

# Oxford Academic Health Science Network

ANNUAL REPORT 2013/14





# Chairman's Welcome

*I am very pleased to present our first Annual Report.*

## **Much has been achieved in our first year.**

Key to getting the Oxford AHSN on to a firm footing was the appointment of our CEO, Professor Gary Ford and COO, Dr Paul Durrands in the Autumn and receiving our Licence and associated funding from NHS England in October.

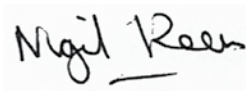
The Oxford AHSN's success will depend upon ensuring engagement at all levels between the academic, NHS and industry communities. I believe we have launched a portfolio of programmes that will have a significant impact on patient care, NHS efficiency and prosperity in the region. Our governance structures are robust and inclusive and I believe will allow staff from the NHS, universities, Local Enterprise Partnerships and industry across our region to work together to make positive changes to patient care and to help to create an even stronger life science cluster.

I am delighted that since January we have made significant progress in developing our Clinical Innovation Adoption programme – this will help us accelerate uptake, and utilisation, of innovations to improve patient care and efficiency in the NHS.

I am also pleased to note that the Oxford Academic Health Science Centre has recently been designated and going forward in to 2014/15 we look forward to developing close relationships with it, and helping support the delivery of its objectives.

2014/15 is about delivery and engagement and I would encourage partners to get fully involved in the clinical networks, events and initiatives.

I would like to take this opportunity to thank Sir Jonathan Michael, the Chief Executive of Oxford University Hospitals NHS Trust and our Board and the many other people both within our organisation and outside who have worked tirelessly over the last two years to guide the Oxford AHSN through its creation to make it the vibrant entity that it is becoming.



**Nigel Keen**  
CHAIRMAN, OXFORD AHSN

## **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.*



# Contents

	<b>Page</b>
Chief Executive's Review .....	01
Strategy and Objectives .....	03
Operational Review .....	04
Infrastructure & Governance .....	06
Engagement and Communication .....	12
Key Risks & Issues .....	16
Programmes and Themes .....	18
Review against the Business Plan .....	42
<b>Appendix A:</b> Financial Statement .....	i
<b>Appendix B:</b> Review against the Business Plan .....	.ii
<b>Appendix C:</b> Detailed review against the KPI matrix .....	vi
<b>Appendix D:</b> Attendance at Meetings .....	xvii
<b>Appendix E:</b> List of key events held / supported .....	.ixx
<b>Appendix F:</b> List of Partners .....	xx



# Chief Executive's Review

I am pleased to present our first Annual Report, covering 2013/14. I think we have achieved a good deal since last October when I joined the Oxford AHSN. The most important achievement has been to establish our team to lead the work programmes and ensure our partners are fully engaged to create the network. All our leadership positions are filled now and we will soon be at full strength.

We have made good progress in establishing the clinical networks with agreed work plans and launches which will roll out over the next few months. We have put significant effort and resources into clinical networks as we believe that these will be the engines of change to practice, service improvement and, importantly, will support clinical innovation adoption by local providers and patients. Each clinical network is identifying a health outcome measure that its work will contribute to.

Core to the Oxford AHSN's purpose is the facilitation of the adoption of innovative practice, products and services at scale and more quickly than has been achieved by the NHS in the past. I am delighted that since January we have established our Clinical Innovation Adoption Programme (CIA) which will support the adoption across the system of 10 innovations each year. We have selected from a list of 250 national and locally developed innovations, including NICE TAs, reducing this to a list of 10. We have established the Oversight Group for CIA, chaired by Mrs Anne Eden, CEO of Buckinghamshire Healthcare NHS Trust. We have developed an engagement plan to support the process of local adoption, identifying clinical champions and the evidence that providers will need to assure themselves that clinical benefits can be achieved. During the coming year we will further improve the process to select the 10 innovations for rollout in 2015/16 with a more detailed process of consultation with our providers, commissioners and patients.

I have been working with the Trust CEOs to identify R&D leads for each Trust so that we can work together to develop R&D plans and attract commercial research funding across the Oxford AHSN.

We have developed our wealth creation strategy and we are now developing a marketing strategy for the Oxford AHSN geography. We have commissioned a report on the development and commercialisation of mobile apps and held a very successful event. In line with feedback received, this will be followed by regular quarterly networking events, with the first scheduled for 24 June.

We are working very closely with OBN and commissioned a map for our website that shows the 564 life sciences and healthcare organisations in the area. We are also sponsoring BioTrinity and Venturefest and we are working very closely with the new Academic Health Science Centre.

I am pleased to report that we have selected seven very impressive candidates from across the region and from four disciplines for the Evidence Based Healthcare Fellowship programme led by Professor Carl Heneghan at the University of Oxford. This programme and the new Patient Safety Academy have been developed and funded by Health Education Thames Valley.

We will continue to work hard to support involvement of stakeholders from universities, industry, the NHS and local authorities in our work programmes, events and governance structures. It is important to get across that the Oxford AHSN belongs to all the partners and it will be very successful only if we work together collaboratively.

I would like to thank our Chairman Nigel Keen, the Oxford AHSN Board and my team for their support as we implement a very exciting and important set of work programmes which I believe will make a real difference to patients, carers and our communities.



**Professor Gary A Ford, CBE**  
CHIEF EXECUTIVE OFFICER, OXFORD AHSN







# 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 license objectives. We will avoid duplication of functions and activities and support our partners to collaborate and work together as a matter of course.

- **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
- **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

- **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
- **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
- **Uphold our values** in our day-to-day activities, and in our engagement with our Partners.

## Our Vision:

*Best health for our population and prosperity for our region.*

## 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.*

## Our Values:

*We will be inclusive, transparent and fair.*

# Operational Review

*During the year we have made significant progress including:*

- Signing our Licence agreement with NHS England
- Agreeing our overall governance structure and establishing the Oxford AHSN Board and Partnership Board to oversee the Oxford AHSN
- Mobilising our core team and recruiting a number of key individuals
- Confirmed the 10 Clinical Networks that we are supporting and working with them to develop plans and outcome measures
- Established our Clinical Innovation Adoption programme which will work to ensure adoption of 10 innovative products, medicines and service changes per annum. From a list of 250 we have identified 10 candidates for 2014/15, including four NICE TAs and six high impact innovations, including two that were developed locally, from a range of settings
- The Oxford AHSN was also awarded funding for roll out of Intra-operative Fluid Management from the NHS England Regional Innovation Fund. This is included within the 10 projects for 2014/15
- Established a Continuous Learning programme with our partner Health Education Thames Valley which includes the Patient Safety Academy and the Evidence Based Healthcare Fellowships (EBHCF)
- Selected seven strong EBHCF candidates both from across the region and from a range of clinical backgrounds and disciplines. This is a three-year programme, starting in October 2014
- Developed our Wealth Creation Strategy in consultation with key stakeholder groups. We commissioned OBN in the development of an area map showing nearly 600 organisations involved in health and life sciences in the region. We have also supported the SBRI programme which provides early stage funding for innovative life science companies developing healthcare products
- Established strong links with Local Enterprise Partnerships (LEPs) – they will be part of the Oxford AHSN Partnership Board and we have agreed joint working to deliver the Wealth Creation programme
- Produced a report and event to support Mobile 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.

**Going forward into 2014/15, and beyond, we have a clear Business Plan, and Strategy, in line with our Vision, Mission and Objectives.**

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

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

**It is characterised by our four Programmes** (*Best Care, Clinical Innovation Adoption, Research & Development and Wealth Creation*) and the two cross-cutting Themes (*Informatics and Patient and Public Involvement, Engagement & Experience*).



## CASE STUDY 1

# Healthcare Smart Phone app development and commercialisation

### Project summary:

Oxford AHSN worked with NHS Innovations South East to produce a 'route map' to help partners make the most of opportunities to develop Smart Phone apps.

### What was the need?

Oxford AHSN has played a part in the development of two key healthcare apps and identified a need to share the expertise and experience more widely to maximise potential patient benefits.

### What have we done?

On 29 January 2014 Oxford AHSN hosted an event which brought together about 80 people including trailblazers who have already developed apps who passed on their knowledge to those considering taking their own ideas down a similar path. They provided handy hints and a step-by-step guide to the dos and don'ts of successful app development and commercialisation.

*The practical focus is around two key projects:*

#### 1 Defibrillator locator (South Central Ambulance Service)

SCAS worked with an industry partner (Astrala Consulting Inc) to develop the *Automated External Defibrillator (AED) Locator UK* app. It identifies the precise location of hundreds of AEDs – potentially saving vital seconds in the immediate response to someone suffering a cardiac arrest: [www.youtube.com/watch?v=X9V1cSnqEQ8](http://www.youtube.com/watch?v=X9V1cSnqEQ8)

#### 2 Monster Manor iPad game

The Oxford AHSN worked with partners in industry (*Ayogo Health games developer and Sanofi Diabetes*) to develop an iPad game having identified an issue with children with Type 1 diabetes failing to monitor their blood glucose levels effectively. The Monster Manor game requires players to input their personal readings on a regular basis, helping to ensure they manage their condition.

### How were patients involved?

Community First responders (trained volunteers) helped SCAS develop its defib locator app, while diabetes patients have been involved throughout the development of the Monster Manor app.

### What happens next?

- Oxford AHSN is organising quarterly practical workshops to provide on-going help and support to healthcare app developers. The first takes place on 24 June 2014.
- SCAS hopes to roll out the defib locator nationally, having proven its effectiveness within the Oxford AHSN area.
- Diabetes experts at Oxford AHSN are working with patients to evaluate the Monster Manor map and inform its next stage of development.



# Infrastructure and Governance

## Governance

The Oxford AHSN is licensed by NHS England for the five-year period to 31 March 2018. This licence was signed in November 2013.

