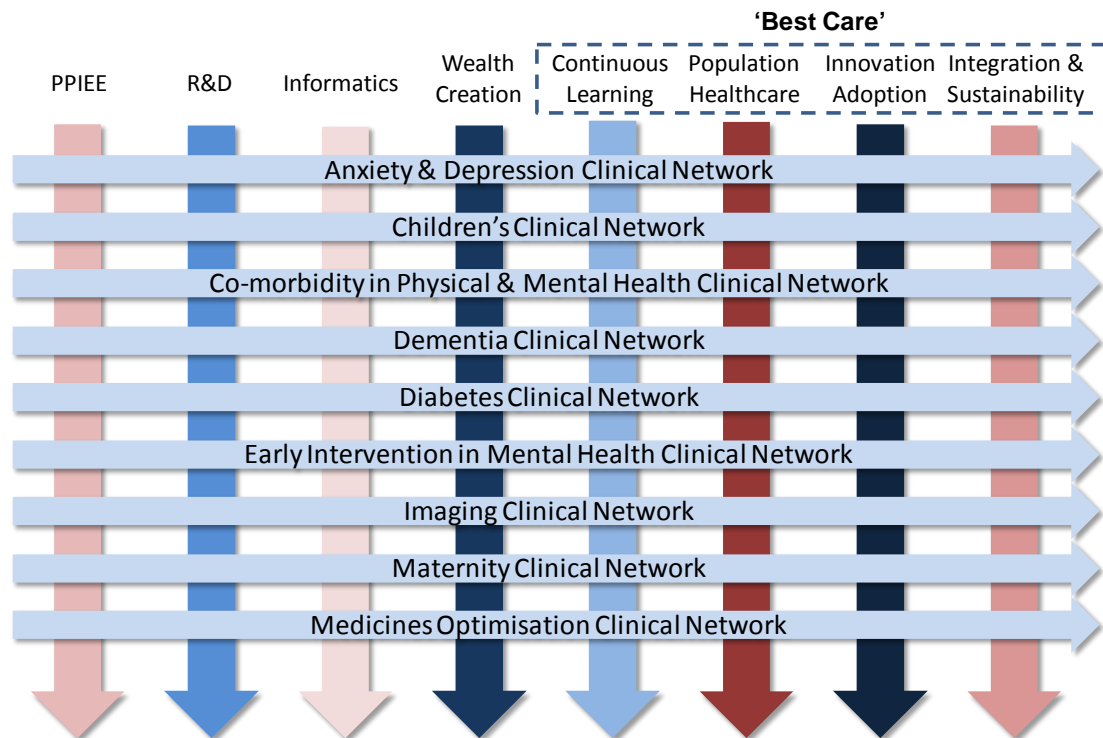
7. Notable milestones will include:

- Formally launching our Clinical Networks and other supported Programmes
- The development of an 'Out of Hospital' Clinical Network to support the effective implementation and evaluation of introduction of the Better Care Fund in 2015-16
- Developing and agreeing the strategic direction, of our Clinical Networks and Programmes, and incorporating this in to the Business Plan for year 3 (2015/16)
- Completing the establishment of our Clinical Innovation Adoption (CIA) Collaborative and focusing upon the adoption of the first 5-10 innovations within our innovation adoption programme
- Bidding for, and being awarded, a Patient Safety Collaborative. Mobilising this functionality as a build on top of our existing Patient Safety Agency
- Mobilising the Patient Safety Academy (and Collaborative, subject to a successful bid)
- Commencement of the MSc programme for Evidence Based Medicine
- Jointly develop detailed plans for 14/15 Continuous Learning programme with HETV
- Research & Development – support development of commercial research programmes for each NHS partner and establish R&D network of R&D Directors
- Wealth Creation – commence delivery of the strategy including developing detailed working arrangements with LEPs to engage industry with development and inward investment initiatives.
- Delivering PPIEE plans for each clinical network
- Developing the Informatics Strategy
- Continuing, and both widening and deepening, our stakeholder and public engagement activity – comprehensive stakeholder map and marketing strategies
- Completing the recruitment, and mobilisation, of our core team and the programme teams

- Launching a trial of our collaborative working tools and infrastructure to support our networks and programmes. Following a successful trial these tools will be rolled out across all Clinical Networks and Programmes

8. This will be delivered within the following financial envelope:

OXFORD AHSN FINANCE PLAN	Business Plan 2013/14	Forecast 13-14	NHS England Budget 14-15
Model Period Beginning	01-Apr-13	01-Apr-13	01-Apr-14
Model Period Ending	31-Mar-14	31-Mar-14	31-Mar-15
Financial Year Ending	**2014**	**2014**	**2015**
Year of the 5 Year Licence Agreement	**1**	**1**	**2**
INCOME AND EXPENDITURE			
NHS England funding	3,078,950	4,398,500	3,824,783
Membership contributions	420,000	0	420,000
HETV income for joint continuous learning programme	240,000	535,000	637,000
Other income	0	50,000	0
Total income	3,738,950	4,983,500	4,881,783
Programmes and themes	2,657,396	4,212,175	3,764,990
Total core team and overhead costs	684,664	715,430	1,096,060
Total expenditure	3,342,060	4,927,605	4,861,050
Surplus/(deficit)	**396,890**	**55,900**	**20,730**

9. To monitor and measure our success we plan to utilise the following KPI, which will be fully developed throughout the year. We will also realign our 'Matrix of Metrics' to these KPI:

Focus upon needs of Patients & local populations

9.1. The measures below focus upon our delivery across 'Best Care' (i.e. Clinical Networks, Population Healthcare and Sustainability)

- Number of local priorities addressed
- Number of patients positively impacted through the introduction of best practice ('reduction in unwarranted variation')

Speed up innovation into practice

9.2. The measures below focus upon our delivery across the Continuous Learning, Innovation Adoption and Informatics Themes.

- Number of innovations adopted out of the 5-10
- Average time to introduce the 5-10 innovations (from the start of AHSN involvement)

Build a culture of partnership and collaboration

9.3. The measures below focus upon our success in building a culture of partnership and collaboration between our Partners across the region

- Network activity
- Network breadth / depth

Create wealth

9.4. The measures below focus upon our delivery across the Wealth Creation and Research & Development Themes.

- Number of jobs created
- Value of commercial research income in NHS Providers

Gary Ford

Professor Gary A Ford CBE
Chief Executive Officer, Oxford AHSN

Introduction

1. **Our Vision is -** Best health for our population and prosperity for our region**.**

2. **This will be delivered in line with our Mission -** We will support collaboration, research and innovation across the NHS, universities and business, building on our strengths to deliver exemplary care and create the strongest life science cluster**.**

3. **Strategy and objectives.** Our strategy is to be facilitative and work through our partners. We will build infrastructure and support the development of people to accelerate innovation and early adoption in our NHS partners that improves health and adds value, including funding clinical networks and developing teams for commercial development and innovation adoption to promote and accelerate change. Wherever it is possible we will ensure that the programmes, themes and resources support each other to maximise the chance of delivering against the four licensed objectives. We will avoid duplication of functions and activities and support our partners to collaborate and work together as a matter of course.

   3.1. **Focus on the needs of patients and local populations:** support and work in partnership with commissioners and public health bodies to identify and address unmet health and social care needs, whilst promoting health equality and best practice.

   - deliver best care in a population-centred healthcare system

   - identify and address unwarranted variation by disseminating evidence-based best practice, making the patient and the population at the centre of care

   - tackle local priorities: which include long-term conditions, mental health conditions and the development of new approaches in medicine

   3.2. **Speed up adoption of innovation into practice** to improve clinical outcomes and patient experience - support the identification and more rapid uptake and spread of research evidence and innovation at pace and scale to improve patient care and local population health.

   - complete the translational research process and accelerate the diffusion of innovation into mainstream practice

   - align and integrate clinical services and the translational research infrastructures to bring rapid benefits to patients and deliver NIHR priorities

   3.3. **Build a culture of partnership and collaboration:** promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.

   - develop an effective continuous learning network

   - create a genuine partnership that develops a culture of learning, sharing and common purpose, which breaks down organisational boundaries to deliver transformational change

   3.4. **Create wealth** through co-development, testing, evaluation and early adoption and spread of new products and services.

   - facilitate sustainable economic development and wealth creation in alignment with Best Care including innovation adoption and with the R&D programme

- work closely with the LEPs, Universities and NHS partners to grow local life sciences clusters by promoting innovation, adoption and dissemination, entrepreneurship and by strengthening relationships with industry and business

4. **Our values.** In our day to day activities, and in our engagement with our Partners, we will strive to display the following values:

- We will be inclusive, transparent and fair.

Establishment of the AHSN

5. The governance arrangements for the AHSN have been revised following discussion at the AHSN Board in January. These arrangements came into place from 1 February 2014 and will be ratified by the AHSN Partnership Board. The AHSN Board will be meeting bi-monthly during 2014 and the AHSN Partnership Board three times a year. The timing of meetings takes into account the expected NHS England reporting timetable. The Partnership Council will meet in June 2014.

6. The core team is now in place with additional appointments planned for early in 2014. The AHSN is now housed at the Oxford Science Park[1]. This location is being used pending the exploration of further options on the John Radcliffe Hospital site. The location is also being used by partners (e.g. Oxfordshire LEP) for hot desking, meetings and events.

7. The team now in place includes:

    7.1. Chief Executive Officer - Professor Gary Ford (Executive Assistant Pam Munnelly)

    7.2. Chief Operating Officer - Dr Paul Durrands (Programme Officer Amy Shearman)

    7.3. Senior Responsible Officer - Best Care Mr Chandi Ratnatunga

    7.4. Assistant Director - Mrs Megan Turmezei

    7.5. Interim Project Directors - Mr Simon Hay and Ms Tracey Marriott (with Mr Simon Hay covering both the Programme Manager roles for Best Care and Central Programme Office and Ms Tracey Marriott leading on Innovation Adoption)

    7.6. Communications Lead - Mr Martin Leaver

    7.7. Patient & Public Involvement, Engagement & Experience (PPIEE) Lead - Dr Sian Rees

    7.8. Innovation Adoption Manager – Mrs Sue Ikin

    7.9. Best Care Project Manager – Mr Will Pank

    7.10. The Director of Information Strategy (a post that will also work with closely with the Oxford Academic Health Science Centre - OxAHSC) – Mr Mike Denis takes up his appointment on 14 April 2014).

    7.11. OUH, which hosts the AHSN, is providing financial management, IP, HR and IT support

8. In addition, recruitment is underway for the following crucial posts:

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[1] John Eccles House, Robert Robinson Avenue, Oxford Science Park, Oxford OX4 4GA

8.1. The Programme Manager to run the Programme Office (currently covered by the Interim Programme Director).

8.2. The Director of Commercial Development (to lead the team, cover Oxfordshire and work closely with colleagues at the OxAHSC) and two supporting Commercial Development Managers to be based in Buckinghamshire and Berkshire, working with partners in Buckinghamshire/Bedford and Berkshire respectively. Mr Nick Scott-Ram has been appointed as Director and will take up his post on 14 April 2014.

8.3. Two support posts for communications and Informatics and wealth creation and innovation adoption.

8.4. We will also recruit the Information Strategy Team in Q1.

8.5. The organisation chart for the Oxford AHSN is at Appendix C.

9. Nationally, Professor Ford and Dr Durrands have attended a number of meetings including the AHSNs network meeting and meetings organised by NHS England particularly in relation to the licence. Dr Durrands serves on the national SBRI Programme Board. NHS England has also launched an AHSN website which links through to all individual AHSN sites. Tracey Marriott attended the Health & Wealth Accelerated Solutions Event that brought together industry, social and health organisations.

10. The Chief Executive Officer has also been engaged in other activities including NIRH (in his role as Director of NIHR National Stroke Network) and the London Health Commission.

Finance

11. The Oxford AHSN's licence for the period May 2013 to March 2018 is now in place and the final tranche of funds, in line with the notified allocation of £4.4m for 2013/2014, is expected in March 2014. The 13/14 Outturn and 14/15 Financial Forecast are included as Appendix E.

12. NHS England announced in November 2013 that funding will be cut by 20% pa from years 2-5 resulting in funding equivalent to 20% of the year 1 amount for year 5. NHS England has not confirmed funding for 14/15 and so we have assumed funding for 15/16 is 20% less than 13/14.

13. The 14/15 Business Plan assumes membership funding of £420,000 (to be confirmed by the Partnership Board) and Health Education Thames Valley of £400,000 (this will be confirmed before the end of March). Funding for the Patient Safety Collaborative has not been included in the 15/16 revenue as this has not been secured as yet.

14. The Oxford AHSN can support a full programme of activities in 14/15. However, unless NHS England changes its policy of reducing AHSN funding, programmes will have to be cut-back in 15/16 unless funds are secured from members or other sources.

Governance

15. The Oxford AHSN Board met on 22 January 2014 and agreed a revision to the governance structure of the Oxford AHSN to be ratified by the AHSN Partnership Board. The Oxford AHSN will have a Partnership Council to include all partners and key stakeholders, an Oxford AHSN Partnership Board and an Oxford AHSN Board. The membership of these entities is

shown in Appendix D. A chart showing how the Oxford AHSN is structured and the Oxford AHSN core team is shown at Appendix C.

16. The Terms of Reference have been agreed by the AHSN Partnership Board[2] and are accompanied by Standing Orders and the Scheme of Delegation based on those documents for the OUH, the host organisation. An outline of the proposed remits for each of these entities is set out below.

AHSN Partnership Council (at least once a year)

17. The terms of reference for this Board are as follows:

    17.1. Formal engagement with the widest group of partners and stakeholders

    17.2. To receive information including presentation of the Annual Report and Accounts.

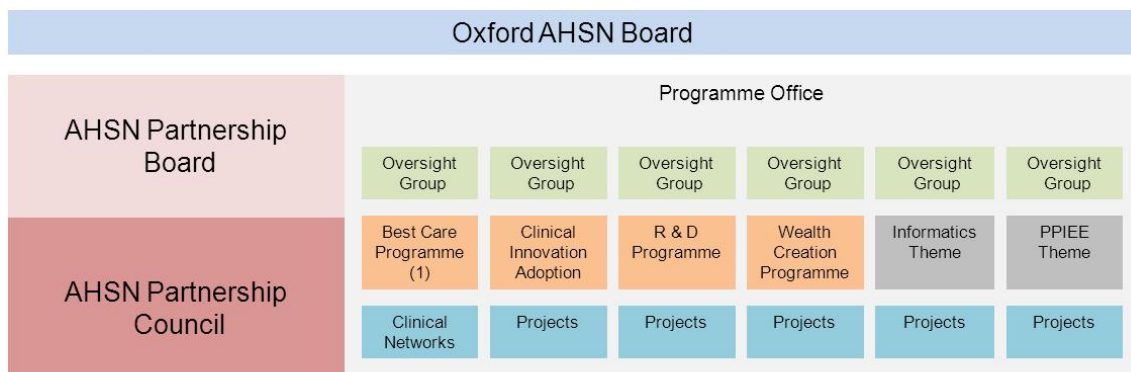## AHSN Partnership Board (three times a year)

18. The AHSN Partnership Board comprises a core group of members from NHS providers, the Clinical Commissioning Groups, universities, industry, and other key stakeholders, including Health Education Thames Valley, NHS England Thames Valley, Local Authorities (for Public Health and Social Care) and the Local Enterprise Partnerships, in addition to the AHSN Board members.

19. The terms of reference for this Board are as follows:

    19.1. To steer the developing strategy drawing on senior engagement from the NHS, academia and industry;

    19.2. To ratify the Annual Business Plan as presented by AHSN Board

    19.3. To ratify policies and procedures as required

    19.4. To approve recommendations from the AHSN Board on appointments to the Boards (and approve recommendations for removal)

    19.5. To receive reports on delivery of Annual Business Plan

    19.6. To receive the Annual Report and Accounts prior to presentation at Partnership Council

AHSN Board (every two months)

20. The terms of reference for this Board are as follows:

    20.1. To agree the strategy and plans for each programme/theme, taking account of the objectives included with the AHSN's five year licence

    20.2. To agree the business plan and strategy for ratification by the AHSN Partnership Board

    20.3. To develop policies and procedures for ratification by the AHSN Partnership Board; such policies and procedures will draw on the relevant policies and procedures in place for the Oxford University Hospitals as the host organisation

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[2] Discussion at AHSN Board 22/1/14 and then to be circulated to Partnership Board for final sign off – NHS England's submission date is 21 February 2014. The Partnership Board meets on 27 March 2014

20.4. To consider the governance arrangements (with associated operating procedures), including the composition of the Boards and to make recommendations to the Partnership Board

20.5. To oversee the preparation and submission of quarterly progress reports and an Annual Report to NHS England) against the agreed set of outcomes included with the licence and the business plan.

20.6. To receive reports from the Oversight Groups

21. There will be six Oversight Groups, reporting to the AHSN Board through their chairs as members of the AHSN Board, and providing strategic guidance and oversight for the five programmes and themes:

21.1. Best Care

21.2. Wealth Creation

21.3. Research and Development

21.4. Informatics and Information Governance

21.5. Patient and Public Involvement, Engagement and Experience

21.6. Clinical Innovation Adoption

22. Specifically, the Oversight Groups will:

22.1. Act as a critical friend to programme/theme delivery

22.2. Influence the strategy of the programmes/themes

22.3. Ensure that a wider group of stakeholders to be involved

22.4. Allow Oxford AHSN Board members to get closer to the detail

23. The Oversight Groups will meet quarterly and provide reports to the AHSN Board, ensuring that any risks and issues are acted on. They will themselves receive regular reports from their associated Programme Board.

24. The Council and Boards are supported by the Assistant Director who is also responsible for holding the Oxford AHSN's Register of Interests, Gifts, Sponsorship and Hospitality.

Oxford AHSN Board						
AHSN Partnership Board	Programme Office					
	Oversight Group	Oversight Group	Oversight Group	Oversight Group	Oversight Group	Oversight Group
AHSN Partnership Council	Best Care Programme (1)	Clinical Innovation Adoption	R & D Programme	Wealth Creation Programme	Informatics Theme	PPIEE Theme
	Clinical Networks	Projects	Projects	Projects	Projects	Projects

(1) Best Care Programme – Clinical Networks incorporates Sustainability, Population Healthcare and the Continuous Learning programme (including the Patient Safety Academy and Evidence Based Healthcare MSc Fellowships)

25. We have documented policies and procedures covering:

    25.1. Declaration of Interests

    25.2. Expenses

    25.3. Branding Guidelines

    25.4. Funding Guidelines for Networks

    25.5. Formal Funding Agreements for all supported Networks, Programmes and Themes

26. We have established common ways of documenting how we will work including:

    26.1. Project Initiation Documents

    26.2. Budget Proforma

    26.3. Regular (monthly) Reporting

    26.4. Annual Reporting

    26.5. Risks Registers

    26.6. Issues Logs

    26.7. Contact Lists

    26.8. Stakeholder Maps

27. We are also investigating, in conjunction with the OUH IM&T Team, solutions to provide a range of platform independent, collaborative working tools such as Microsoft SharePoint and Lync. We are also investigating the use of Customer Relationship Management (CRM) systems for use by the Oxford AHSN team.

28. Both of these tools / solutions are currently under small scale 'pilot', that includes members of the Networks / Programmes as appropriate, and will be rolled out across them throughout the remainder of 2014/15.

29. All Programmes and Themes are being managed in accordance with the principles of Prince 2 and Managing Successful Programmes (MSP). This includes:

    29.1. Formalising deliverables, KPI, Critical Success Factors, etc. in the form of a Project Initiation Document

    29.2. Formalising Budgets for those activities

    29.3. Formalising Project Plans for those activities

    29.4. Identifying, and managing, Risks and Issues as they arise in a systematic manner

    29.5. Regular progress reporting / monitoring

30. We have identified, and are managing, a number of 'live' Risks and Issues – these are documented in Appendix B.

Summary of key milestones

31. The table below highlights the key Milestones, in line with the Matrix of Metrics listed at Appendix A, that were achieved in year 1 (2013/14) and that are forecast to be achieved in year 2 (2014/15) and beyond. Where there has been any slippage this is indicated by an arrow.

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
Establishment of core team and infrastructure	Designation in May 2013	✓						
	Licence in place with NHS England	✓						
	Agreement of funding contributions from NHS organisations	✓						
	First Partnership Council Meeting and presentation of communications strategy and plan to first Partnership Council Meeting	⟶	◆					
	Delivery of the Annual Report		◆				◆	◆
	IT infrastructure for AHSN implemented			◆				
	Presentation of communications strategy and plan to first Partnership Council Meeting	⟶	◆					
Best Care	Establishment of 9 Clinical Networks	✓						
	Establishment of the Best Care Oversight Group		◆					
	Open publication of Annual Report for each Clinical Network		◆				◆	◆

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
Innovation Adoption	Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations					◆		◆
	Establishment of a Clinical Innovation Adoption Collaborative	✓						
	Appoint Director for Innovation Adoption and Innovation Adoption Manager	✓						
	Establish process and governance under Best Care Programme Board for the 13/14 and 14/15 implementation of 5-10 high impact innovations	✓						
	Establish full process for Clinical Innovation Adoption (CIA) Collaborative and its Board (Providers, Commissioners) to include PPIEE		◆					
	Adopt 5-10 innovations per annum					◆	◆	◆
	Identification of potential funding sources for innovation initiatives (cf RIF, SBR, Grand Challenges etc.)		◆					
Continuous Learning	Agreement of Memorandum of Understanding between Oxford AHSN and HE Thames Valley	✓						
	Establish Patient Safety Academy	✓						
	Bid for Patient Safety Collaborative	✓						
	Establish Patient Safety Collaborative			◆				
	Establish and promote MSc programme for Evidence Based Medicine	✓						

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
	Agreed plan for 14/15 initiatives with HETV	✓						
	Dementia staff training – bid for 14/15 strategy development	✓						
	Dementia staff training –strategy development and rollout of staff training			◆				
	Skills for the Future – explore development careers event with HETV and LEPs aimed at attracting 5th and 6th formers to careers in health and life sciences. Ensure addresses skills required to support Genomics technologies			◆				
	Health and Well Being - develop engagement plan with HETV for Health and Well Being Boards – link to Sustainability		◆					
	Continuous Improvement – develop and rollout of the Intermountain Brent James, and other similar, techniques to broad range of staff to support Innovation Adoption programme. Support Best Care and addresses Berwick				◆			
	Industry/NHS secondments – establish routine management secondments between NHS and Industry (target 5 x 1 year secondments per annum) - support culture of collaboration and partnership with industry				◆			
Integration & Sustainability	Establishment of Integration & Sustainability Oversight Group by Q1 Year 2. One high visibility demonstration project showcasing radical sustainability redesign of healthcare service delivery					◆		
Population Healthcare	Develop work stream		◆					

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
Research & Development	Establishment of R & D Oversight Group		◆					
	Establishment of the CRN with AHSN support					◆		
	Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics		◆					
	Single sign off and 70–day benchmark for clinical trials (moved to year 3 as – realistic as need to establish R&D Director network in year 2)					→→	◆	
	10% increase in patients recruited to clinical trials (moved to year 3 as – realistic as need to establish R&D Director network in year 2)					→→	◆	
	Establishment of baseline from NHS partners for commercial research activity (moved to year 2 as – realistic as need to establish R&D Director network in year 2)	→———→			◆			
	Establish network of R&D Directors in NHS providers					◆		
	Strategy for the development of commercial research agreed		◆					
	Develop commercial research plan in each NHS provider					◆		
Wealth Creation	Establishment of Wealth Creation Oversight Group	✓						
	Develop Wealth Creation strategy and operational plans	✓						

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
	Develop detailed implementation plans for strategy with LEPS, Universities and NHS for inward investment			◆				
	Appoint Director for Commercial Development	✓						
	Appoint Commercial Development Managers for Berkshire and Buckinghamshire/Bedfordshire		◆					
	Work across the NHS on High Impact Innovations and CQUINs to include appropriate adoption of NICE approved drugs, devices and other medical interventions. Identify five Innovations that will have agreed implementation plans – moved to Best Care programme	✓						
	Establish pipeline of innovations for commercialisation – ensure industry and academics can access the NHS clinicians they need to work on concepts and pilots of new products and services -work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective				◆		◆	◆
	Creation of an innovation dashboard (including uptake) – dependent on Best Care Innovation Adoption					◆		
	Establish detailed working arrangements with Local Enterprise Partnerships for all aspects of wealth creation related to Life Sciences and healthcare		◆					
	Establish working arrangements with LEPs and other stakeholders for European funding			◆				

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
	Working with LEPs, Universities and NHS partners, clarify for industry the "go to" partners in the Oxford AHSN for different stages of the product cycle – establish account management approach for working with industry (local, national and international)			◆				
PPIEE	Establishment of PPIEE Oversight Group		◆					
	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE	✓						
	PPI/PPE plans for each clinical network in place	✓						
	PPI/PPE reported on in each network annual report and reviewed by patient/public panel		◆				◆	◆
	Common metrics for PPI agreed in use in local research					◆		
	Establishment of baseline for PPIEE across the geography					◆		
	Framework for supporting organisational and system–based patient centred care developed and implemented across all partner organisations					◆		
	Patient story programme –2 year programme, starting by 31/3/13, to embed the patient story as a routine part of health care development and training	✓						
Informatics & Medical Technologies	Appoint Director for Information Strategy – joint appointment with OxAHSC	✓						

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
	Baseline survey of information systems and databases in use completed		◆					
	Informatics strategy agreed			◆				
	Framework for information governance in place					◆		
	A Clinical Network database system that provides access to common health records and facilitates communication across databases in a secure fashion						◆	
	Network platforms for patient monitoring, patient diaries and patient reported outcomes						◆	