The Oxford AHSN is hosted by the Oxford University Hospitals NHS Trust (OUH); this has allowed the AHSN to focus on developing and implementing its programmes and engagement strategy rather than on creating a new legal entity. Being hosted also gives the Oxford AHSN the advantages of not having to charge VAT on its income and it does not pay Corporation Tax on any surpluses unlike AHSNs that have decided to form companies limited by guarantee.

A new governance structure has been approved by the Oxford AHSN Board and ratified by the Oxford AHSN Partnership Board. The Oxford AHSN Board is accountable and responsible for the Oxford AHSN's strategy and delivery of the Business Plan through the activities of the programmes and themes. The Oversight Groups will monitor specific areas of performance, reporting to the Oxford AHSN Board on a regular basis through their Chairs who are also members of the Oxford AHSN Board.

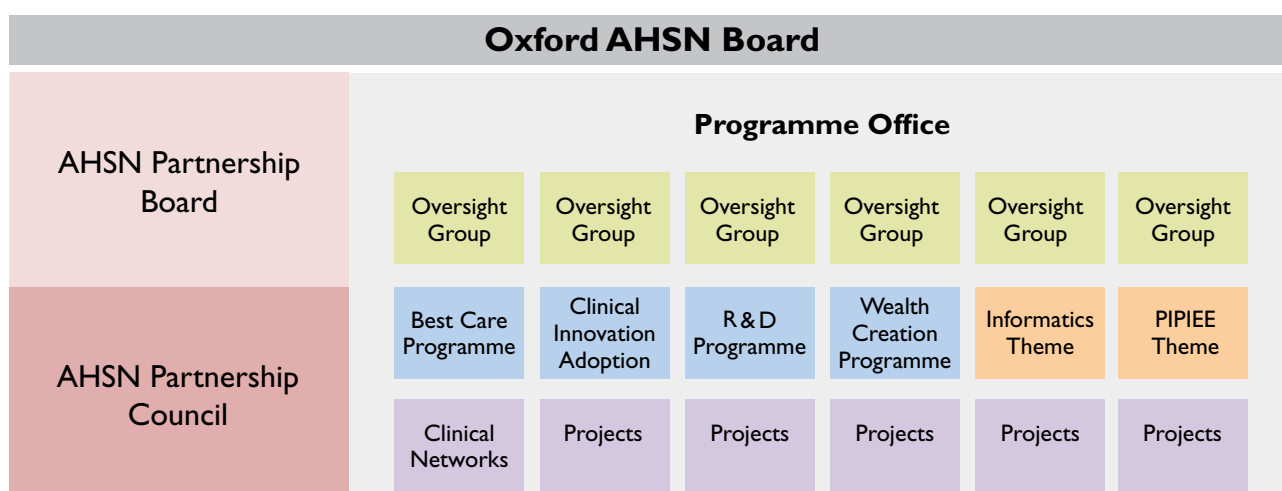
The Oxford AHSN Board will provide regular updates to the Oxford AHSN Partnership Board which includes representatives from all NHS provider Trusts, the Universities, the Clinical Commissioning Groups, Health Education Thames Valley (HETV), NHS England, Local Enterprise Partnerships and industry organisations including OBN, ABHI and ABPI. See page 08.

We have successfully recruited a Chair for each Oversight Group and are now working with them to populate these groups, with a view to holding the first meeting of each during Q1 2014/15.

The Oxford AHSN Partnership Board has a key role in overseeing the Oxford AHSN's strategy, signing off the Business Plan for the year and agreeing key principles including funding contributions from NHS and academic partners. It includes all partners and stakeholders.

The Oxford AHSN Partnership Council will meet at least once a year, drawing together all the partners from all sectors, and receive the Annual Report and the Financial Statement. This will provide an important opportunity for formal engagement with the widest possible group of stakeholders and partners in addition to other events as described below. The first meeting is scheduled for 18 June 2014.

The Oxford AHSN Partnership Council, Oxford AHSN Partnership Board and the Oxford AHSN Board are supported by the Director of Corporate Affairs who is also responsible for holding the Oxford AHSN's Register of Interests, Gifts, Sponsorship and Hospitality.



## Policies and Procedures

During the year we have developed, and documented, a range of policies and procedures covering:

- Declaration of Interests
- Expenses
- Branding Guidelines
- Funding Guidelines for Networks
- Formal Funding Agreement for all supported Networks, Programmes and Themes

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

- Project Initiation Documents
- Budget Proforma
- Regular (monthly) Reporting
- Annual Reporting
- Risk Registers
- Issues Logs
- Contact Lists
- Stakeholder Maps

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

- Formalising deliverables, KPI, Critical Success Factors, etc. in the form of a Project Initiation Document
- Formalising Budgets for those activities
- Formalising Project Plans for those activities
- Identifying, and managing, Risks and Issues as they arise in a systematic manner
- Regular progress reporting / monitoring

We have identified, and are managing, a number of 'live' Risks and Issues – see *Key Risks and Issues* section on page 16.

## Infrastructure

As part of the hosting arrangements the OUH provides the Oxford AHSN with a number of support services, including:

- Financial accounting
- Management accounting and reporting
- Business Planning
- HR, Procurement and IT
- Contracting and IP Management

An option for the Oxford AHSN to be located in dedicated facilities on the John Radcliffe Hospital site in Oxford is being explored. However, whilst that accommodation is being prepared, the Oxford AHSN is temporarily based at the Oxford Science Park. A lease for these facilities has been signed up until 31 March 2015, with a break option at 31 December 2014.

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.

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.

## The Oxford AHSN Board



**Nigel Keen**  
*Chairman Oxford AHSN*

Nigel Keen chairs the Oxford AHSN Board, Partnership Board and Partnership Council. He is also Chairman of Syncona Partners, a Wellcome Trust healthcare company and Chairman of ISIS Innovation, the technology transfer group for the University of Oxford. His career has encompassed venture capital, industry and banking. He has a degree in engineering from the University of Cambridge, is a Fellow of the Institute of Chartered Accountants, a Fellow of the Institute of Engineering and Technology and has been involved in the formation and development of high technology businesses for more than 30 years.

He is the Chairman of a number of high-growth publicly-listed companies, including Laird, Oxford Instruments, Bioquell and the AIM-listed company, Deltex Medical.



**Sir Jonathan Michael**  
*Vice Chairman Oxford AHSN*  
*Chief Executive, Oxford University Hospitals NHS Trust*

Sir Jonathan is Vice Chair of Oxford AHSN and chairs the Research and Development Oversight Group. He has been the Chief Executive of Oxford University Hospitals NHS Trust since April 2010.



**Prof Gary A Ford, CBE**  
*Chief Executive Officer Oxford AHSN*

Gary has led the adoption of innovation in stroke care for many years. He remains a practising clinician as a Consultant Stroke Physician at Oxford University Hospitals NHS Trust. He is also Director of the National Institute for Health Research (NIHR) Stroke Research Network. In addition, Gary is Visiting Professor of Clinical Pharmacology at the University of Oxford.

He was awarded the CBE in 2013 for services to research in stroke medicine.



**Dr Paul Durrands**  
*Chief Operating Officer Oxford AHSN*

Paul's role is to ensure delivery of the Oxford AHSN's programmes and themes agreed by the Partnership Board. Paul has an extensive commercial background, with international experience of licensing, contracting and mergers and acquisitions. He has also led large change programmes in the NHS – including the outsourcing of NHS Supply Chain. He has also been a director of two local life sciences companies and an international food company.



**Mr Stuart Bell, CBE**  
*Chief Executive, Oxford Health NHS FT*  
*Chairman, Informatics and Information Governance Oversight Group*

Stuart has been Chief Executive of Oxford Health NHS Foundation Trust since October 2012. He had previously been Chief Executive of the South London and Maudsley NHS Foundation Trust since it was formed in 1999. Stuart joined the NHS in 1982 and has held senior planning and service management roles in acute teaching and general hospitals. He has also had responsibility for organisational development and performance management at a regional level. In 1996 he was seconded to the Department of Health as Head of NHS Performance. He is an Honorary Fellow of King's College London and an Honorary Fellow of the Royal College of Psychiatrists. In 2008 he was awarded the CBE for services to healthcare.



**Mrs Anne Eden**  
*Chief Executive, Bucks Healthcare NHS Trust*  
*Chair, Clinical Innovation Adoption Oversight Group*

Anne Eden has been Chief Executive of Buckinghamshire Healthcare NHS Trust since 2006. Prior to this she worked in teaching hospitals and headed up community services, mental health services and specialist hospital services. Anne also spent three years at the Department of Health. Anne chairs the Oxford AHSN Oversight Group for Clinical Innovation Adoption.



**Dr Nick Edwards**  
*Chairman, Wealth Creation Oversight Group*

Dr Nicholas Edwards chairs the Oversight Group for the Wealth Creation Programme.

After research into the use of artificial intelligence in medical diagnosis and work in cardiology and general surgery, he spent 18 years with Andersen Consulting (now Accenture).

Nick is the Chairman of MedInnovate and Chairman of Kinapse. He has a particular interest in restructuring pharmaceutical R&D. He is a Founding Fellow of CASMI – the Centre for the Acceleration of Sustainable Medical Innovations, a joint enterprise between the University of Oxford and University College London. Nick has been an investor and supporter of several life science start-up businesses. He is also the Chairman of Oxtex, a spin-out from the University of Oxford that is developing a novel surgical implant device.



**Mr Joe Harrison**  
*Chief Executive, Milton Keynes NHS FT  
 Chairman, Best Care Oversight Group*

Best Care Oversight Group Chair  
 Joe Harrison is Chief Executive of Milton Keynes Hospital NHS Foundation Trust. Joe has 25 years' experience of working in acute hospitals, including senior director roles in big teaching hospitals and several district general hospitals. His focus is on improving patient services and ensuring clinical care is delivered appropriately and in the right place. He is a faculty member of the NHS Leadership Academy.