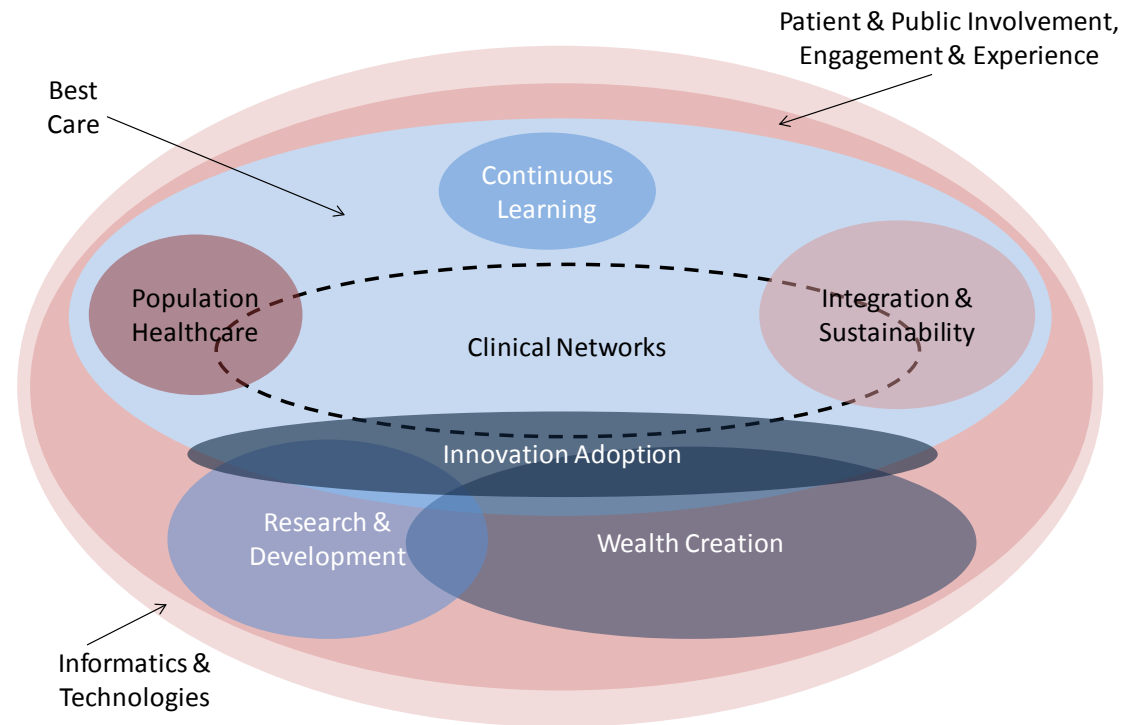## Programmes / Themes mapped against the Oxford AHSN objectives

32. The table below shows how the various Programmes and Themes that the Oxford AHSN is supporting are contributing towards the four key Licence objectives.

33. When first identifying, and then agreeing, which Programmes and Themes are to be supported an important selection criteria that was applied was that each selected Programme / Theme had to correspond to at least two (or more) of these core licence objectives.

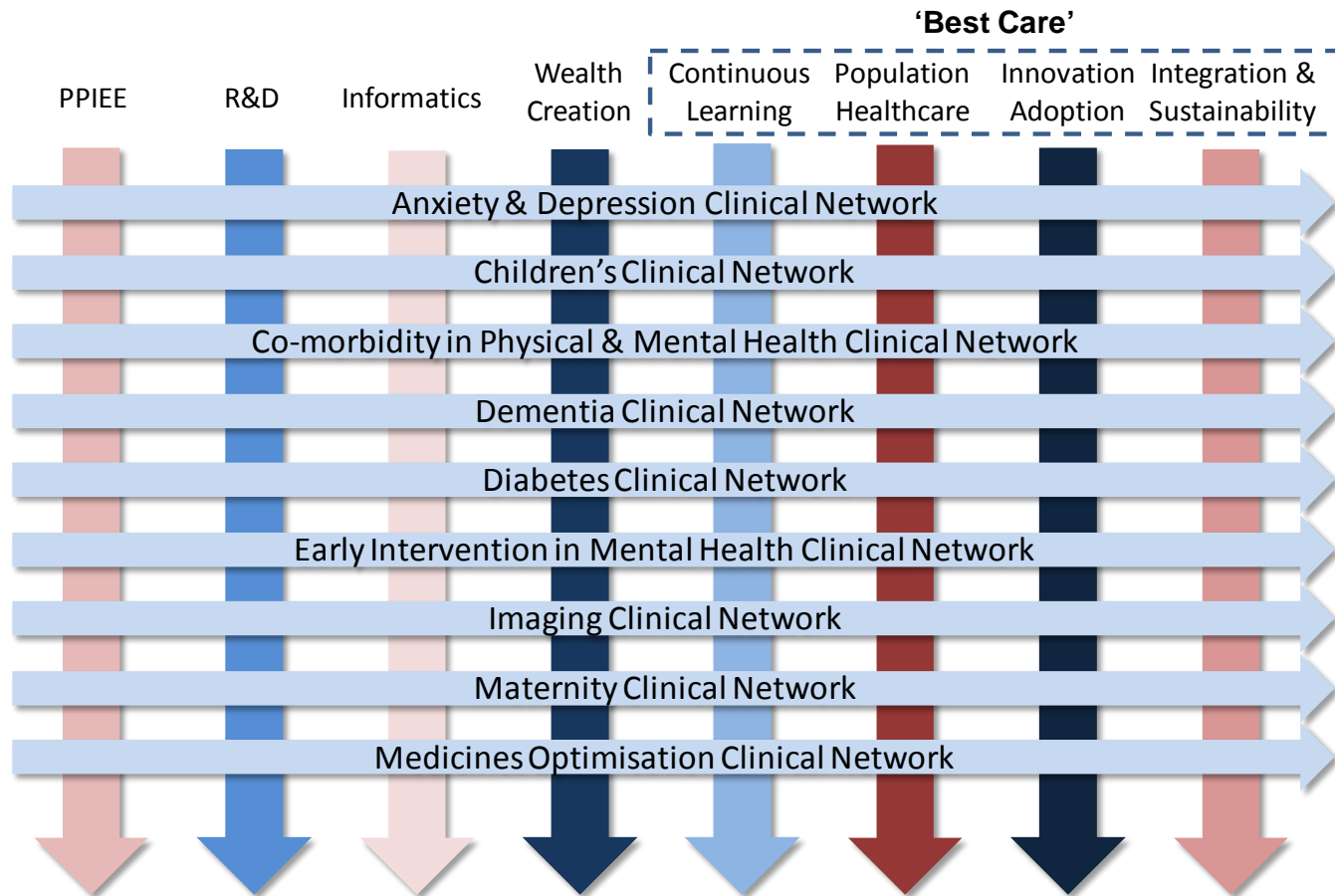| Programme / Theme	Variation reduction	Innovation adoption	Partnership & Collaboration	Create Wealth
Best Care				
- Anxiety & Depression Clinical Network	✓	✓	✓	✓
- Children's Clinical Network	✓	✓	✓	

Programme / Theme	Variation reduction	Innovation adoption	Partnership & Collaboration	Create Wealth
- Co-morbidity in Mental & Physical Health Clinical Network	✔	✔	✔	
- Dementia Clinical Network	✔	✔	✔	✔
- Diabetes Clinical Network	✔	✔	✔	✔
- Early Intervention in Mental Health Clinical Network	✔	✔	✔	✔
- Imaging Clinical Network	✔	✔	✔	
- Maternity Clinical Network	✔	✔	✔	
- Medicines Optimisation Clinical Network	✔	✔	✔	✔
- Continuous Learning	✔	✔		
- Sustainability Theme		✔	✔	✔
PPIEE	✔	✔	✔	
Research & Development		✔	✔	✔
Wealth Creation		✔	✔	✔
Informatics	✔	✔	✔	✔

Programme / Theme inter-relationships

34. The images below attempt to show the inter-relationships between the Programmes (shades of Blue) and Themes (shades of Red), firstly through showing how they group and secondly how they logically interact.

35. The Best Care Programme includes the continuous learning programme, innovation adoption programme, sustainability and population healthcare themes

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'Best Care'

| PPIEE | R&D | Informatics | Wealth Creation | Continuous Learning | Population Healthcare | Innovation Adoption | Integration & Sustainability |

Anxiety & Depression Clinical Network

Children's Clinical Network

Co-morbidity in Physical & Mental Health Clinical Network

Dementia Clinical Network

Diabetes Clinical Network

Early Intervention in Mental Health Clinical Network

Imaging Clinical Network

Maternity Clinical Network

Medicines Optimisation Clinical Network

Key Performance Indicators (KPI)

36. In addition to the Matrix of Metrics listed at Appendix A the proposed top level KPI that will be monitored and recorded by the Oxford AHSN are shown below.

37. These KPI are in turn supported by the KPI, and other Milestones and Performance Metrics that have been derived from agreed proposals of the Programmes and Themes. These Programme / Theme level KPI and Metrics have been documented in the Project Initiation Documents (PIDs) that have been drawn up with each Programme and Theme.

38. All KPI, including those examples listed here, will be reported upon in the Annual Report.

39. The KPI listed here have been applied to the Matrix of Metrics from our License, and listed at Appendix A, it is our intention to only report upon these KPI, and this revised Matrix of Metrics from 14/15 on.

40. When determining these top level KPI the following principles have been followed:

    40.1. They should reflect / be relevant to our four key objectives

    40.2. There should be a maximum of 10 in total (minimum of 2 in each area)

Focus upon needs of Patients & local populations

41. The measures below focus upon our delivery across 'Best Care' (i.e. Clinical Networks, Population Healthcare and Sustainability)

    41.1. Number of local priorities addressed

    41.2. Number of patients positively impacted through the introduction of best practice ('reduction in unwarranted variation')

Speed up innovation into practice

42. The measures below focus upon our delivery across the Continuous Learning, Innovation Adoption and Informatics Themes.

    42.1. Number of innovations adopted out of the 5-10

    42.2. Average time to introduce the 5-10 innovations (from the start of AHSN involvement)

Build a culture of partnership and collaboration

43. The measures below focus upon our success in building a culture of partnership and collaboration between our Partners across the region

    43.1. Network activity

    43.2. Network breadth / depth

Create wealth

44. The measures below focus upon our delivery across the Wealth Creation and Research & Development Themes.

    44.1. Number of jobs created

    44.2. Value of commercial research income in NHS Providers

45. Definitions of the above and inter-relationships with the Programme / Theme KPI, Milestones and Performance Metrics will be fully detailed during the first half of 14/15.

Best Care Programme

46. The Best Care Programme includes the continuous learning programme, the Clinical Innovation Adoption Collaborative and the sustainability and population healthcare themes in addition to the support for Clinical Networks. More detail on each of these is provided in this section.

Clinical Networks

47. Following a process of review and prioritisation, nine clinical networks are being funded at an average of £200k (varies from £153k to £270k) each to July 2015. Funding arrangements including project plans, deliverables, KPIs, plans for patient and public involvement, engagement and experience and budgets have been agreed with the Clinical Network leads. The performance and programme management structure has been developed and work is well underway to ensure the workstreams are supported and controlled. The clinical networks, their clinical leads, host organisations and specific areas of activity are shown below.

Network Name	Anxiety & Depression
Clinical Lead	Prof David Clark
Agreed Deliverables	An annual report on the activities, and outcomes, delivered by the Network. To include progress upon expansion of the Network across the Oxford AHSN geography Reduction in unwarranted variation Impoving Access to Pyschological Therapies (IAPT) service development projects for CYP, SMI, Older Adults, LD, Hearing Impaired and Relapse Prevention Pathfinder IAPT projects for Long Term Conditions and Medically Unexplained Symptoms

Network Name	Children's
Clinical Lead	Prof Andrew Pollard
Agreed Deliverables	An annual report on the activities, and outcomes, delivered by the Network. To include progress upon expansion of the Network across the Oxford AHSN geography Reduction in unwarranted variation Increase in recruitment to research and in research activities Improvement of immunisation coverage and uptake Introduction of e-clinics

Network Name	Co-morbidity of Physical & Mental Health
Clinical Lead	Prof Mike Sharpe
Agreed Deliverables	An annual report on the activities, and outcomes, delivered by the Network. To include progress upon expansion of the Network across the Oxford AHSN geography Reduction in unwarranted variation

Network Name	Dementia
Clinical Lead	Dr Rupert McShane
Agreed Deliverables	An annual report on the activities, and outcomes, delivered by the Network. To include progress upon expansion of the Network across the Oxford AHSN geography Reduction in unwarranted variation Introduction of a common panel of PROMs Develop keto-genetic drink / food for Dementia Establishment of the True Colours SMS data capture system Widespread rollout / adoption of the Neighbourhood Return initiative

Network Name	Diabetes
Clinical Lead	Dr Katharine Owen
Agreed Deliverables	An annual report on the activities, and outcomes, delivered by the Network. To include progress upon expansion of the Network across the Oxford AHSN geography Reduction in unwarranted variation Introduce diabetes personal website & m-Health for in gestational diabetes Establish regional model for Islet cell transplantation Establish young adult clinic provider trial Evaluation and introduction of integrated core models for diabetes management in the community

Network Name	Early Intervention in Severe Mental Illness
Clinical Lead	Dr Belinda Lennox / Dr Mark Allsopp
Agreed Deliverables	An annual report on the activities, and outcomes, delivered by the Network. To include progress upon expansion of the Network across the Oxford AHSN geography
	Reduction in unwarranted variation
	Establishment of a common standardised care assessment
	Increase in recruitment to research and in research activities in young people
	Extension of Early Intervention in Pyschosis Services model in to other serious mental illness

Network Name	Imaging
Clinical Lead	Prof Fergus Gleeson
Agreed Deliverables	An annual report on the activities, and outcomes, delivered by the Network. To include progress upon expansion of the Network across the Oxford AHSN geography
	Reduction in unwarranted variation
	Creation of consultant on call network
	Improved trial recruitment
	Imaging trial development and delivery
	Data collection and audit of multi-provider imaging services

Network Name	Maternity
Clinical Lead	Mr Lawrence Impey
Agreed Deliverables	An annual report on the activities, and outcomes, delivered by the Network. To include progress upon expansion of the Network across the Oxford AHSN geography
	Reduction in unwarranted variation
	Increase in recruitment to research and in research activities

Network Name	Medicines Optimisation
Clinical Lead	Mr Bhulesh Vadher
Agreed Deliverables	An annual report on the activities, and outcomes, delivered by the Network. To include progress upon expansion of the Network across the Oxford AHSN geography
	Reduction in unwarranted variation
	Facilitate improved uptake of NICE Pharmacy TAs
	Establishment of QIPP and Waste Reduction projects
	Provision of Pharmacy knowledge at point of care
	Develop on going strategic relationships with Pharmaceutical industrial commercial partners

48. The deliverables listed above have all been documented in individual Project Initiation Documents (PIDs) that include a series of specific KPI. In addition each network has developed a detailed project plan showing how they will achieve their specific deliverables. The progress of the Clinical Networks will be monitored and managed through a combination of the documented PIDs and the Project Plans as overseen by the Best Care Senior Project Manager.

49. A Senior Responsible Officer and Chair of the Oversight Group have been identified together with leads for all clinical networks. The Programme Manager has also been appointed.

50. The first Best Care Programme Board was held on 22nd January 2014, with future Boards scheduled monthly initially for the first six months before becoming quarterly thereafter.

Continuous Learning

51. Our current activities in this area build on the strong and developing relationship with Health Education Thames Valley, a key partner of the Oxford AHSN. They consist of two distinct programmes:

    51.1. An Evidence Based Healthcare MSc

    51.2. The Patient Safety Academy

Evidence Based Healthcare MSc Programme

52. An Evidence Based Healthcare MSc (EBHC MSc) Fellows programme has been established in conjunction with The Centre for Evidence Based Medicine (CEBM) and the Department for Continuing Education, University of Oxford. The fellowships, funded through Health Education Thames Valley, are open to all doctors, nurses, allied health professionals, pharmacists and healthcare scientists working in the Oxford AHSN geography. As part of this course one of the modules will contain material and teaching in relation to Patient and Public Involvement, Engagement & Experience. This will be delivered by Dr Sian Rees, the Oxford AHSN lead.

53. Overall the Fellowship Programme lasts for 3 years. In addition to the core teaching of the MSc course (delivered over the first 2 years) all Fellows will have to deliver an evidence

based project, within their host organisations during years 2 and 3. This project is the basis for their dissertation – a key component of the award of the MSc.

54. In addition to the core MSc course teachings in years 1 and 2 the CEBM will also be offering additional support to Fellows, across the entire 3 years of the programme, comprising:

54.1. Additional pastoral management in the form of semi-annual objective review and personal growth / development mentoring

54.2. Targeted support in helping understand / overcome organisational issues

54.3. Targeted support in terms of presentation skills

54.4. The facilitation of a number of Fellowship meetings

54.5. The facilitation of / some targeted support in relation to developing implementation plans and in actual implementation

55. A detailed process, and selection criteria, for Fellows has been developed and the opportunity advertised widely. The 3 year course commences in October 2014. Selection of Fellows is currently underway and will be completed by mid-July 2014. Those selected will then enrol on to the MSc course from early October 2014.

56. All Fellows were required to sign a 'student contract' under which the Oxford AHSN reserves the right to recover any fees paid, up to that point, to the CEBM if that Fellow should not complete the MSc.

57. The funding for the EBHC MSc Course, covering the full three years for the first intake of Fellows, has been secured from Health Education Thames Valley. Funding will be released at the start of each year of the programme in proportion to the number of Fellows active at that time.

Patient Safety Academy / Collaborative

58. Health Education Thames Valley is funding the Patient Safety Academy over the next two years. We are also in the process of putting forward a bid for the Patient Safety Collaborative (recently announced by NHS England) which will then also incorporate the Patient Safety Academy and legacy work on patient safety from around the AHSN. The Patient Safety Collaborative will also ensure that the Mental Health Patient Safety collaboration which Oxford Health and Berkshire Healthcare are part of and, which covers the South of England (to give it a critical mass) will continue. A further advantage will be the integration of effort across all areas of healthcare.

59. For 14/15 we will establish the Patient Safety Collaborative incorporating the Patient Safety Academy.

Special Study Module Course on Medical Innovation

60. The AHSN will continue its support of the Special Study Module Course on Medical Innovation developed by a (then) final year medical student at the University of Oxford Medical School through hosting its material on the AHSN website. The initiative will continue to be supported also by the Medical School, local entrepreneurs, Said Business

School and HE Thames Valley, particularly in terms of extending the initiative to all healthcare professions. Further information is available (poster, presentation and video).

Joint working with Health Education Thames Valley

61. HETV has allocated £400k to the AHSN for 14/15 and we have agreed an outline of projects for 14/15 that we will work up together in more detail:

    61.1. Dementia awareness training for staff – strategy and rollout for 5,000 staff

    61.2. Skills for the Future – career fair in conjunction with LEPs to attract young people into healthcare and life sciences

    61.3. Develop engagement plan for Health and Well Being Boards

    61.4. Continuous Improvement – develop and rollout the Intermountain Brent James, and other similar, techniques to broad range of staff to support Innovation Adoption programme. Support Best Care and addresses Berwick

    61.5. Industry/NHS secondments – establish routine management secondments between NHS and Industry (target 5 x 1 year secondments per annum) - support culture of collaboration and partnership with industry

62. We are planning to work jointly with HETV throughout the remainder of the AHSN license period. We have agreed, for planning purposes, an annual budget of £200k for joint working for 15/16, 16/17 and 17/18.
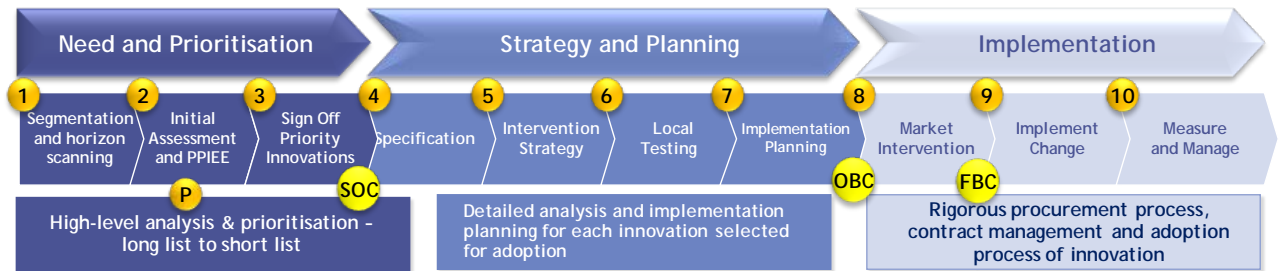
Innovation

63. Innovation Adoption will be managed through the Best Care Programme.

64. Oxford AHSN has defined innovation as:

    "…... an idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care, and delivers value for money, wherever it is applied."

65. Innovation is equally about creating something new as about applying an idea, service or product in a new context or in a new organization.
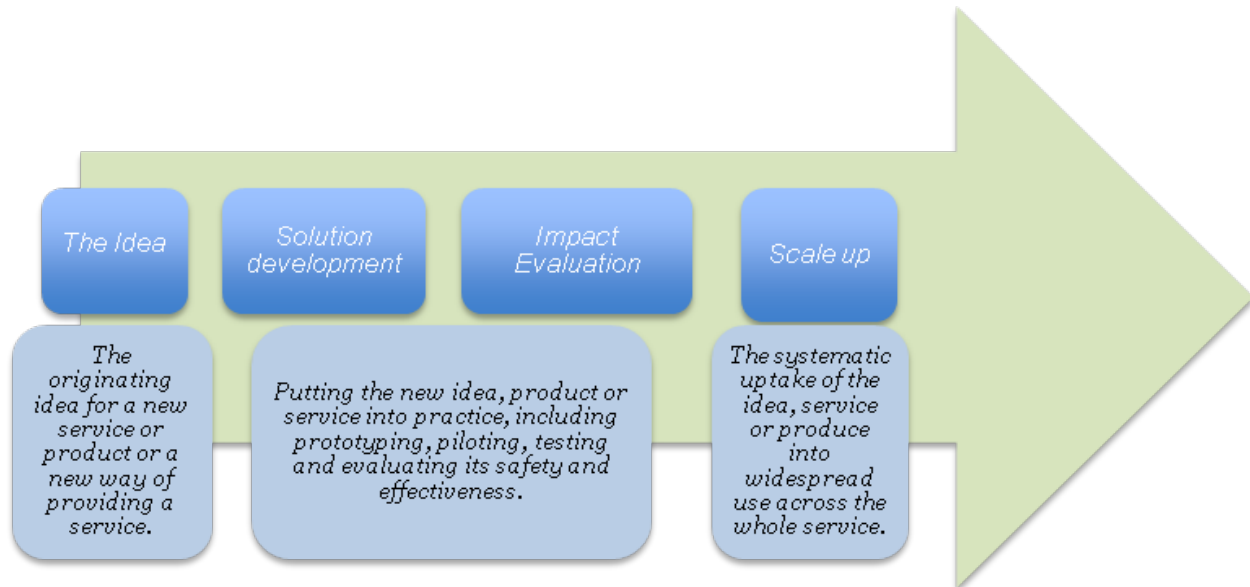
66. Oxford AHSN recognises that Innovation is not just about the originating idea, but also the whole process of the successful development, implementation and spread of that idea into widespread use.

67. The Clinical Innovation Adoption Collaborative (CIA) will focus on the "impact evaluation" and "scale up" phases of this process (see diagram above).

68. The CIA programme will be delivered over five years with an ambitious and deliverable target of implementing 5 to 10 innovations, at scale, across the region on an annual basis.

69. The 9 clinical networks have already identified a number of innovations. Other sources of innovations include:

    69.1. The established Strategic Clinical Networks such as Cardiovascular Disease and, Stroke and Cancer.

    69.2. The high impact innovations and 'push' technologies defined in Innovation Health and Wealth that are relevant to the Oxford AHSN region.

    69.3. NICE Technology Appraisals.

    69.4. Other member organisations that have a shared clinical need.

    69.5. Oxford AHSN exemplar innovations and the RIF applicants

70. The Critical Success Factors for Clinical Innovation Adoption Collaborative in the region can be summarised as:

    70.1. The selected innovations add the highest value to healthcare.

    70.2. The selected innovation solutions and their deployment are achievable and manageable for the organisations - including management of service disruption involved during the transition.

    70.3. The selected solutions are acceptable to the majority of the relevant clinical stakeholders.

70.4. The CIA Collaborative Board has a high level of confidence in the ability of the selected systems to deliver their promised benefits now and in the future.

70.5. The selected innovations are affordable to the organisations, who can procure them without delay.

71. Oxford AHSN aims to deliver 5 to 10 clinical innovations during 2014/15. So as to optimise the success during 2014/15, a pragmatic approach will be used for evaluation and selection so as not to slow down delivery during this year – while at the same time developing and implementing an Innovation Pipeline for the ensuing years.

72. Oxford AHSN is developing an innovation adoption infrastructure with clear processes, decision points and resources.

73. The delivery process includes and builds on existing Innovation delivery channels (specialty forums, clinical networks) and expertise from organisations such as NHS Innovation South East, the Diagnostics Evaluation Cooperative (DEC) (hosted by Oxford Health) and our own internal skill sets. This will accelerate adoption of innovation, new strategies and new ways of working.

74. There is a small team within the Oxford AHSN to support the process with core skills that include:

74.1. Market Assessment and Analysis

74.2. Commercial Support

74.3. Evaluation of viability

74.4. Procurement and Finance team involvement

74.5. Business case development e.g. Strategic Outline Case, Outline Business Case, Full Business Case

74.6. Benefits realisation

74.7. Commercial evaluation

74.8. Networking for scaling

74.9. Project Management

74.10. Measures

74.11. Patient & Public Involvement

75. The CIA Collaborative Innovation Pipeline is in development and currently is in 3 phases and includes 10 steps as illustrated in the diagram below.

76. The roles of Innovation Adoption Director and Innovation Adoption Manager have been filled.

77. In addition, to support the Innovation Adoption programme, the ABHI have offered to identify a secondee from industry to work on the programme for 12 months.

78. The formal introduction of the Innovation Adoption Agenda occurred at the Best Care Programme Board on 22nd January 2014. The Clinical Innovation Adoption Oversight Group will be established during April 2014.