**Dr Justin Wilson**  
*Medical Director, Berkshire Healthcare NHS FT  
 Chairman, PPIEE Oversight Group*

Dr Justin Wilson chairs the Patient and Public Involvement, Engagement and Experience (PPIEE) Oversight Group. He has been Medical Director at Berkshire Healthcare NHS Foundation Trust since June 2009 and involved with the Oxford AHSN since 2012.



**Mrs Megan Turmezei**  
*Director of Corporate Affairs, Oxford AHSN (Secretary)*

Megan Turmezei is Director of Corporate Affairs at Oxford AHSN. She supports the Boards and stakeholders, ensuring good governance, as well as ensuring good communications and engagement within and across the Oxford AHSN region. In addition, she supports the Oxford Academic Health Science Centre which has activities in common with the Oxford AHSN.

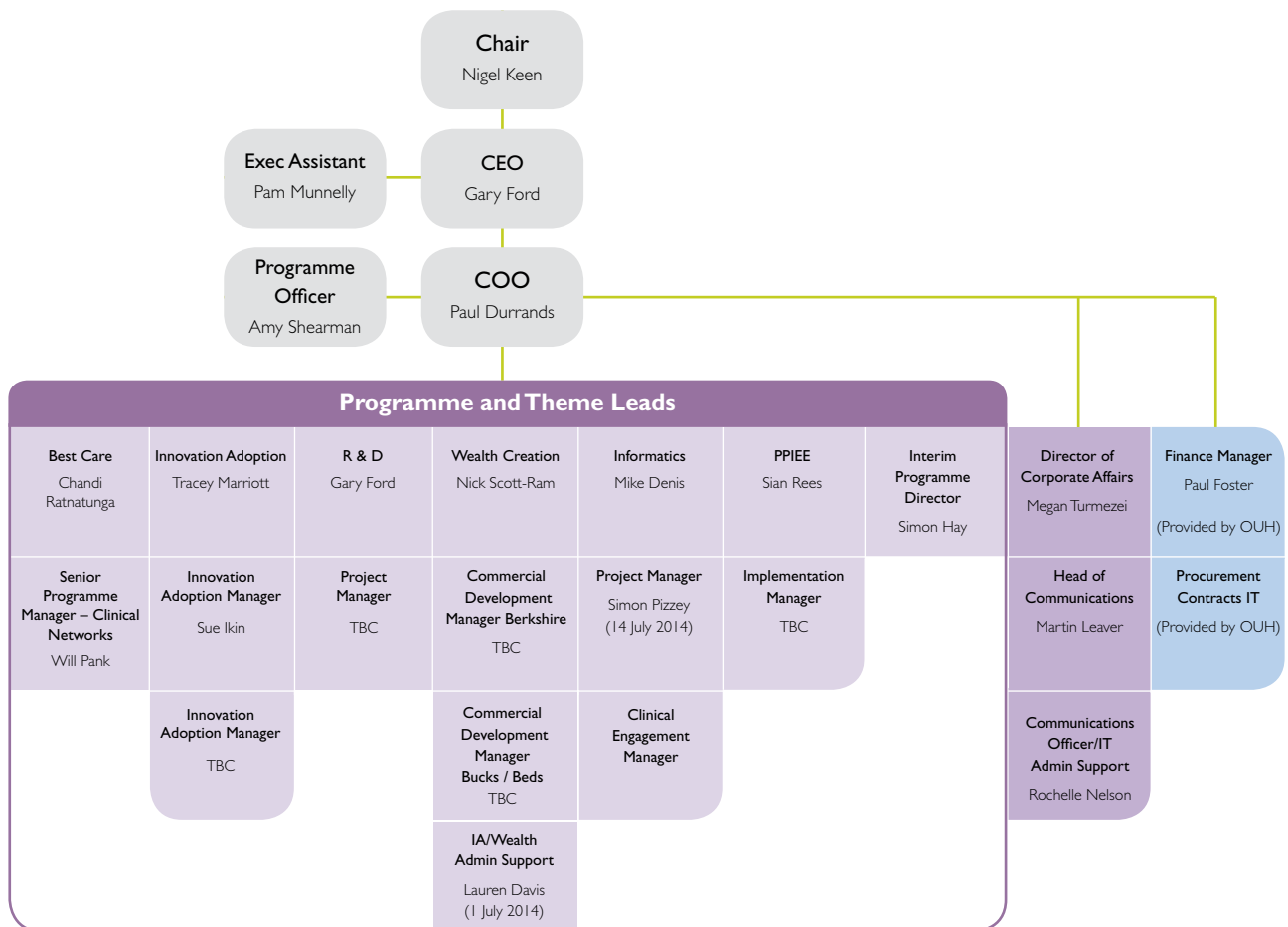


## The Team

Prior to Dr Paul Durrands taking up his post as Chief Operating Officer at the end of August 2013 day-to-day management of Oxford AHSN activities were handled by Mr Chandi Ratnatunga and Mrs Megan Turmezei, who were responsible for the initial Oxford AHSN application and supported the subsequent designation under the leadership of Sir Jonathan Michael.

Dr Nick Edwards also made a significant contribution to the establishment of wealth creation as a key area of focus.

Professor Gary A Ford CBE took up his post as Chief Executive Officer of the Oxford AHSN at the end of October 2013.





## The team now in place includes:

<b>Chief Executive Officer</b> .....	<b>Professor Gary A Ford CBE</b> (Executive Assistant Pam Munnelly)
<b>Chief Operating Officer</b> .....	<b>Dr Paul Durrands</b> (Programme Officer Amy Shearman)
<b>Director of Corporate Affairs</b> .....	<b>Mrs Megan Turmezei</b>
Head of Communications .....	<b>Mr Martin Leaver</b>
Administrative Support .....	<b>Ms Rochelle Watson</b> (With Informatics from June 2014)
<b>Lead Best Care Programme</b> .....	<b>Mr Chandi Ratnatunga</b>
Senior Programme Manager, Best Care .....	<b>Mr Will Pank</b>
<b>Programme Director</b> .....	<b>Mr Simon Hay</b>
<b>Director of Innovation Adoption</b> .....	<b>Ms Tracey Marriott</b>
Innovation Adoption Manager .....	<b>Mrs Sue Ikin</b>
Administrative Support .....	<b>tbc</b> (With Commercial Development)
<b>Director of Commercial Development</b> .....	<b>Dr Nick Scott-Ram MBE</b>
<b>Director of Information Strategy</b> .....	<b>Mr Mike Denis</b>
Informatics lead .....	<b>Mr Simon Pizzey</b> (14 July 2014)
Clinical Engagement lead .....	<b>tbc</b>
<b>Patient &amp; Public Involvement, Engagement &amp; Experience (PPIEE) Lead</b> .....	<b>Dr Sian Rees</b>

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

- PPIEE Implementation Manager
- Two Commercial Development Managers to work in Buckinghamshire and Berkshire
- A second Innovation Adoption Manager



*Oxford has world-class academic institutions and leading NHS facilities alongside a vibrant ecosystem of life science companies. By connecting all three there is real potential to improve the health of the population and bolster the local economy.*

*The Oxford AHSN has established itself quickly and begun to build affective partnerships between industry and their local NHS and academic partners. These partnerships will help develop a culture of innovation that will accelerate the spread of new and innovation and support the development of new technologies – ultimately benefitting patients and generating wealth.*

**Mr Peter Ellingworth**, Chief Executive, Association of British Healthcare Industry (ABHI)



# Engagement and Communication

## Engagement with Partners and Stakeholders

Professor Ford and Dr Durrands spent a great deal of time in the latter part of 2013 and early part of 2014 meeting with partners across the Network. Meetings took place with NHS organisations, including Milton Keynes NHS FT, Royal Berkshire NHS FT, South Central Ambulance Services NHS FT, Buckinghamshire Healthcare NHS Trust, Oxford Health NHS FT and a number of Clinical Commissioning Groups (CCGs); with the universities, including the Open University, the University of Reading, Bucks New University, University of Buckingham, University of Oxford, the University of West London and Oxford Brookes University; industry organisations including the Oxfordshire, Buckinghamshire and Berkshire Local Enterprise Partnerships, SBRI, ABHI and ABPI; life sciences and pharma companies including Sanofi, Astra Zeneca, Becton, Dickinson and Alere; and other organisations including Buckinghamshire County Council, Porton Down and NICE.

A number of issues are now being taken forward as a result of these meetings and are being taken forward through the appropriate programmes and themes. These meetings will continue into 2014/2015 and there has also been a drive to ensure greater engagement with Local Enterprise Partnerships (LEPs), Local Authorities, and the Health and Wellbeing Boards.

Locality stakeholder meetings have been held in High Wycombe for Buckinghamshire partners, and in Milton Keynes for the Milton Keynes and Bedford partners. The High Wycombe meeting was hosted by the Bucks New University and Buckinghamshire Healthcare NHS Trust and the Milton Keynes meeting by the Open University and Milton Keynes NHS FT. Both meetings were very successful based on the number and range of attendees and the positive nature of discussion and questions. These meetings have provided a great opportunity for stakeholders from the NHS, universities, local authorities and local business to meet. There was good attendance from life sciences and strong relationships are building between partners with some strong locally based initiatives, including, for example, the launch of the Institute of Integrated Care by Bucks New University, Buckinghamshire County Council and Buckinghamshire Healthcare NHS Trust.

The Berkshire meeting, hosted by Professor Richard Ellis, University of Reading, held on 7 November, was attended by 60 people with speakers including

Professor Ford, Dr Durrands, Dr Wilson, Medical Director of Berkshire Healthcare NHS FT and Dr Susan Matos, Head of the Knowledge Management Centre, University of Reading. A lively Q & A session resulted covering a range of topics.