CIA Bank

79. In addition to the structured process and approach described above we are also going to establish a "CIA Bank" during 14/15. The purpose of this bank is to pump prime a limited number of the 5-10 innovations where funding is a specific issue.

80. Total funding for 14/15 will be £200,000 with support for individual innovations being in the range of £25,000 to £50,000 each.

81. Funding will be made available via a formal bid process overseen by the CIA Board.

82. Any funding that is awarded will be given subject to the a set of terms and conditions, that are documented within a "CIA Funding Agreement" that include:

    82.1. Funding will take the form of a loan that is to be paid back

    82.2. However, repayment will only commence once benefits equivalent to two times the value of the original loan have been achieved

    82.3. Release of loan funds is contingent upon agreeing, and documenting, deliverables, KPI, a baseline and a project plan

    82.4. Recipients of such 'loans' will be expected to record them as contingent liabilities within their accounts

    82.5. A 'long stop' date for repayment, of two years from the date of release of funding, will be applied

    82.6. 'Loans' may be used to support both the funding of equipment and consumables and / or the payment of implementation support staff or other related support costs e.g. training

83. The success of the "CIA Bank" initiative will be reviewed at the end of 14/15 as part of the Business Planning cycle for 15/16.

Map that App

84. Oxford AHSN has developed an "App Map" to advise on development and commercialisation of software applications / smartphone apps for healthcare. This was presented at an event at our offices at the Oxford Science Park, Oxford on 29 January and included handy hints from some trailblazers including:

    84.1. AED locator (South Central Ambulance Service NHS FT)

    84.2. Monster Manor blood glucose measurement game for children with Type 1 diabetes – something developed in conjunction with our Diabetes Clinical Network

85. "App Map" was supported by NHS Innovations South East. The Oxford AHSN will be following up this event with practical workshops, the content of which is being developed, and targeted, in consultation with event attendees and other interested stakeholders. We are also looking at holding a national event focused upon healthcare app development during the later part of 14/15.

2023 Challenge

86. During 2013/14 the Oxford AHSN supported the Innovation 2023 Challenge organised by The Thames Valley Leadership Academy, Health Education Thames Valley and the Deanery. The challenge was open to medical students and trainees across the Thames Valley. The final was held on 12 November with six finalists being interviewed throughout the day, with Oxford AHSN CEO Prof Gary Ford acting as a judge.

87. 57 proposals were submitted for assessment and the six finalists included a final year medical student and a number of junior doctors. The winners, Dr Angus Goodson and Dr Rhiannon Furr are both paediatric trainees currently based in Milton Keynes. Judge Prof. Richard Bohmer, Visiting International Fellow, The King's Fund and Professor of Management Practice at Harvard Business School, said: "We chose the winners due to the strength of their ideas and the scope for implementation. The ideas presented were all rooted in day-to-day experience of delivering care in the NHS".

88. All six finalists are receiving a package of support over the coming months and the Oxford AHSN is considering how best it can support these and other innovations as part of its innovation and wealth creation activities. A number of those who submitted proposals attended the "App Map" event on 29 January 2014.

89. The Oxford AHSN will support similar competitions and help link individuals, including young healthcare professionals and entrepreneurs, with similar areas of interest and endeavour.

Sustainability

90. The Centre for Sustainable Healthcare is leading this theme on behalf of the Oxford AHSN.

91. They have submitted a bid under the Frugal Innovation Fund process in relation to creating the UK's first Frugal Innovation Centre. Should this bid be successful we will look to work with them to deploy these principles across all Oxford AHSN supported networks and programmes.

92. Specifically, during 14/15, they will be delivering a number of initiatives including:

92.1. Engaging healthcare institutions and clinical networks within the Oxford AHSN with the benefits of sustainability for their staff and patients

92.2. Carrying out direct professional training of Oxford AHSN members – particularly within the clinical networks. This training will be closely linked to other initiatives within the Continuous Learning Programme

92.3. Supporting Oxford AHSN networks and programmes to include sustainability components and metrics

93. To support their on-going training activities the Oxford AHSN will work with the Centre for Sustainable Healthcare in terms of approaching Health Education Thames Valley for Fellowship funding.

Population Healthcare

94. Exploratory discussions are underway with Better Value Healthcare to develop a workstream; it is expected that this will build on work underway with Bucks New University (inter alia) on the frail elderly.

Research and Development

95. Discussions are being held with the Thames Valley and South Midlands Clinical Research Network to identify the best ways of collaborative working to support delivery of both organisations objectives. In particular, we will be looking to facilitate meetings of the CRN Partnership Group, a number of whom are also members of the AHSN Partnership Board. It is expected that a joint appointment will be made with the CRN to support joint working.

96. Professor Ford will be leading this area of work for the Oxford AHSN and has already planned to meet the R&D leads from the NHS partners. The development of research programmes (both NHS and commercially funded) involving and increasing participants from across the Oxford AHSN will be a priority.

97. A chair of the R&D Oversight Group has been identified.

98. The priorities for 14/15 are:

98.1. Identify a R&D Lead

98.2. Work with NHS providers to identify and or appoint R&D Directors 30/9/14

98.3. Support NHS providers to develop commercial research plans – 31/3/15

98.4. Establish a process to support inventors in engaging NHS clinicians in concept design, development and piloting new products

99. It is our intention that the R&D Oversight Group / Board will be made up of representatives from the following:

99.1. R&D Directors from each provider organisation

99.2. Development leads from each University partner

Informatics

100. The appointment of a Director of Information Strategy, in December 2013, with a dual role across the Oxford AHSN and the recently designated OxAHSC, is intended to provide strategic leadership in linking core business goals through informatics and technology innovation, whilst providing critical contribution to the Oxford AHSN and OxAHSC partners' strategies.

101. The Director of Information Strategy starts in April 2014. For 14/15, key areas include:

   101.1. The development of the Informatics and Data strategy and its delivery across the Oxford AHSN and the OxAHSC.

   101.2. Work with colleagues to develop and implement Big Data Strategy programmes.

   101.3. The establishment and maintenance of good collaborative working relationships with Partners' Chief Information Officers and Directors of IM&T (and equivalents).

   101.4. Work with the Oxford AHSN and OxAHSC leadership to develop a shared vision of the role and contribution of information technology enablement.

   101.5. Work to ensure alignment of partners' information strategies (to include information governance and ensure it is not a block to positive change) with agreed goals and integrated working.

   101.6. To support the informatics needs of the OUH Biomedical Research Centre and Oxford Hospitals Collaboration for Leadership in Applied Health Research and Care (CLAHRC), working with Partners.

   101.7. To represent Oxford leadership in NIHR Informatics initiatives and other collaboration opportunities.

   101.8. To engage and work with Industry to deliver technology innovation.

   101.9. To support and advise on decision-making around major strategic investments.

Wealth Creation

102. This Programme will help the region become the favoured location for inward life science investment, life science business creation and growth, helping the NHS to accelerate the adoption of medical innovations of significant benefit to patients.

103. A top priority for Academic Health Science Networks (AHSNs), in concert with improving patient care, is Wealth Creation. The wealth creation strategy is for, and on behalf of, the membership of the AHSN – the NHS, LEPs, Universities, and industry and the population who all share an interest in economic growth across the region. Wealth creation means harnessing medical and life science innovations to create and support the growth of local businesses, jobs and economic returns for innovators, investors and the general population. It includes supporting innovation adoption by the NHS and consequently creating wealth for the NHS through cost reductions, improvements in efficiency and effectiveness. The AHSN has more than 300 life science companies, perhaps the largest cluster of life science companies in Europe. Berkshire has the strongest cluster of informatics companies in the UK. There is however evidence that the region could be achieving much more in terms of economic output given the size and success of local academic life science, engineering and informatics departments.

104. To achieve this the AHSN will support: Inbound and Outbound Innovation:

    104.1. **Inbound Innovation** – informing the NHS about high value innovations and enabling staff to makes full use of them to improve outcomes and experiences of patients and value for money for the health system (and tax payer).

105. Supporting inbound innovation these are:

    105.1. NHS adoption of high value therapies, especially those approved by NICE and other bodies – this is dependent on delivery of Innovation Adoption by Best care programme

    105.2. Supporting disease specific innovation and innovation adoption through the clinical networks – this is dependent on delivery of Innovation Adoption by Best care programme

    105.3. Helping NHS Procurement, Finance and business planners support innovation – working with the Innovation Adoption programme in year 2 and developing more effective collaborative working at scale across the AHSN (year 3 onwards)

    105.4. Improving the quantity and quality of commercial clinical research – dependent on the Research and Development programme

106. **Outbound Innovation** – helping to ensure that great ideas from the NHS, universities and industry are converted into products and services that create value for patients within and beyond our region.

    106.1. Working with the LEPS (and UK TI) to develop Life Sciences strategies to support regional economic development for life science businesses and clusters, e.g. Diagnostics for Stratified Medicines Catapult

    106.2. Technology transfer, the Bioescalator, innovation hubs, start ups and spin outs

    106.3. Encouraging innovation and commercialisation of university and NHS ideas

    106.4. Pharmaceutical research, discovery and development

    106.5. Medical technology / diagnostics and devices research, discovery and development

    106.6. Knowledge management and medical informatics

107. As a result of these projects, and to support their objectives, we will help to create more, stronger new life science businesses and cultivate the growth of local small and medium sized businesses. This will include helping them to get access to capital and support through schemes such as the Small Business Research Initiative (SBRI) and from the European Union.

108. We will promote collaborations with larger medical or life science businesses headquartered in this region or with particular local linkages. These include medical product companies such as GE Healthcare, BD and Stryker, pharmaceutical companies such as Sanofi, UCB, Bayer and Daiichi Sankyo, contract research organisations such as Quintiles, Covance and ICON, medical publishers such as OUP and IT companies such as Vodafone, Oracle and Microsoft. Preliminary discussions have been help with several of these companies.

109. We will support the NHS adoption of innovations (inbound innovation) by working closely with the clinical networks, patients, NHS procurement and finance. We will support high value exemplar innovations where the economic and clinical cases have been made and there is support for adoption by NHS management and clinicians.

110. To complete the projects and tasks that flow from this strategy will require the establishment of a Wealth Creation Oversight Board which will include representatives from across the region with experience of innovation creation and adoption. This body will direct the work of a Director of Commercial Development based in Oxford who will be supported by a small team of Commercial Development Managers based in Berkshire and Buckinghamshire. We will also encourage secondments from member organisations, especially business, to work with the Oxford AHSN on achieving our wealth creation objectives.

111. Information gathering, maintenance and dissemination will be a key function of the Oxford AHSN. We have started to map out what information will be needed and how it will be sourced.

112. Metrics have been outlined but will need further development to enable us to demonstrate the successes in regional economic development and for the NHS, and to identify the specific contributions made by the Oxford AHSN core team. These will include measures of local economic growth and investments, jobs and businesses created as well as measures of numbers of

113. This is an ambitious strategy and is dependent upon member organisations from the NHS, universities and business working and openly sharing information together and providing the necessary resources to deliver visible, measurable and scaleable improvements.

114. We need to be a better customer and will help industry navigate around the system to ensure it is talking to the right people and the right stage of product/service development. We will develop effective account management process with the LEPs to ensure industry has a joined up message from the AHSN and its members

115. We will support efficient uptake of new technology throughout the region through close working with the Best Care programme (Clinical Networks) and Industry partners.

116. This programme will rationalise and support the delivery of the goals of many organisations (NHS and not), who have been active in the field of life sciences and health technology innovation.

117. The programme lead will provide leadership to integrate the activities in intelligence and information maintenance, horizon scanning and innovation hubs, business support for innovation, NHS-academia-industry relationships and supporting priority innovations.

118. Close working with the Local Enterprise Partnerships (LEPs) will be important to grow the local life science clusters, to secure EU funding for healthcare funding and to support businesses across the geography.

119. As the conduit for the further development of contact between life sciences, the NHS and academia, it will host a number of workshops and events and aim to introduce new models of interaction building on the outcomes from the workshop held earlier this year.

120. The Oxford AHSN will continue to work with, and support, SBRI initiatives.

121. The following Milestones apply:

    121.1. Wealth Creation strategy developed and signed off by AHSN Board following wide consultation of key stakeholders. Achieved by 31/12/13

121.2. Resource requirements and role descriptions developed. Recruit Director of Commercial Development to lead the programme and programme board and be the AHSN lead for Oxfordshire by 31/3/14. Recruitment process underway to appoint Commercial Development Managers for Buckinghamshire/Bedfordshire and Berkshire (to be located with our partners)

121.3. Establishment of Programme Oversight Group by 31/01/14. Chairman appointed, LEP leads identified and University leads identified. Industry leads identified. In addition LEP leads identified for programme board.