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 network 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.

Materials and presentations from all events are available on our website [www.oxfordahsn.org](http://www.oxfordahsn.org)

The Diabetes Network launched on 28 February and an event for all mental health Trusts was held on 13 March 2014. The latter was attended by the National Lead for Mental Health, Dr Geraldine Strathdee and provided the opportunity for a wide group of mental health professionals to learn about the plans for the clinical networks with a mental health focus and to ensure the widest possible engagement in these networks from all providers and professional groups.

A further series of locality based meetings will be held during 2014. The agendas for these will be developed in conjunction with our partners. For example a meeting has been arranged for the SBRI to outline its plans for funding opportunities for businesses in healthcare in Buckinghamshire and Berkshire. This is being held on 3 July.

This will build on the Business Breakfast held in March for Oxfordshire companies and the Local Enterprise Partnership and highlighted the SBRI and its work. Karen Livingstone, Director of SBRI Healthcare, presented the work of the SBRI and highlighted the spring call for bids for funding. This meeting was supported by Mr Ellingworth, Chairman of the SBRI Healthcare Board and a member of the Oxford AHSN Partnership Board.

£12.7m was awarded by SBRI earlier this year with eight awards to companies in the Oxford AHSN. SBRI has eight categories – including diabetes (co-sponsored by

the Oxford AHSN), mental health and patient safety. It covers three distinct phases – feasibility, prototype development and validation in NHS settings. Among award winners are Milton Park-based Isansys Lifecare Ltd which was successful on two fronts:

- the development of a method for early detection of sepsis in the community.
- the development of a multiple vital sign patient data acquisition and analysis platform for rapid early detection of patient deterioration and avoidance of adverse events.

Other successful companies in our region were:

- **Oncascan Ltd** (Milton Park) – new colorectal cancer test identifying patients at earlier stage
- **Oxford Medical Diagnostics Ltd** (Yarnton) – breath ketone analysis for improved diabetes management
- **Plvital Ltd** (Wallingford) – assessment tool for managing treatment of depression
- **ProReal Ltd** (Oxford) – software development with applications in mental health
- **Halliday James Ltd** (Banbury) – sensors detecting changes in everyday activities indicating mood changes
- **OBS Medical Ltd** (Abingdon) – improving patient safety and outcomes through early detection of patient deterioration and instability
- **Fuel 3D** (Chinnor) – wound management system

The Oxford AHSN will be working with these companies to highlight these projects and support application for the SBRI call announced in May 2014.

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

The Oxford AHSN joined 14 other AHSNs at Healthcare EXPO in Manchester in March. This was a useful opportunity for meeting colleagues across the NHS, from NHS England and from industry. Professor Ford joined a meeting chaired by the Lord Darzi on the relationships between AHSNs and AHSCs. In addition Professor Ford and Dr Durrands attend regular AHSN Network of Networks meetings and NHS England organised meetings.

Going forward and as part of both the Wealth Creation and Innovation Adoption areas of work, we are again sponsoring BioTrinity 2014 and Oxford VentureFest. A number of companies, NHS providers and university researchers are being provided with an opportunity to present posters at BioTrinity in May 2014 and the Network is hosting a workshop on increasing inward investment. The Panel includes members from the Oxfordshire, Buckinghamshire and Berkshire LEPS.

The Oxford AHSN has been supporting the development of the Oxford Academic Health Science Centre and Mr Leaver coordinated the communications and filming at the Oxford AHSC Launch event on 12 March 2014.

## Communications

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 includes a section for each of the clinical networks and Oxford AHSN programmes was launched in February and will continue to develop. ([www.oxfordahsn.org](http://www.oxfordahsn.org)).

The re-launched website has, in addition to the above, a range of interactive features including:

- A set of Frequently Asked Questions
- An interactive map of life & bio-science companies and organisations across the Oxford AHSN region produced by OBN

Excellent NHS/industry/academic collaboration was demonstrated at the launch of the Diabetes Network which led to good media coverage. The event covered the launch of 'Monster Manor', an app commissioned by Sanofi Diabetes and the 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.

**The Oxford AHSN** launched a monthly e-newsletter in November 2013. Five editions were sent out to email subscribers during 2013/14. The number of stakeholders receiving the newsletter rose steadily from 318 for Issue 1 to 487 for Issue 5 as more subscribers were added on request and by invitation.

We are pleased to report that the number of subscribers has increased to nearly 500 over the last four months of the year as activity has picked up in the Oxford AHSN. The proportion opening the newsletter varied from 34-41% with the number of opens increasing from 128 in November to 163 in March. The newsletter format is designed to provide a wide range of bite-size information in a single screen view without the need to click and drill down into the information. The option to click through allows users to access further information. The click rate ranged from 13-19%.

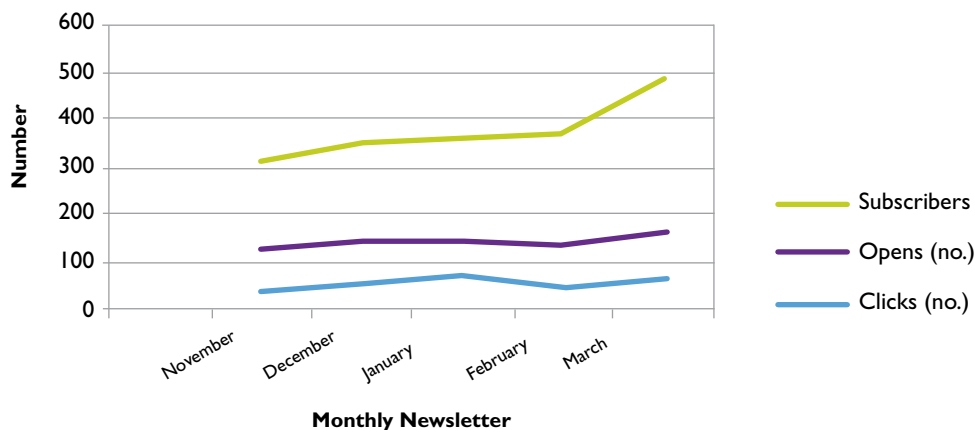
Links are being developed with partners' communications and PR teams so that updates on activities can be highlighted through the Oxford AHSN website – for example, the launch of the University of Reading/ Berkshire Healthcare joint Memory Clinic.

Work has started on the development of a Marketing Strategy for Oxford AHSN and this will continue under the lead of the Director of Commercial Development with support from the Director of Corporate Affairs, the Head of Communications and the Programme Director.

### Plans for 2014/15 include:

- Based on the marketing strategy, develop a communication strategy jointly with the Oxford AHSC for the Oxford area, the Oxford AHSN area and the golden triangle with Cambridge and London
- Preparation for the Oxford AHSN Partnership Council
- Further stakeholder meetings
- Creation of briefing and branding material for the Oxford AHSN used as part of Marketing plans, and to support specific events such as BioTrinity 2014
- The further development of links with Communications leads within the Oxford AHSN and across the 15 AHSNs (*the first AHSNs' leads meeting was held in January 2014 and proved very positive*)
- Plans for the hosting of VIP visitors in conjunction with partners

### Monthly Newsletter Statistics



## CASE STUDY 2

# 2023 Challenge – a decade to improve healthcare

### Project summary:

The Oxford AHSN worked with Health Education Thames Valley (HETV), Thames Valley and Wessex Leadership Academy, the Oxford Deanery and NHS Innovations South East (NISE) to encourage medical trainees to submit bright ideas that could transform healthcare over the next decade.

### What was the need?

The NHS needs to do more to promote, adopt and spread innovation as it faces up to growing demand, rising expectations and finite resources.

### What have we done?

Six finalists from 57 entries were invited to pitch their ideas to a Dragons' Den-style panel of experts in November 2013 including Oxford AHSN Chief Executive Professor Gary A Ford CBE. Local medical entrepreneur and angel investor, Dr Nick Edwards acted as an Assessor.

The overall winner was a project to improve drug delivery for child patients. The runners-up were a mobile phone app to help junior doctors in hospital procedures and a surgical device designed to prevent unnecessary hospital admissions.

### How were patients involved?

The most successful innovations were all rooted in day-to-day experience of delivering care on the NHS frontline. The junior doctors' ideas were based on applying what they have learned in practice. NHS patient champion Ashley Brooks was one of the panel judges.

### What happens next?

- The finalists are getting on-going support to turn their ideas into reality. They have been assessed with a view to receiving HETV funding where there is clear evidence of widespread patient benefits.
- Oxford AHSN is developing cross over opportunities – particularly around Smart Phone app development (see *Case Study 1*), working closely with NISE.
- The 2023 Challenge competition will continue for a second year and be open to new applicants in 2014 – the 2024 Challenge will be actively supported by the Oxford AHSN and its commercial development team.



# Key Risks and Issues

In line with the *Prince 2* and MSP principles that we have adopted in relation to the day-to-day management of our activities we proactively record, monitor and manage all identified risks and issues arising.

We do this at two levels:

- At an overall corporate Oxford AHSN level; and
- At an individual Clinical Network, Programme or Theme level

Throughout the year (2013/14) eight risks have been identified and all but four have been mitigated. Of those to be carried forward in to 2014/15, none are now deemed to be 'RED' (i.e. requiring urgent mitigation).

Throughout the year (2013/14) 17 issues requiring management have arisen. Of these 12 have been resolved leaving five to be carried forward in to 2014/15. Only two of these are deemed to be either 'Critical' or 'Significant'.

- The 'Critical' issue that we are currently managing relates to the certainty, or otherwise, of our future Funding from NHS England where at present the expectation is that Funding in to 2014/15 and beyond is likely to be at a reduced level compared to that given in 2013/14. In our 2014/15 Business Plan we assumed a 20% year on year reduction.
- We subsequently received a letter from the NHS England, Director of Business Improvement and Research, confirming Oxford AHSN's allocation for 2014/15. The allocation of £3.6m is a reduction of 24% on 2013/14. This is largely due to a phasing adjustment to bring the early designated AHSNs (Tier 1 – which included Oxford AHSN) and the later designated AHSNs (Tier 2) into alignment. The reduction also includes a 5% cut agreed against the total AHSN national budget (£53.6m) with NHS England. There is a small adjustment for changes in population size.
- We had assumed a reduction in funding in the 2014/15 Business Plan of £0.6m (13%). The actual change is £0.8m; the unplanned shortfall of £0.2m can be managed.

- The very good news is that NHS England has taken our advice and not sought to spread the risk of unrecovered VAT across all AHSNs. They have discounted the AHSN who are Companies Limited by Guarantee (CLG) allocations and created a reserve of £5.7m awaiting the outcome of an HMRC review. Without this change, which we fought hard for, Oxford AHSN would have seen a further 10% reduction in its allocation.
- The 'Significant' issue that we are currently managing relates to the requirement by NHS England to fund a Patient Safety Collaborative from core funding – a pressure of £200k in 2014/15 and £300k in 2015/16.

**Looking forward** in to 2014/15 and beyond, and as documented in our submitted 2014/15 Business Plan, notable milestones will include:

- Formally launching all 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) Programme and focusing upon the adoption of 10 innovations in 2014/15
- Subject to NHS England policy on specification and funding, 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 Evidence Based Healthcare Fellowship programme
- Jointly develop detailed plans for Continuous Learning with HETV particularly to support clinical innovation adoption and dementia training

- Research & Development – support development of commercial research programmes for each NHS partner and establish a network of R&D Directors and University clinical research leads.
- Wealth Creation – commence delivery of the strategy including developing detailed working arrangements with LEPs to engage industry with development and inward investment initiatives.
- Developing the Informatics Strategy with partners
- Delivering Patient, Public, Involvement, Engagement & Experience (PPIEE) plans for each clinical network
- Continuing, and both widening and deepening, our stakeholder and public engagement activity with a comprehensive stakeholder map
- Completing the recruitment, and mobilisation, of our core and 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

To monitor and measure our success we have developed KPIs against the programmes. Each clinical network will also develop a patient outcome measure.

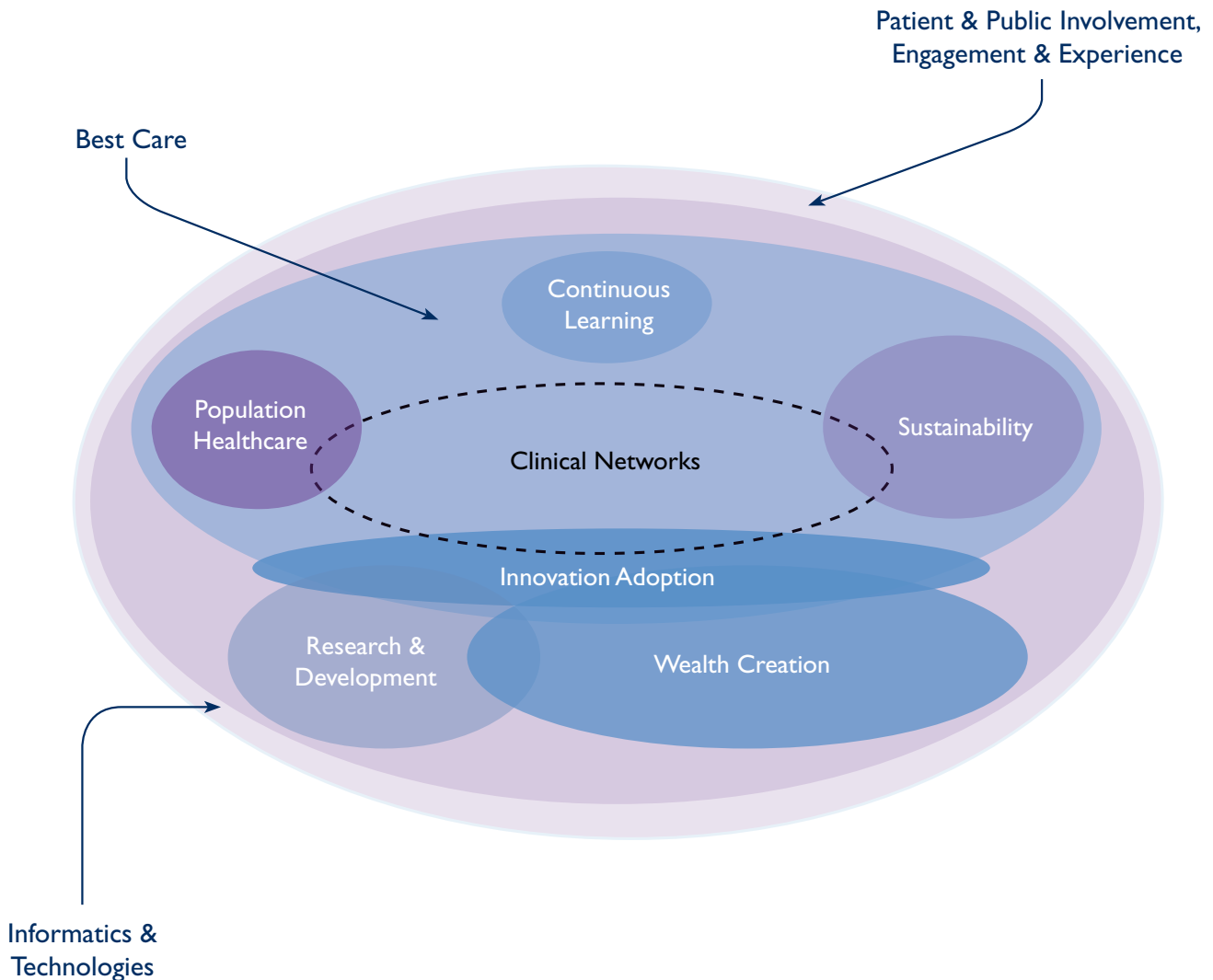


# Programmes and themes

In line with the 2013/14 Business Plan the Oxford AHSN delivers its licence objectives through programmes and themes.

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

The Best Care Programme includes the Continuous Learning Programme, Sustainability and Population Healthcare Themes.





## Programmes and themes mapped against the Oxford AHSN objectives

The table below shows how the various programmes and themes are contributing towards the four Licence objectives set by NHS England.

When first identifying, and then agreeing, which programmes and themes were to be supported, an important selection criterion that was applied was that each selected programme/theme had to correspond to at least two (or more) of these licence objectives.

PROGRAMME / THEME	Variation Reduction	Innovation Adoption	Partnership & Collaboration	Create Wealth
<b>Best Care</b>				
• Anxiety and Depression Network	✓	✓	✓	✓
• Children's Clinical Network	✓	✓	✓	
• 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	✓	✓	✓	✓
• Out of Hospital Clinical Network	✓	✓	✓	
• Continuous Learning	✓	✓		
• Population Healthcare Theme	✓		✓	
• Sustainability Theme		✓	✓	✓
<b>Clinical Innovation Adoption</b>		✓	✓	✓
<b>Research &amp; Development</b>		✓	✓	✓
<b>Wealth Creation</b>		✓	✓	✓
<b>Informatics</b>	✓	✓	✓	✓
<b>PPIEE</b>	✓	✓	✓	

### PROGRAMMES:

The programmes that we are supporting account for the bulk of our day-to-day activity. The four programmes are as follows:

- 1 **The Best Care Programme** incorporating the Clinical Networks, Continuous Learning, Sustainability and Population Healthcare
- 2 **Clinical Innovation Adoption Programme**
- 3 **Research & Development Programme**
- 4 **Wealth Creation Programme**



## 1 Best Care:

The main activity within the Best Care Programme is the establishment of, and support for ten clinical networks. The purpose of the clinical networks is to create a sustainable infrastructure, comprising academics, clinicians, providers, patients and industry through which to identify, and then drive implementation of change. In this way three out of the four Licence objectives will be achieved.

Following a process of review and prioritisation, ten clinical networks are being funded at an average of £200k (varies from £153k to £277k) 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 work streams are supported and controlled. The clinical networks, their clinical leads, host organisations and specific areas of activity are shown below.

The current status of the clinical networks can be summarised in the table below, with more detail about each being given in this section of the report:

	PIDs Submitted	Contract Signed	Finance Systems Set Up	Team In Place	Launch Event Set	Stakeholders Identified	Webpage Complete
Anxiety & Depression							
Children's							
Co-morbidity							
Dementia							
Diabetes							
Early Intervention							
Imaging							
Maternity							
Medicines Optimisation							
Out of Hospital							

From a management and oversight perspective the Best Care Programme includes the Continuous Learning Programme, the Patient Safety Academy and the Sustainability and Population Healthcare themes in addition to the support for clinical networks.

	PIDs Submitted	Contract Signed	Finance Systems Set Up	Team In Place	Launch Event Set	Stakeholders Identified	Webpage Complete
Continuous Learning – Patient Safety Academy							
Continuous Learning – Evidence Based Healthcare Fellowships							
Sustainability							
Population Healthcare							

## CASE STUDY 3



# Oxford AHSN Mental Health Networks Joint Meeting

## Project summary:

Four Oxford AHSN clinical networks with a common link to mental health came together to set out their plans in March 2014. They were joined by national clinical director for mental health for England, Dr Geraldine Strathdee.