121.4. Announcement of SBRI Challenge for SMEs (working with other AHSNs and TSB – timing to be confirmed by 31/03/14(leading jointly with South London AHSN on the diabetes theme)

121.5. Implement Wealth Creation strategy with AHSN partners (i.e. LEPs, Universities, Industry and NHS)

121.6. Establishment of database and map of key organisations and contacts in life sciences across the Network and adjacent areas by 31/03/14 – establish working with OBN

121.7. Development of a framework for industrial partnerships with LEPs for piloting by 31/06/14

121.8. Working with the LEPs, clarify for industry the "go to" partners in the Oxford AHSN for different stages of the product cycle by 31/03/14

121.9. Working with the LEPs, utilise established LEP (UKTI) account management system in Oxfordshire, Buckinghamshire/Bedfordshire and Berkshire 30/06/14

121.10. Commercial support to R&D and Best Care (Innovation Adoption) programmes and marketing (e.g. Venturefest 2014 and BioTrinity 2014) and contribute to AHSN stakeholder map 30/6/14

122. With regards measurement the following will be undertaken:

122.1. Establish baseline data and agree metrics (supporting also NHS England in their work)

PPIEE

123. The Oxford AHSN is working to embed partnership with patients and the public across its work programmes.

124. Each of the clinical networks and the Patient Safety Academy are currently developing plans for PPIEE:

124.1. Involvement – how patients and the public will be involved in the structures and processes of the work i.e. though mechanisms such as governance, priority setting, teaching and education, identification of the need for innovation, assessment of technologies

124.2. Engagement – how patients and their carers will be supported to be active participants in their own care through approaches such as personalised care planning, shared decision making and the use of PROMs/PREMs

124.3. Experience – how the subjective experience of patients is captured and utilised for quality improvement

125. To support this work we are also working closely with Thames Valley Area Team (TV AT), with whom we have a established a Strategic Planning Group and have developed a joint work programme covering PPIEE. Current specific work includes:

125.1. Lay membership - we have just advertised for two lay members to join the Strategic Planning Group which reports to the LAT.

125.2. Involvement – we are developing a shared, three tiered approach to public and patient involvement to cover the AHSN, Strategic Clinical Networks and Area Team:

125.2.1. those who wish to be informed;

125.2.2. those who will be actively involved in specific projects and

125.2.3. those who will be involved in on-going strategic planning.

125.3. We are exploring how to establish and manage a shared database of people who wish to be involved across these levels.

126. Patient leadership programme – we are working with TV Local Area Team and Health Education Thames Valley to develop and evaluate a programme to support patients and the public to be actively engaged with strategic planning and to support practitioners to understand how to best involve patients and the public.

127. To further support this work we aim to develop a framework for supporting organisational and system based person-centred care with partner organisations and NHS England TV. This will include how best to measure and use the broad range of experience data available for innovation in service delivery, education and training and research: from individual patient stories to social media comments, survey responses, complaints and safety data.

128. This work will be supported by developing learning sets for teams of managers, clinicians and patients, an annual person-centred care innovation competition and establishing a collection of patient story trigger films for use in service redesign (e.g. using accelerated experience based co-design methodology) and education and training

Stakeholder engagement

Engagement with Partners and Stakeholders

129. Professor Ford and Dr Durrands have been meeting with individual partners and organisations over recent weeks including Milton Keynes NHS FT, Royal Berkshire NHS FT, South Central Ambulance Services NHS FT, Buckinghamshire County Council, Buckinghamshire Healthcare NHS Trust, Oxford Health NHS FT, Heatherwood and Wexham Park NHS FT, Oxfordshire CCG, The Open University, University of West London, Bucks New University, Oxfordshire LEP, Buckinghamshire LEP Lead, University of Reading, Sanofi, Astra Zeneca, BD (Becton, Dickinson & Company), ABHI and ABPI, NICE and others. A number of issues are now being taken forward as a result of these meetings with Chief Executives, Medical Directors and University Deans. These meetings will continue into 2014 and there will be a drive to ensure greater engagement with Local Authorities, Local Enterprise Partnerships (LEPs) and the Health and Well Being Boards.

130. Locality stakeholder meetings have been held in High Wycombe (for Buckinghamshire partners) and in Milton Keynes for the Milton Keynes and Bedford partners. Both were very successful, bringing together stakeholders from the NHS, universities, local authorities and local business. There was good attendance from life sciences and strong relationships between the partners.

131. A very successful meeting was held in Reading with a focus on Berkshire partners – nearly 60 people attended. The meeting was hosted by Professor Richard Ellis, University of Reading and speakers included Professor Ford, Dr Durrands, Dr Wilson, Medical Director of Berkshire Healthcare and Dr Susan Matos, Head of the Knowledge Management Centre, University of Reading.

132. The final locality meeting for 2013 was held on Wednesday 18 December at the Oxford Science Park. More than 80 people from the NHS, academia and industry attended. There were brief talks by the diabetes and early intervention clinical leads as well as Prof Alastair Buchan, Dean of the University of Oxford Medical School, and Prof Linda King, Associate Dean at Oxford Brookes University. A wide-ranging plenary discussion was chaired by Sir Jonathan Michael, Chief Executive of the OUH. The materials used at this, and other events, are available on the AHSN website re-launched in February 2014.

133. A further series of locality based meetings will be held during 2014. The agendas for these will be developed in conjunction with our partners.

134. The Oxford AHSN sponsored and contributed to conferences and meetings including the Clean Med Europe (September 2013), Innovation 2023 (November 2013), Big Change Conference (November 2013), and the OBN Entrepreneurship Lecture (December 2013). All these meetings have a focus on areas of specific interest for the Oxford AHSN including best care, sustainability, innovation and wealth creation.

135. We follow up our events with an online survey (via www.surveymonkey.com) of attendees, to gather feedback to ensure that we maximise the potential and impact of all future events. The 18th December 2013 locality event was the first where such feedback was sought.

Communications

136. Work has continued to develop communications and a part-time interim Communications Lead has been appointed. Work has been done to develop the Oxford AHSN identity, to set up a Twitter feed (@OxfordAHSN), and to overhaul the website, particularly to provide individual areas for each clinical network to develop and to highlight the other Oxford AHSN programmes. The updated website which will include a section for each of the clinical networks and Oxford AHSN programmes, was re-launched in February 2014. It will promote funding opportunities through the SBRI programme.

137. The relaunched website will, in addition to the above, include a range of interactive features including:

    137.1. A set of Frequently Asked Questions

    137.2. A Glossary of common terms and acronyms

137.3. An interactive map of life & bio-science companies and organisations across the Oxford AHSN region

138. Excellent NHS/industry/academic collaboration was demonstrated at the launch of the Diabetes Network (the first of the Oxford AHSN clinical networks to be established) which led to good media coverage. The Network supported the filming of the event which covered the launch of 'Monster Manor', an app commissioned by Sanofi Diabetes and the OCDEM (Oxford Centre for Diabetes, Endocrinology and Metabolism) team to motivate children with Type 1 diabetes to test their blood glucose more frequently. The launch of each Clinical Network will be similarly supported and Mr Leaver is working with the Clinical Network leads to develop the content.

139. In addition, each clinical network lead is recording a short video to feature on their dedicated web page highlighting their key priorities and areas of activities.

140. An electronic stakeholder newsletter has been launched for monthly circulation with the first issue sent on 1st November. Links are being developed with partners' communications and PR teams so that updates on activities can be highlighted through the AHSN website – for example, the launch of the University of Reading/Berkshire Healthcare' joint Memory Clinic.

141. Work commenced on the development of a Marketing Strategy for Oxford AHSN in January 2014.

142. Plans for 2014/15 include:

142.1. finalisation of the Marketing Strategy,

142.2. the preparation of the Annual Report and the AHSN Partnership Council,

142.3. briefing material for the Oxford AHSN to be used as part of Marketing plans, and to support specific events including Healthcare Innovation EXPO and BioTrinity 2014,

142.4. the further development of links with Communications leads within the Network and across the 15 AHSNs (the first AHSNs' leads meeting was held in January 2014 and proved very positive).

142.5. Plans for the hosting of VIP visitors in conjunction with partners.

Oxford Academic Health Science Centre (OxAHSC)

143. Oxford AHSN has been involved in the development of the bid by the University of Oxford, Oxford Brookes University, Oxford Health NHS FT and Oxford University Hospitals NHS Trust for designation as the Oxford Academic Health Science Centre. Notification of the successful designation of six AHSCs, including the OxAHSC (the only new AHSC), was received on 29 November 2013.

144. The application document included six themes which in many cases overlap with the objectives of the AHSN – indeed, the AHSCs are required to be embedded within an AHSN. The governance arrangements proposed for OxAHSC recognise these links and both the Oxford AHSN Chief Executive, who will attend the OxAHSC Board, and the Chief Operating Officer will be actively engaged in the work of the OxAHSC. There is potential for joint appointments (as for the Director of Information Strategy mentioned above) and joint

working, for example in wealth creation. It is proposed that a member of the OxAHSC Board will attend the AHSN Board meetings.

145. The first Board meeting of the OxAHSC took place on 30 January 2014 and plans have been developed for the OxAHSC themes to be taken forward from 1 April 2014. The Chief Executive Officer of the Oxford AHSN will attend Board meetings and the Chief Operating Officer will be actively engaged in working with theme leaders and other key individuals.

The wider landscape

146. The Oxford AHSN will ensure that it works closely and collaboratively with the wide range of organisations within its boundaries including the OxAHSC, the DEC, the South Midlands and Thames Valley CRN, the Health Education Thames Valley and the Collaboration for Leadership in Applied Health Research and Care (CLAHRC.)

147. In particular, the collaboration will aim to avoid duplication of effort and to maximise the sharing of knowledge, skills, experience and practice.

Appendix A - Matrix of Metrics

148. The table below reflects the Matrix of Metrics as per the License with NHS England and as such is consistent both with this document and the Q3 quarterly update submitted on 20th December 2013. It has been updated here to show:

148.1. Expected delivery for year 2 (14/15)

148.2. Progress as at the end of Q4 year 1 (13/14)

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
1	Themes	Population Healthcare Theme	Will draw on its expertise from running the National Screening Programme, from producing the National Atlases of Variation and from programme budgeting through the Right Care Programme to reduce unwarranted variation of care. It will facilitate the redesign of care to integrate the Right Care for Patients ("no decision without me") with the Right Care for populations. It will work with the Clinical Networks, which represent relevantly-sized segments of the population for each disease group, to create a system that meets the	Development of the Oversight Group and Programme Board Structure Establishment of a Clinical Innovation Collaborative	A, C	1,2,3,4,5	£54,830	Regular contact being maintained with Better Value Health Care and into the Department of Population Healthcare, University of Oxford. Work underway on to develop the frail elderly project working with partners in Bucks New University, Bucks County Council, Royal Berkshire and Pharma. Population Healthcare integrated into the Best Care Programme

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
			needs of the local population and rigorously assess its costs and value. To do this it will develop a capacity for systems, and network and pathway design and management.					
2	Themes	Patient and Public Engagement and Experience Theme	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE by 31/03/14	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE

Use patient stories to stimulate innovation and development of new products and services and address patient safety issues

Development of a joint panel of patient/public representatives with NHS England TV

Announcement of an annual competition to be held for partners to submit innovation projects that support PPIEE work areas - successful bids from clinician, manager and patient teams will be match-funded by partner organisations and supported with AHSN led learning sets

Common metrics for PPI agreed in | B,C | 4 | £106,210 | Interim PPIEE lead in place. Coordination of efforts with OxAHSC, CLAHRC and OxBRC

Working on links with other AHSNs

Model of patient panel agreed with NHSE TV and mapping

Presented session at Clean Med on involving patients in healthcare

Oxford Science Fair to be sponsored and AHSN will participate through clinical networks. |

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
				use in local research Established connections with other AHSNs and hold cross AHSN event				
3	Themes	Integration and Sustainability Theme	Establishment of baseline for PPIEE across the geography by 30/06/14	Sponsorship of and attendance at The Big Change Conference: Sustainable Healthcare for the 21st Century 22nd & 23rd November 2013, Oxford Sponsorship of and attendance across partners at the CleanMed Europe 2013: Pathways to Sustainable Healthcare, 17th to 19th September, Oxford	A,C,D	1,2,3,4,5	£50,000	The Theme has been incorporated into the Best Care Programme. Particular partners include the George Institute for Global Healthcare (University of Oxford), the Centre for Evidence Based Medicine (University of Oxford) and the Centre for Sustainable Healthcare. The launch event for this Theme is being planned to coincide with the NHS Sustainability Day. Members from across the Network attended and participated in both conferences, including CEO and COO. AHSN sponsoring and participating in Oxford Science Fair, an interactive event aimed at increasing knowledge of and understanding of

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
								Science
4	Themes	Informatics and Technologies Theme	Baseline survey of information systems and databases in use completed by 30/06/14 and Informatics Strategy developed by 31/03/15. Framework for Information Governance in place by 30/06/14 A Clinical Network database system that provides access to common health records and facilitates communication across databases in a secure fashion by 31/03/16 Network platforms for patient monitoring, patient diaries and patient reported outcomes by 31/03/15	Commence baseline survey of information systems and databases in use Commence work on Informatics Strategy Set out work for developing framework for Information Governance	A,B,C	1,3,5	£374,250	Director of Information Strategy has been appointed and will start on 14th April 2014. A small scale pilot of tools to enable collaborative working across, for example, the clinical networks, themes and with the core team is underway. Successful completion of the pilot will lead to these tools / infrastructure being rolled out across the Core Team, Clinical Networks and all Themes / Programmes during Q1 14/15

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
5	Programmes	Best Care Programme - Clinical Networks	Clinical Networks which have been chosen to reflect national priorities, the need for balance; and the ability to build on clinical networks already in place	Launch events for all Clinical Networks Continue to work with the 9 supported Clinical Networks to ensure successful development of their networks and delivery of their committed activities and sub-projects Work with the Clinical Networks to ensure Innovation Adoption as appropriate Work with the Clinical Networks to develop a detailed strategic plan for the period 2014-18	A,B,C,D	1,2,3,4,5	£1,546,100	9 Priority Clinical Networks have signed formal funding agreements outlining objectives, deliverables, KPI, project plans and levels of funding and other support. Core Team in place initially utilising interim resource though permanent members will begin to join in February 2014. Innovation Adoption Managed appointed for start in January 2014 and Best Care Project Manager to start in February 2014. Clinical Networks are now establishing their launch dates in early part of 2014 (e.g. Early Intervention, March 2014) Pilot of collaborative working tools (SharePoint, interactive meetings, etc.) planned for January / February 2014.