## What was the need?

Ten clinical networks are leading the identification and widespread adoption of innovation across the Oxford AHSN area. Four of them are connected with mental health – early intervention, anxiety and depression, dementia and co-morbidity (the interface between physical and mental health). The clinical network leads recognise the importance of working together wherever possible to maximise effectiveness and minimise isolated 'silo' working.

## What have we done?

As well as organising their individual launch events, the four mental health-related Networks came together to ensure shared awareness and crossover opportunities are maximised in standardising best practice and transforming services. Geraldine Strathdee was impressed with this approach. The network plans are to:

- **Anxiety & Depression** – reduce unwarranted variation in outcomes and support the swift rollout of proven innovation
- **Co-morbidity in Physical & Mental Health** – Map varying methods for care integration and produce guidance on effective models
- **Dementia** – reduce variation and use technology to enable better data community capture
- **Early Intervention in Mental Health** – reduce variation in care provision & quality, & improve child-adult care transition

## How were patients involved?

- Patient experience and involvement was a key consideration and all four taking a patient centred approach to care
- The meeting also included a focus on patient safety with a presentation from the Directors of Nursing from Oxfordshire and Berkshire with a focus on ensuring physical safety of patients including medicines management

## What happens next?

The mental health clinical networks plan to reconvene in six months to review progress.

## Anxiety & Depression

There has been a delay in agreeing the specific deliverables, and hence signing the Funding Agreement, for the network due to unavailability of the designated Clinical Lead. These issues are now being addressed and this network will be mobilised in early 2014/15.

Notwithstanding the above the Clinical Lead has actively participated in a number of key activities such as the Best Care Programme Board and the Mental Health Day which involved all four Mental Health related networks.

## Children's

The network seeks to bring together a vibrant clinical and academic community caring for children across the geography of the Oxford region to provide, through equity and innovation, tangible benefits and improvements in their healthcare.

This will be achieved by:

- Setting up a Paediatric Network in the Oxford AHSN region
- Showing a measurable improvement in the quality of care in areas identified as inequitable by reducing variation
  - through the implementation of e-clinics improve access to sub-specialist care across the Oxford AHSN. This will also reduce travel time of Consultants and/or patients when sub-speciality advice is required
  - increase recruitment in to research studies and the number of research activities. To facilitate this the infrastructure will be developed and implemented to support research nurses appointed at the DGHs
  - improvement in immunisation coverage through interventions with public health

PROGRAMME / THEME	Variation Reduction	Innovation Adoption	Partnership & Collaboration	Create Wealth
<b>Equity in Healthcare</b>	✓	✓	✓	
<b>Implementation of e-clinics</b>	✓	✓	✓	
<b>Increase in recruitment to research and research activities</b>	✓		✓	✓
<b>Improvement in immunisation coverage</b>	✓	✓	✓	

During 2013/14 the main activity has focused around the set-up phase with key posts being advertised in early 14/15. Specific work has been initiated on three out of the four objectives and links have been made with several key stakeholders.

Key deliverables for 2014/15 include:

- Report upon variation in clinical practice across the region to establish a baseline
- Auditing of clinical practice, in one DGH, against one quality standard
- Review the use of e-clinics across the UK and equipment used
- Recruit Research Nurses and develop supporting infrastructure in Milton Keynes, Heatherwood & Wexham Park and Stoke Mandeville

## Co-morbidity

Patients with medical conditions commonly suffer from mental as well as physical problems (this is called mental and physical co-morbidity). Medical services, including acute hospitals, are ill-equipped to deal with co-morbid mental problems such as depression, delirium and dementia, and medically unexplained symptoms, in part because of the historical and geographical separation of psychiatry from the rest of medicine. The need for integration of mental health expertise into medical services (to deliver direct patient care and to train and support other staff in managing mental problems) has consequently become an official NHS priority. Key to this integration are specialist services (called liaison psychiatry, psychology and increasingly psychological medicine) that provide training for staff and direct patient care. The best model for these services has not yet been determined and there is therefore variable provision and ways of working. There is also uncertainty about the best ways to capture the varied contributions of such services to medical care. The network will address these challenges with the aim of improving care for patients throughout the Oxford AHSN.

The vision of the network is to:

- Map the existing psychological medicine services (staffing, areas of operation, ways of working – including unplanned and planned care) to inform service development and variability reduction
- Review the evidence regarding the relative effectiveness of different psychological medicine models to inform commissioning and service planning
- Promote clinical and research collaboration between psychological medicine clinicians in the Oxford AHSN
- Pilot the use of outcome measures for psychological medicine services

The activities of the co-morbidity network map to the four key AHSN Licence objectives as follows:

PROGRAMME / THEME	Variation Reduction	Innovation Adoption	Partnership & Collaboration	Create Wealth
<b>Identify and implement best care model</b>	✓	✓	✓	

During 2013/14 the main activity has focused around the recruitment of key clinical members of the network team and establishing collaborations with psychological medicine clinicians across the Oxford AHSN region.

Key deliverables for 2014/15 include:

- To establish an active network in what is a new and developing clinical area
- To map the existing services across the region
- To produce an evidence-based commissioning guidance document, including recommendations about outcome measures, for Commissioners



***Our vision is for a revolution in medical care. Psychological care will be integrated with medical care and based around the needs of the patient.***

**Prof Michael Sharpe, Co-morbidity in Mental and Physical Health Clinical Network, Strategic Clinical Lead**



## Dementia

Dementia is one of the key national priorities and one of the Prime Minister's key challenges.

There are known to be wide variations in dementia care across the Oxford AHSN region. The NHS Atlas of Variation in Healthcare headlined the 25 fold variation in rates of PCT prescribing of anti-dementia drugs nationally. There is 22 fold variation between Oxfordshire and West Berkshire. Rates of admission of people with dementia as a secondary diagnosis in the region are in lowest quintile and yet a quarter of beds in acute hospitals are occupied by people with dementia. The QOF framework also highlights differences in diagnosis rates between practices.

The dementia network aims to tackle these challenges via four key projects:

- Reduce unwarranted clinical variation
- Introduce carer centric data capture systems (to capture data about Dementia patients)
- Continue the development of a food based dementia management product
- Develop a business case and marketing strategy to increase the uptake, and rollout, of the Neighbourhood Return service

During 2013/14 main activity has focused around the recruitment of key clinical members of the network team and beginning the trials of the data capture, and remote CPD systems that are central to the above projects.

The activities of the dementia network map to the four AHSN Licence objectives as follows:

PROGRAMME / THEME	Variation Reduction	Innovation Adoption	Partnership & Collaboration	Create Wealth
<b>Unwarranted clinical variation</b>	✓	✓	✓	
<b>Data capture systems</b>		✓	✓	
<b>ΔG™ Nutraceutical</b>		✓		✓
<b>Neighbourhood Return</b>		✓	✓	

Key deliverables for 2014/15 include:

- Establish on-line CPD meetings and infrastructure across the region to address variation
- Implementation of MyHealthVault and CRM data collection for initial cohort of carers
- Complete ΔG™ Nutraceutical palatability testing
- Develop funding and marketing plans and strategies for Neighbourhood Return and gain interest of at least one other AHSN in the service



*Really fantastic day with Oxford AHSN, listening and feeling inspired by positive energy to transform mental health services!*

**Dr Geraldine Strathdee**, *National Clinical Director of Mental Health for England*



## Diabetes

The vision of the Oxford AHSN diabetes network is to improve diabetes care across our region by bringing together stakeholders from the NHS, including patients and their families, academia and industry to work collaboratively to share ideas, experience and good practice and by implementing innovations that assist with these goals.

The activities of the diabetes network map to the four AHSN Licence objectives as follows:

PROGRAMME / THEME	Variation Reduction	Innovation Adoption		
<b>Tackling variation</b>	✓		✓	
<b>Young Adults</b>	✓	✓	✓	
<b>Telehealth in GDM</b>		✓	✓	✓
<b>Islet cell transplant</b>	✓	✓	✓	
<b>Commissioning diabetes</b>	✓	✓	✓	✓
<b>Monster Manor</b>		✓	✓	✓
<b>PPIEE</b>	✓	✓	✓	
<b>Sustainability</b>		✓	✓	✓

During 2013/14 the main activity has focused around the setting out the network's initial objectives, having a successful launch event and commencing the first projects. A management team and steering committee have been put in place and are now following up the many leads and contacts from the launch event is the next priority.

Key deliverables for 2014/15 include:

- Develop, and implement, Gestational Diabetes m-Health package in Oxford and prepare implementation at three other locations
- Appoint Nurses to support a Young Adults service
- Develop and agree Young Adults protocols for those with type 2 diabetes
- Appoint Islet Cell transplant co-ordinator and agree referral protocols
- Establish initial clinics in peripheral centres
- Document levels of variation, in three key areas, across the region, including agreement of outcome metrics and the collection of baseline data



*I think it's really good. I think it will really help people who have been diagnosed with diabetes and motivate them to test themselves.*

**Georgia Selley, 12, Diabetic and 'Monster Manor user'**

*Monster Manor is a direct result from the [Diabetes Clinical] network and I think it's something Diabetes UK are proud to be involved with.*

**Dr Richard Lane, OBE, President Diabetes UK**



## Early Intervention in Mental Health

There is strong existing evidence that the early identification of mental illness and swift, effective intervention leads to reduced morbidity, better longer term outcomes and lower cost to the health service and wider economy.

As a first step this network is focused upon Early Intervention in Psychosis Services (EIPS), ensuring best practice is implemented across the Oxford AHSN. It will bring together the key clinicians, managers and academics from existing Early Intervention in Psychosis and Community Mental Health Services in Oxfordshire, Milton Keynes, Buckinghamshire and Berkshire providing care to young people with early psychosis to form the Oxford AHSN EIPS network. The Trusts include Oxford Health NHS FT, Berkshire Healthcare NHS FT and Central and North West London NHS FT providing mental health and community services in Milton Keynes. At a Trust management level, the network will include clinicians from both adult and child and adolescent mental health divisions.

The activities of the Early Intervention Network map to the four key AHSN Licence objectives as follows:

PROGRAMME / THEME	Variation Reduction	Innovation Adoption	Partnership & Collaboration	Create Wealth
Standardised common assessment	✓		✓	
Reduce variation in care quality	✓		✓	
Increase research activity		✓	✓	✓
Improve transitions	✓		✓	

During 2013/14 the current level of service provision for early intervention services has been mapped across the region, in terms of numbers of patients with psychosis that are seen, compared with expected numbers. We have also participated in the Oxford AHSN Mental Health Day resulting in a good connection being made with epidemiology research team in McGill, Canada, to review impact of early intervention services on primary care interface.

Additionally we have also secured agreement from Oxford Health NHS Foundation Trust to enhance Early Intervention in Psychosis services in Oxfordshire to become an integrated service across adolescent and adult mental health services.

Key deliverables for 2014/15 include:

- Document, and agree, variation in practice across the region – including the collection of baseline metrics
- Agree Trust level action plans for improving community care
- Identify research champions, and baseline current activity, across the region
- Identify, agree, and baseline quality of care metrics across the region



*The early identification of mental illness and swift, effective intervention leads to reduced morbidity, better long term outcomes and lower cost to the health service...*

**Dr Belinda Lennox**, *Early Intervention in Mental Health Clinical Network, Clinical Co-Lead*





## Imaging

The imaging network will build a culture of partnership and collaboration throughout the region, to consider and address local, regional and national priorities in imaging. We will focus on the needs of patients and local populations, identify and address unmet healthcare needs, whilst promoting health equality and best practice.

Our aim is to speed up adoption of innovation and ensure that nationally approved guidelines are fully implemented in the region. The partnership will improve clinical outcomes and patient experience by the identification and more rapid uptake and spread of research evidence and innovation to improve patient care and local population health.

We have established a collaboration with our first commercial partner and will replicate this model with other companies. Through this we will create wealth through co-development, testing, evaluation and early adoption of new products and services.

The activities of the imaging network map to the four AHSN Licence objectives as follows:

PROGRAMME / THEME	Variation Reduction	Innovation Adoption	Partnership & Collaboration	Create Wealth
<b>Audit of Multiprovider Imaging Services</b>	✓	✓	✓	
<b>Imaging Trial Development and Delivery</b>	✓	✓	✓	✓
<b>Early PET-CT in Lung Cancer</b>	✓	✓	✓	
<b>Development of Specialist and On-call Networks</b>	✓	✓	✓	✓

During 2013/14 we have built a team of network consultants and have begun monthly teleconferences. A Network Manager is working on the project and we have approval to recruit a Network Administrator and a Data Manager.

Key deliverables for 2014/15 include:

- Document variation in Prostate MRI practice across the region – including collection of baseline performance data
- Agree new Prostate MRI protocols
- Document current on-call and specialist services across the region
- Implement new PET-CT protocols for 80% of lung cancer patients across the region – including quarterly reporting upon outcomes
- Identify trial resources and infrastructure across the region
- Have three new trial proposals submitted to Ethics & R&D Committees for review and one commenced

## Maternity

The aims are to improve clinical care across the Oxford AHSN through sharing information and providing consistent and high quality care in all parts. This will also be supported by establishing centralised data collection for all Network members establishing the basis for network wide research and audit of outcomes.

The activities of the maternity network map to the four AHSN Licence objectives as follows:

PROGRAMME / THEME	Variation Reduction	Innovation Adoption	Partnership & Collaboration	Create Wealth
<b>Improving fetal medicine care and consistency</b>	✓		✓	
<b>Maternity Information Sharing</b>	✓	✓	✓	

During 2013/14 the main activity has focused around the recruitment of key clinical members of the network team and establishing collaborations with key stakeholder groups across the region.

Key deliverables for 2014/15 include:

- Develop, and agree, guidelines for four key areas of Fetal Medicine
- Implement imaging software / data connections across the region to facilitate image sharing
- Commence quarterly data collection against five key outcome measures
- The Network is also supporting a number of innovations – including remote ultrasound technology, a maternal medicine 'APP' – and a randomised controlled trial of universal screening for preterm labour.

### Medicines Optimisation

The network has a vision to improve medicines optimisation by the delivery of Oxford AHSN wide programme of benchmarking and improvement. It had a very successful launch on 28 April.

The network includes representatives from Acute, Community, Mental Health and Ambulance Trusts and CCGs as well as industry and the Reading University School of Pharmacy.

Leadership comes from all Chief Pharmacists, Head of Medicines Management, and the Clinical Directors of Pharmacy from Acute, Community, Mental Health and Ambulance Trusts and commissioning CCGs.

This network spans Berkshire, Milton Keynes, Buckinghamshire, Oxfordshire and Bedfordshire and will measure; benchmarked and improve medicines optimisation activities.

The network will achieve its aims through:

- Continuous improvement using benching marking of activity data; outcome data; NICE medicines use data; high impact innovations data
- Continuous improvement of service delivery by: the introduction of innovative service redesign or innovations with a philosophy of do once and copy; benchmarking performance data; active workforce planning and skill mixing; the delivery of effective education and training
- Wealth creation by: the exceptional support of all medicines related research projects; actively partnering with the pharmaceutical industry; actively sourcing commercial opportunities

The activities of the medicines optimisation network map to the four AHSN Licence objectives as follows:

PROGRAMME / THEME	Variation Reduction	Innovation Adoption	Partnership & Collaboration	Create Wealth
<b>Reduction in unwarranted variation</b>	✓	✓	✓	✓
<b>QIPP and Waste Reduction</b>	✓	✓	✓	✓
<b>Medicines information upon discharge</b>	✓	✓	✓	✓
<b>Linkages with industry partners</b>	✓	✓	✓	✓

During 2013/14 the main activity has focused around confirming the objectives with, and obtaining buy in from the key stakeholders within the Network and establishing the day-to-day governance arrangements for delivery.

Key deliverables for 2014/15 include:

- Confirming specific in year targets across all projects

## CASE STUDY 4

# Clinical Innovation Adoption programme

## Project summary:

The Programme aims to speed up and scale up adoption of innovation into practice so as to improve clinical outcomes and patient experience.

## What was the need?

A comprehensive approach was needed to ensure that there was a clear alignment of the regional priorities with innovation selection.

## What have we done?

- The Oxford AHSN set a target of 10 innovations per year to be supported for adoption across the geography – five being devices or changes to process and 5 being specifically to address unwarranted variation, particularly through NICE Technology Appraisals (TAs).
- For selection of the five Innovation Candidates, we developed a prioritization tool that enabled us to conduct a market assessment of the regions strategic priorities for Providers and Commissioners. The prioritization tool reviewed all CCGs, Joint Strategic Needs Assessment and Strategic Plans and all NHS Providers Strategic Plans within the Oxford AHSN geography. The prioritization process reduced the list from 200 to 30. The 30 were scored against criteria based on net benefit and ease of implementation. This scoring was done by our clinical network leads with comment from the Strategic Networks (cardiac, cancer, stroke), clinical and management staff from organisations across the region. The list was further reduced to 16 and Strategic Outline Cases (SOCs) were produced for each. Through the research carried out for the SOC's it was possible to prioritise this list further – resulting in the 5 top innovation candidates being selected. The research for the SOC's included making contact with organisations that had already implemented the innovation.
- The 10 innovations cover a broad range of clinical settings and disease groups (*see page 32*)
- A 10 step process has been developed to take innovations from a needs assessment to monitoring and measuring impact
- An engagement plan has been developed for each of the 10 innovations

## How were patients involved?

At this stage patient involvement was through the organisations that had already implemented.

## What happens next?

The Oxford AHSN Board has approved the Innovations. Next steps include:

- Formation of the CIA Oversight Group chaired by Buckinghamshire Healthcare CEO Anne Eden
- Further engagement with providers (clinicians and managers) to agree local business plans
- Implementation
- Monitor uptake, utilisation and benefits realisation.



## Out of Hospital

Support for this new network was approved at the Oxford AHSN Board of 27 March 2014 and we are now working with the Clinical Lead (Dr Dan Lasserson) to both confirm the objectives and deliverables of the network and also to rapidly mobilise it amongst the wider stakeholder community. The network's objectives and deliverables will be signed off at the Best Care Programme Board.

## Continuous Learning

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



- An Evidence Based Healthcare Fellowship Programme
- The Patient Safety Academy

Looking forward, and building upon our strong relationship, HETV has allocated £400k to the Oxford AHSN for 2014/15 and we have agreed an outline of projects for 2014/15 that we will work up together in more detail:

- Dementia awareness training for staff – strategy and rollout for 5,000 staff
- Skills for the Future – career fair in conjunction with LEPs to attract young people into healthcare and life sciences
- Develop engagement plan for Health and Well Being Boards
- Continuous Improvement – develop and rollout the Intermountain Brent James, and other similar, techniques to broad range of staff to support Innovation Adoption, Best Care and 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

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 2015/16, 2016/17 and 2017/18.

## Patient Safety Academy (PSA)

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 across the Oxford 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.

Its objective is to provide education, training and support to existing and new clinical workforce in the Oxford AHSN on safety issues to deliver *Domain 5* of NHS England's Outcomes Framework, which is to "treating and caring for patients in a safe environment and protecting them from avoidable harm" and through this to improve quality of care.

The PSA will also address the recent NHS England addition to *Domain 5* around hospital deaths attributable to problems in care and extend this into addressing morbidity attributable to problems in care. The PSA will be developed from expertise already present in the field of safety and quality in the acute and academic sectors and absorb and integrate all willing actors and work streams in this field within the geographical region into one coherent group. In so doing the PSA will provide leadership and focus in this field.