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
								1st Programme Board scheduled for 22nd January 2014 Network governance & meeting schedule established with all networks. Oversight Board being established with Chair from NHS Acute sector as agreed
6	Programmes	Research and Development Programme	To support research, to increase recruitment to trials, to facilitate adoption of innovation, to create coherent research platforms for partners and to deliver cost-efficiencies	Establish baseline from NHS partners for commercial research activity Appoint a Programme lead and a senior project manager Commence work on a plan with NIHR and other research partners Establishment of the CRN with AHSN support Commence work on strategy for the development of commercial research	A,B,C,D	1,2,3,4,5	£124,200	CEO working with new CRN to come into effect from 1.4.14. Proposals being developed for joint 'industry facing' appointment with CRN to support, inter alia, the increase in a) commercial research trials and b) increasing patient participation in trials across the AHSN. Further discussions to take place after the appointment of Clinical Chair of Thames Valley and South Midlands CRN

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
								(due FEB 2014) CEO establishing group for NHS R & D Directors across the AHSN
7	Programmes	Wealth Creation and Healthcare Innovation Programme	Draw together this large constituency of partners to create a vibrant life science business ecosystem, and address and fulfil a number of functions, previously overlooked	Appointment of Programme lead, established infrastructure and agreed implementation plan - Commercial Team job descriptions completed, posts advertised for Director of Commercial Development to lead Wealth Creation programme and cover Oxfordshire supported by Commercial Development Managers for Berkshire and Buckinghamshire/Bedfordshire Establishment of Programme Oversight Group - chairman appointed. Work is underway to populate the Oversight Group with senior representation from LEPs, Industry and tech transfer offices of UoO and UoR Announcement of SBRI Challenge for SMEs (working with other AHSNs and TSB - timing to be confirmed by 31/03/14) (leading jointly with South London AHSN on the diabetes theme) - COO on SBRI Programme Board	A,B,C,D	1,2,3,4,5	£668,400	Innovation Adoption Director appointed on an interim basis whilst awaiting recruitment of 2 permanent staff. 1st permanent staff member joined in January 2014. List of must do innovations has been compiled through engagement with clinical networks and others. Outcomes from 2023 Challenge (sponsored by Oxford AHSN) being followed up with HE TV and TV Leadership Academy. Plans are now being jointly developed for the 2014 event. A route map for Apps has been developed with NHS Innovations SE and was successfully launched at an event on 29 January

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
				Establishment of database of key organisations and contacts in life sciences - Locality map for the 300 life sciences businesses in the AHSN commissioned from OBN. Close working with LEPs to maintain systematic engagement with industry for inward investment and innovation development Clarify for industry the "go to" partners in the Oxford AHSN for different stages of the product cycle (e.g. a RACI chart) - establishing close working with LEPs and through the Innovation Adoption and R&D workstreams				2014. Following a survey after the event on going proposals to support the development of Healthcare Apps are being finalised and will be rolled out during Q1 14/15. A national 'Map that App' event is under discussion for Q2/3 14/15. A Director of Commercial Development and two Commercial Development Managers have been appointed and will join in Q1 14/15. These latter two posts will be based in Milton Keynes and Reading. The AHSN is sponsoring the Oxford BioTrinity 2014 event (in May) and our presence will be led by the new commercial team AHSN supported the submission of bids to the Regional Innovation Fund in December 2013 - so far we have been notified of success in one bid. This

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
								project will be implemented during 14/15.
8	Programmes	Funding for fellowships (10)	Targeted AHSN-focused themes and clinical areas	Successfully recruit Fellows on to the CEBH MSc Programme - with academic enrolment from 1st October 2014 As part of the application for Fellowship Funding outlines of dissertation projects (for year 2 / 3) will be identified and agreed.	A,B,C,D	1,2,3,4,5	£741,000	Fellowships form part of continuous learning now integrated within the Best Care Programme. Funding for 8 Fellowships agreed with the Centre for Evidence Based Medicine - candidate selection to occur in May 2014 with student intake in October 2014. Fellowships will be open to all healthcare professionals provided academic and AHSN criteria are met. AHSN, CEBM and Health Education Thames Valley working together to deliver this new programme which will support the identification and delivery of innovation throughout the Network
9	AHSN costs	Theme and programme non-pay costs		Complete recruitment of 'core team'	A,B,C,D	1,2,3,4,5	£0	Resources have been committed to support across Network activities,

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
				Confirm long term accommodation arrangements and move in Conduct a pilot of supporting collaborative IT infrastructure prior to rollout across the Clinical Networks and Programmes				including locality meetings, stakeholder meetings etc. A further series of Network locality meetings now being planned for 2014. The AHSN website is being remodelled (see also below) and re-launched in Jan 2014. Regular updates on content will be provided, with individual pages for the clinical networks and themes. Monthly newsletter issued regularly and Twitter established Communication plan and marketing strategy in place. AHSN fully engaged in AHSN Communications Lead Network and contributing actively to the development of EXPO 2014
10	Start up	Central funding support		Each clinical network / programme to be supported with a formal	A,B,C,D	1,2,3,4,5	£0	Each Network and Programme is being given

No.	Overarching Programme	Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Core Licence Objective (A,B,C,D)	Outcome Framework Domain (where applicable)	Associated Funding	Current Status
		for initial networks		launch event. Oxford AHSN website to be updated to include Clinical Network / Programme specific pages and a short introductory video. Hold initial 'network of networks' event to cross fertilize learning				funding and soft support to hold a formal launch event. This event will be professionally videoed to provide marketing collateral and to provide content for the new website All Networks and Programmes are to be provided with a page on the Oxford AHSN external website and will also be provided with a suite of collaborative working tools, following successful pilot, including SharePoint and interactive meeting tools. A full programme of locality and other stakeholder events will be delivered during 14/15.
							Total £3,664,990	

149. The table below is the revised version of the Matrix of Metrics – as mentioned in lines 36-45 above – that we now intend to use for reporting as it aligns with our proposed KPI.

No.	Core Licence Objective	Health or Wealth delivery measure for March 2015 (Y2)	Associated Funding	Current Status
1	Focus upon the needs of Patients and local populations	- Number of local priorities addressed - Number of patients positively impacted through the introduction of best practice ('reduction in unwarranted variation')	£1,250,030	Regular contact being maintained with Better Value Health Care and into the Department of Population Healthcare, University of Oxford. Work underway on to develop the frail elderly project working with partners in Bucks New University, Bucks County Council, Royal Berkshire and Pharma. 9 Priority Clinical Networks have signed formal funding agreements outlining objectives, deliverables, KPI, project plans and levels of funding and other support. Core Team in place initially utilising interim resource though permanent members will begin to join in February 2014. Innovation Adoption Managed appointed for start in January 2014 and Best Care Project Manager to start in February 2014. Clinical Networks are now establishing their launch dates in early part of 2014 (e.g. Early Intervention, March 2014) Pilot of collaborative working tools (SharePoint, interactive meetings, etc.) planned for January / February 2014. 1st Programme Board scheduled for 22nd January 2014 Network governance & meeting schedule established with all networks. Oversight Board being established with Chair from NHS Acute sector as agreed Each Network and Programme is being given funding and soft support to hold a formal launch event. This event will be professionally videoed to provide marketing collateral and to provide content for the new website All Networks and Programmes are to be provided with a page on the Oxford AHSN external website and will also be provided with a suite of collaborative working tools, following successful pilot, including SharePoint and interactive meeting tools. A full programme of locality and other stakeholder events will be delivered during 14/15. The Theme has been incorporated into the Best Care Programme. Particular partners include the George Institute for Global Healthcare (University of Oxford), the Centre for Evidence Based Medicine (University of Oxford) and the Centre for Sustainable Healthcare. The launch event for this Theme is being planned to coincide with the NHS Sustainability Day. Members from across the Network attended and participated in both conferences, including CEO and

55

No.	Core Licence Objective	Health or Wealth delivery measure for March 2015 (Y2)	Associated Funding	Current Status
				COO.

AHSN sponsoring and participating in Oxford Science Fair, an interactive event aimed at increasing knowledge of and understanding of Science |
| 2 | Speed up innovation in to practice | - Number of innovations adopted (of the 5-10)

- Average time to introduce the 5-10 innovations (from the start of AHSN involvement) | £1,516,150 | Fellowships form part of continuous learning now integrated within the Best Care Programme.

Funding for 8 Fellowships agreed with the Centre for Evidence Based Medicine - candidate selection to occur in May 2014 with student intake in October 2014.

Fellowships will be open to all healthcare professionals provided academic and AHSN criteria are met. AHSN, CEBM and Health Education Thames Valley working together to deliver this new programme which will support the identification and delivery of innovation throughout the Network

Innovation Adoption Director appointed on an interim basis whilst awaiting recruitment of 2 permanent staff. 1st permanent staff member joined in January 2014.

List of must do innovations has been compiled through engagement with clinical networks and others.

AHSN supported the submission of bids to the Regional Innovation Fund in December 2013 - so far we have been notified of success in one bid. This project will be implemented during 14/15.

Director of Information Strategy has been appointed and will start on 14th April 2014.

A small scale pilot of tools to enable collaborative working across, for example, the clinical networks, themes and with the core team is underway. Successful completion of the pilot will lead to these tools / infrastructure being rolled out across the Core Team, Clinical Networks and all Themes / Programmes during Q1 14/15 |
| 3 | Build a culture of partnership and collaboration | - Network activity

- Network breadth / depth | £106,210 | Interim PPIEE lead in place. Coordination of efforts with OxAHSC, CLAHRC and OxBRC

Working on links with other AHSNs

Model of patient panel agreed with NHSE TV and mapping

Presented session at Clean Med on involving patients in healthcare

Oxford Science Fair to be sponsored and AHSN will participate through clinical networks. |

No.	Core Licence Objective	Health or Wealth delivery measure for March 2015 (Y2)	Associated Funding	Current Status
4	Create wealth	- Number of jobs - Value of commercial research income in NHS providers	£792,600	CEO working with new CRN to come into effect from 1.4.14. Proposals being developed for joint 'industry facing' appointment with CRN to support, inter alia, the increase in a) commercial research trials and b) increasing patient participation in trials across the AHSN. Further discussions to take place after the appointment of Clinical Chair of Thames Valley and South Midlands CRN (due FEB 2014) CEO establishing group for NHS R & D Directors across the AHSN Outcomes from 2023 Challenge (sponsored by Oxford AHSN) being followed up with HE TV and TV Leadership Academy. Plans are now being jointly developed for the 2014 event. A route map for App development has been developed with NHS Innovations SE and was successfully launched at an event on 29 January 2014. Following a survey after the event on going proposals to support the development of Healthcare Apps are being finalised and will be rolled out during Q1 14/15. A national 'Map that App' event is under discussion for Q2/3 14/15. A Director of Commercial Development and two Commercial Development Managers have been appointed and will join in Q1 14/15. These latter two posts will be based in Milton Keynes and Reading. The AHSN is sponsoring the Oxford Bio-Trinity 2014 event (in May) and our presence will be led by the new commercial team
			£3,664,990	

Appendix B - Risks Register & Issues Log

Risks Register

#	Programme / Theme	Risk	Description of Impact	Likelihood	Impact	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
1	Oxford AHSN Corporate	**Failure to establish culture of cross-organisation working**	Absence of common culture and presence of hostility and suspicion Scarcity of integrated care Absence of leadership Lack of progress	Medium	High	> 6 months	Leadership supporting a culture of collaboration, transparency and sharing Programme of meetings in place for CEO and COO to be completed by 31/12/13 Ensuring a culture of inclusivity and sharing, through, inter alia, the use of appraisals Real time monitoring of network of leaders and support of leadership training Celebrate early successes Establishment of effective virtual communication system Establishment of web system and	AHSN Chief Executive	Programme SROs	06-Sep-13		RED

#	Programme / Theme	Risk	Description of Impact	Likelihood	Impact	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
							regular communication Establishment of shared working for programmes e.g. using SharePoint Funding Agreement contains explicit requirements to share and collaborate					RED
2	Oxford AHSN Corporate	**Failure to establish Clinical Networks and publish Annual Reports**	Variation in care metrics unreported and unchallenged Poor adherence to NICE TAs Poor adoption of HiIs Poor adoption and diffusion of innovation	Medium	Medium	> 6 months	Proper infrastructure in place to support Programme lead and the clinical networks Clarity of deliverables of Clinical Networks Performance management through Job Plans for clinical leads working with host medical directors Greater recruitment of support from NICE Local Implementation Group	AHSN Chief Executive		06-Sep-13		AMBER

#	Programme / Theme	Risk	Description of Impact	Likelihood	Impact	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
							Reinforcement of Commissioner incentives (CQUINs) Technology Adoption Manager recruitment to drive uptake of NICE TAs - where there is a demonstrable clinical need					
3	Oxford AHSN Corporate	**Financial Failure**	Pay and non-pay costs uncontrolled Matched funding unrealized Failure to use commercial opportunities	Low	Medium	2-3 months	Detailed monthly review Executive Team leadership Management Board review and oversight Support (commercial) for HIWC Programme Reforecast on agreement of funding of Clinical Networks Create contingency fund of £0.5m Put in place SLA with OUH (AHSN Board approved) for dedicated	AHSN Chief Operating Officer	AHSN Chief Operating Officer	06-Sep-13		AMBER

#	Programme / Theme	Risk	Description of Impact	Likelihood	Impact	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
							financial management resource					
4	Oxford AHSN Corporate	**Failure to deliver Research Objectives**	NIHR CRN not delivered Failure to increase participation in clinical research Failure to complete research in timely fashion Failure to integrate and align the multiple clinical research networks Failure to increase research opportunities	Medium	Medium	> 6 months	Appointment of core project manager to work with CRN Transitional Lead Effective NIHR infrastructure support including improved sign-off Positive engagement and promotion across the Network to deliver a research active Network	AHSN Chief Executive	R&D Lead	06-Sep-13		AMBER
5	Oxford AHSN Corporate	**Failure to produce a flexible, adaptive workforce skilled at working at interfaces**	Fixed workforce unable to adapt to changing needs	Low	Low	> 6 months	Appointment of Programme Lead Establishment of MoU with HE TV Focus on increasing capacity and capability in relation to research, service improvement, quality	AHSN Chief Executive	Continuous Learning Lead	06-Sep-13		GREEN

#	Programme / Theme	Risk	Description of Impact	Likelihood	Impact	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
							improvement and innovation Incorporation of training multi-professional teamwork skills in mandatory and basic training					
6	Oxford AHSN Corporate	**Failure to increase innovation and grow the local life science cluster**	Absence of change in clinical care Outward migration of life science industry Increased local unemployment	Medium	Medium	> 6 months	Establishment of baseline for measurement Establishment of database of contacts, partners and potential partners Engagement events with focus on HIWC Removal of barriers to collaboration and progress	AHSN Chief Operating Officer	HIWC Lead	06-Sep-13		AMBER
7	Healthcare Innovation & Wealth Creation	**Failure to identify suitable projects for Innovation Adoption**	Failure to meet this key AHSN objective may lead to sanctions from NHS England Damage to the AHSN credibility - may impact upon other areas	Medium	Medium	3-6 months	Undertake a comprehensive engagement process to identify strong need	AHSN Chief Operating Officer	HIWC Lead	28-Nov-13		AMBER

#	Programme / Theme	Risk	Description of Impact	Likelihood	Impact	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
8	Oxford AHSN Corporate	**Failure of partners to agree to funding / subscription model leading to overall funding shortfall**	Funding shortfalls may cause the AHSN to not be able to support all of it's planned networks, programmes and initiatives. May negatively impact upon the relationships between the partners (if some pay and some don't) thus harming partnership and collaboration	Medium	Low	3-6 months	Funding / subscription proposal agreed, in principal, at the AHSN Board Meeting of 22nd January 2014. COO to socialise this with senior partner representatives and fully agree subscription rates and timing	AHSN Chief Operating Officer	AHSN Chief Operating Officer	04-Feb-14		AMBER

Issues Log

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
8	Oxford AHSN Corporate	**NHS England have indicated that year on year funding will reduce by 20% each year over the remaining years of the licence.** **To continue at 14/15 activity levels, this will lead to potential funding shortfalls from 2014/15 onwards. This would leave a requirement for funding from Partners of ca. £2.5m in 16/17 and £3.5m in 17/18.**	Critical	Financial	No funds have been committed beyond 30th June 2015 (except for Continuous Learning where the first cadre have been committed to for the full three years - until 2017). A revised cash flow forecast has been prepared, with a verbal update to be given at Management Board on 6th December. The AHSN Board noted that cutting back on all programmes, there is sufficient funding to support the core team and programme leads but not full funding of clinical networks All AHSN to lobby NHS England to try and change their position A mitigation plan was presented to the AHSN Board in January 2014 - without alternative funds to NHS England the AHSN can sustain the core team and programme leads but not the clinical networks at current levels beyond June 2015. A proposal for member contribution is being put to the Partnership Board on 27 March	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28-Nov-13	Action - 20% Complete	
10	Oxford AHSN Corporate	**Interviews for senior Project Roles have struggled to find suitable candidates**	Major	People	Options to be reviewed during March 2014 after appointment of the Commercial Development Team. Current interim resource to be retained until 30th June 2014	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28-Nov-13	Action - 20% Complete	
14	Best Care (Clinical Networks)	**Lack of a co-ordinated plan to create, and submit, a coherent bid for the Patient Safety Collaborative that is supported by all regional key stakeholders**	Major	Strategy	The Best Care SRO is writing to key stakeholders. Charles Vincent has agreed to lead the PSC bid and hold an event with stakeholders to clarify existing initiatives Current deadline and process for submission is unknown - Best Care SRO will expedite with NHS England	Best Care SRO	Best Care SRO	12-Feb-14	Action - 40% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
15	Oxford AHSN Corporate	**Lack of dedicated Finance Resource to support the AHSN and the Networks / Programmes risks delaying start up of the same**	Major	Process	Dedicated interim resource being provided by host (from March 2014). COO covering this function, alongside, OUH Asst Dir of Finance until dedicated resource is fully up to speed.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	13-Feb-14	Action - 60% Complete	

Appendix C – Organisation Chart

Chair
Nigel Keen

Exec Assistant
Pam Munnelly

CEO
Gary Ford

Programme Officer
Amy Shearman

COO
Paul Durrands

Programme and Theme Senior Responsible Officers

Best Care
Chandi Ratnatunga

R&D
TBC

Wealth Creation
TBC

Informatics
Mike Denis

PPIEE
Sian Rees

Interim Programme Director
Simon Hay

Assistant Director
Megan Turmezei

Finance Procurement Contracts IT
(Provided by OUH)

Senior Project Manager – Clinical Networks
Will Pank

Project Manager
TBC

Commercial Development Manager Berkshire
TBC

Project Manager x 2
TBC

Communications Lead
Martin Leaver

Interim Innovation Adoption Director
Tracey Marriott

Commercial Development Manager Buckinghamshire /Bedfordshire
TBC

Communications Officer
TBC

Innovation Adoption Manager
Sue Ikin

Innovation Adoption Manager
ABHI - TBC

Appendix D – Membership of the Oxford AHSN Board and Partnership Board

Role	Individual
Chairman	Mr Nigel Keen, Chairman Syncona, Wellcome Trust, Isis Innovation and Oxford Instruments Plc
Vice Chairman	Sir Jonathan Michael, Chief Executive, Oxford University Hospitals NHS Trust (host organisation)
Chief Executive Officer	Professor Gary Ford CBE
Chief Operating Officer	Dr Paul Durrands
	Oversight Groups
Best Care Oversight Group, Chair	Mr Joe Harrison, Chief Executive, Milton Keynes NHS FT
R&D Oversight Group, Chair	Sir Jonathan Michael, Chief Executive, Oxford University Hospitals NHS Trust
Wealth Creation Oversight Group, Chair	Dr Nicholas Edwards
Informatics & IG Oversight Group, Chair	Mr Stuart Bell CBE, Chief Executive, Oxford Health NHS FT
PPIEE Oversight Group, Chair	TBC
Clinical Innovation Oversight Group Chair	Mrs Anne Eden, Chief Executive, Bucks Healthcare NHS Trust
Oxford Academic Health Science Centre	To be confirmed by Professor Sir John Bell, Chairman OxAHSC Board Regius Professor of Medicine, University of Oxford

Role	Individual
NHS Providers	Dr Justin Wilson, Medical Director, Berkshire Health NHS FT; Mr Stuart Bell CBE, Chief Executive, Oxford Health NHS FT; Dr Alistair Flowerdew, Acting Chief Executive, Royal Berkshire NHS FT; Ms Philippa Slinger, Chief Executive, Heatherwood & Wexham Park NHS FT; Mr Joe Harrison, Chief Executive, Milton Keynes NHS FT; Mrs Cathy Walker, Central and North West London NHS FT; Mr Stephen Conroy, Acting Chief Executive, Bedford Hospital NHS Trust; Mrs Anne Eden, Chief Executive, Buckinghamshire Healthcare NHS Trust; Sir Jonathan Michael, Chief Executive, Oxford University Hospitals NHS Trust, Mr Will Hancock/Dr John Black, SCAS
NHS Commissioners	Dr Graham Jackson, Aylesbury Vale CCG, Chiltern CCGs, Jeannie Ablett, CEO Milton Keynes CCG, Mr Ian Busby, Oxfordshire CCG, Bedford CCG, Berkshire West and Berkshire East CCGs
University members	Professor Alastair Buchan, Head of Medical Sciences Division & Dean of the Medical School, University of Oxford
	Mrs June Girvin, Pro Vice Chancellor & Dean of the Faculty of Health and Life Sciences, Oxford Brookes University
	Professor Richard Ellis, Dean of the Faculty of Life Sciences, University of Reading
	Dr Nacho Romero, Senior Lecturer, Faculty of Science, The Open University
	Professor Susan Procter, Professor of Nursing Clinical Innovation, Bucks New University
	University of Buckingham
	Professor Heather Loveday/Professor Kathryn Mitchell, University of West London
	Cranfield University and University of Bedfordshire - tbc
HE TV member	Mrs Sandra Hatton, Managing Director, Health Education Thames Valley (LETB)
NHS England	Mr Matthew Tait, Director, Thames Valley Local Area Team (LAT) of NHS England
Industry members	Steven Oldfield, ABPI, Peter Ellingworth, ABHI, Dr Jon Rees, OBN
LEP members	Nigel Tipple, CEO, Oxfordshire LEP, Neil Gibson, Bucks CC, Dr David Gillham, Berkshire LEP
Public Health/Social Care	To be confirmed

Appendix E – Budget and Forecast 13/14 and Budget 14/15

OXFORD AHSN FINANCE PLAN	Business Plan 2013/14	Forecast 13-14	NHS England Budget 14-15
Model Period Beginning	01-Apr-13	01-Apr-13	01-Apr-14
Model Period Ending	31-Mar-14	31-Mar-14	31-Mar-15
Financial Year Ending	**2014**	**2014**	**2015**
Year of the 5 Year Licence Agreement	**1**	**1**	**2**
INCOME (REVENUE)			
NHS England funding	3,078,950	4,398,500	3,824,783
Membership contributions	420,000		420,000
HETV income for joint continuous learning programme	240,000	535,000	637,000
Other income		50,000	0
Total income	**3,738,950**	**4,983,500**	**4,881,783**
AHSN FUNDING OF ACTIVITIES			
Best Care - Clinical Networks	883,460	1,993,885	1,145,200
Best Care - Continuous Learning Programme	0	534,000	741,000
Best Care - Innovation Adoption		50,000	400,900
Best Care - Population Healthcare Theme	36,553	40,280	54,830
Best Care - Integration and Sustainability Theme	66,667	25,000	50,000
Research and Development Programme	49,467	74,200	124,200
Wealth Creation	378,409	192,500	668,400
Informatics and Technologies Theme	234,033	702,100	374,250
Patient and Public Engagement and Experience Theme	44,807	105,210	106,210
Theme and programme non-pay costs	464,000	195,000	0
Funding for fellowships	250,000	200,000	0
Contingency for programmes	250,000	100,000	100,000
Programmes and themes	**2,657,396**	**4,212,175**	**3,764,990**
CORE TEAM AND OVERHEAD			
Pay costs	333,950	280,230	658,640
Non-pay costs	184,214	104,000	186,720
Depreciation	7,500	15,000	15,000
Travel Costs	30,000	30,000	61,200
Professional (Auditor and Legal) Fees	30,000	11,200	30,600
Set-up costs	24,000	200,000	0
Marketing	75,000	75,000	143,900
Total core team and overhead costs	**684,664**	**715,430**	**1,096,060**
INCOME AND EXPENDITURE			
NHS England funding	3,078,950	4,398,500	3,824,783
Membership contributions	420,000	0	420,000
HETV income for joint continuous learning programme	240,000	535,000	637,000
Other income	0	50,000	0
Total income	3,738,950	4,983,500	4,881,783
Programmes and themes	2,657,396	4,212,175	3,764,990
Total core team and overhead costs	684,664	715,430	1,096,060
Total expenditure	3,342,060	4,927,605	4,861,050
Surplus/(deficit)	**396,890**	**55,900**	**20,730**