The key activities, for all NHS providers within the Oxford AHSN region, of the PSA will be delivered by:

- Establishing a functioning PSA within the Best Care Programme
- Offering Human Factors and Quality Improvement training for all Senior Management personnel and Board members.
- Developing, validating and delivering specific training programmes targeted at patient safety issues in primary care and mental health.
- Developing, validating and delivering specific training programmes targeted at patient safety issues for surgical teams.

During 2013/14 we have delivered the following, as per our plan:

- Engagement and interest of existing stakeholders with relevant expertise and new partners within Oxford AHSN
- Engagement and interest from Trust Boards and HEIs, via initial pre-launch contact email with flyer, and request for interest in initial Trust level courses
- Initial request for attendance at first seminar in May from Senior staff members across two Trusts, both board and medical division level
- Development of functional mechanisms for identifying and analysing key safety issues in less well researched areas (primary care, mental health)
- Structural set up for Academy, including academy url and email addresses, website, branding/logo, initial venue bookings, course structure/content planning.

Key deliverables for 2014/15 include:

- Demonstration of collection of baseline data for priority safety issues
- Commencement of one Patient Safety project in mental health and primary care
- Development of a joint priority list for priority collaborative safety projects across the Oxford AHSN, to harmonise with work expected to be taken forward through Patient Safety Collaborative
- 50% of Trust Board members for the Acute Trusts and equivalent responsible members of Boards for other entities to have attended training seminars
- Publication of baseline surgical site infection (SSI) data by Trust
- 25% Reduction in SSI by Trust and across all Trusts in the Oxford AHSN
- For 2014/15 we will establish the Patient Safety Collaborative incorporating the Patient Safety Academy.

### **Evidence Based Healthcare Fellowships**

An Evidence Based Healthcare (EBHC) Fellowship 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.

Overall the Fellowship Programme lasts for three 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.

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.

In addition to the core MSc course, the CEBM will also be offering additional support to Fellows, across the entire three years of the programme, comprising:

- Additional pastoral management in the form of semi-annual objective review and personal growth / development mentoring
- Targeted support in helping understand / overcome organisational issues
- Targeted support in terms of presentation skills
- The facilitation of a number of Fellowship meetings
- The facilitation of some targeted support in relation to developing implementation plans and in actual implementation

A detailed process, and selection criteria, for Fellows has been developed and the opportunity advertised widely. 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.

The funding for the EBHC Fellowships, 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.

The advertising, and selection process, for first cohort of Fellows has just concluded, and is being regarded as a major success. The seven Fellows who have been selected (out of 12 applicants) are both drawn from across the region and also from across a variety of Healthcare disciplines including Medics, Nurses, Healthcare Scientists and Allied Health Professionals.

## Special Study Module Course on Medical Innovation

The Oxford 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 Oxford AHSN website. The initiative will continue to be supported also by the Medical School, local entrepreneurs, Saïd Business School and HETV, particularly in terms of extending the initiative to all healthcare professions.

### 2 Clinical Innovation Adoption:

The Clinical Innovation Adoption Programme is led by the Director of Innovation Adoption and the Oversight Group has now been established under the chairmanship of Mrs Anne Eden, Chief Executive of Buckinghamshire Healthcare NHS Trust.

Oxford AHSN has set the goal in its 14/15 Business Plan for the adoption of 10 innovations across the system per annum – the 10 innovations for 14/15 include six Innovation Candidates drawn from various sources and four NICE TA Topics.

During 13/14 the Clinical Innovation Adoption (CIA) team and Medicines Optimisation Clinical Network have evaluated 200+ innovations for net benefit, ease of implementation and patient experience. A strategic outline case (SOC) has been developed for each of the top 10. This has resulted in the identification of the following Clinical Innovations to be adopted during 14/15:

Health Need	Innovation	Source	Care Setting				Partnership Working for Delivery		
			Primary	Community	Acute	Mental Health	AHSN Clinical Network	Strategic Clinical Network	Other – National Orgs/ Charities/ Industry
1. UTI	Bladder Scan (CAUTI)	National Innovation			✓		✓		
2. Atrial Fibrillation	Ambulatory ECG Monitor	National Prize Winner	✓	✓			✓	✓	✓
3. Eating Disorders	SHaRON	Local Innovation				✓	✓✓		
4. Wastage/Pt Safety	Electronic Blood Transfusion	Local Innovation			✓		✓		✓
5. Stroke/TIAs	Intermittent Pneumatic Compression	National Research Project		✓	✓		✓	✓	
6. Recovery	Inter Operative Fluid Management	High Impact Innovation			✓		✓✓		✓
7. Atrial Fibrillation	Warfarin & Anticoagulants – TAs	NICE	✓		✓		✓	✓	✓
8. Cancer	Renal Cancer TAs	NICE			✓		✓	✓	✓
9. Arthritis	Monoclonal Antibodies for Rheumatoid Arthritis TAs	NICE	✓		✓		✓		✓
10. Dementia	Drugs for Alzheimer's	NICE	✓	✓	✓	✓	✓✓		✓

The Oxford AHSN was awarded funding for roll out of Inter-operative Fluid Management from the NHS England Regional Innovation Fund.

The Oxford AHSN Board approved and signed off the recommended 10 on 27 March 2014.

Activities undertaken during 2013/14 included:

- the appointment of key staff
- the development of the Innovation Adoption approach for the 2014/15 roll out
- agreement of selection criteria
- SOCs developed for 16 shortlisted CIA candidates
- selection of the final 10

The 10 step approach is shown below. Activities to date have taken us to the end of Step 3. Steps 4-7 will be completed by the end of August 2014 with. Steps 8-10 will be completed by the end of March 2015.



### Selecting NICE Technology Appraisal Topics to address unwarranted variation

For 2014/15, NICE TAs and addressing unwarranted regional variation will be through the delivery of Clinical Topics. Opinion for Topics was sought from:

- The Oxford AHSN clinical networks and in particular from the medicines optimisation network
- National high profile topics
- NICE pathways
- Expert opinion from Chief Pharmacists
- Expert opinion from Pharmacology Analysts

The NICE TA activity will be supported by the medicines optimisation network and the central Oxford AHSN CIA team and report into the CIA Programme Board and the Clinical Innovation Adoption Oversight Group.

These projects will follow the same 10 steps process and implementation methodology as mentioned above.

NICE TA Project Teams will be multi-disciplinary and membership will depend on the Topic. In the case of Stroke, Cardiac, Cancer or Diabetes networks, Oxford AHSN will work with the Strategic Clinical Networks to coordinate efforts and to avoid duplication.

### 3 Research & Development:

Discussions are being held with the Thames Valley and South Midlands Clinical Research Network (CRN)<sup>1</sup> 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 Oxford AHSN Partnership Board. It is expected that a joint appointment will be made with the CRN to support joint working.

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.

Sir Jonathan Michael will chair the R&D Oversight Group and the first meeting will be held in July 2014. It is our intention that the R&D Oversight Group will be made up of representatives from the following:

- R&D Directors from each NHS Trust
- R&D leads from each University partner
- Representatives from key stakeholders

The priorities for 2014/15 are:

- Identify a R&D Lead
- Work with NHS providers to identify and or appoint R&D Directors
- Support NHS providers to develop commercial research plans
- Establish a process to support inventors in engaging NHS clinicians in concept design, development and piloting new products



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1. **NOTE:** Designated from April 2014 and hosted by the OUH

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#### 4 Wealth Creation:

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 innovations of significant benefit to patients. The Oxford AHSN will also provide the commercial support to the Oxford AHSC to ensure we have a coordinated approach.

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 Oxford 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 bio 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 Oxford 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.

In summary the Oxford AHSN wealth creation strategy will support: Inbound and Outbound Innovation:

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

Supporting inbound innovation these are:

- NHS adoption of high value therapies, especially those approved by NICE and other bodies – this is dependent on delivery of the Clinical Innovation Adoption programme
- Supporting disease specific innovation and innovation adoption through the clinical networks – this is dependent on delivery of Innovation Adoption by Best care programme
- 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 Oxford AHSN (year 3 onwards)
- Improving the quantity and quality of commercial clinical research – dependent on the Research and Development programme.

**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.

- Working with the LEPs (and UK Trade & Investment) to develop Life Sciences strategies to support inward investment and regional economic development for life science businesses and clusters, e.g. Diagnostics for Stratified Medicines Catapult
- Technology transfer, the Bioescalator, innovation hubs, start ups and spin outs
- Encouraging innovation and commercialisation of university and NHS ideas
- Pharmaceutical research, discovery and development
- Medical technology / diagnostics and devices research, discovery and development
- Knowledge management and medical informatics

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.

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 held with several of these companies.

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 oversee the work of the newly appointed Director of Commercial Development, Dr Nick Scott-Ram, based in Oxford who will be supported by a small team of Commercial Development Managers focused on Berkshire, Milton Keynes and Buckinghamshire. We will also encourage secondments from member organisations, especially business, to work with the Oxford AHSN on achieving our wealth creation objectives.

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.

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.

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 scalable improvements.

We will support our NHS partners to be better customers 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 Oxford AHSN and its members.

The Director of Commercial Development 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.

Close working with the LEPs will be essential to grow the local life science clusters, to secure EU funding for healthcare funding and to support businesses across the geography.

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.

The Oxford AHSN has been working to support SBRI initiatives. The COO Dr Paul Durrands sits on the SBRI programme board and Oxford AHSN has held a breakfast meeting for SBRI to inform local business leader, technology transfer offices and academics on the finding opportunities in 2014/15.

For 2014/15 the following Milestones apply:

- Wealth Creation strategy developed and signed off by Oxford AHSN Board following wide consultation of key stakeholders.
- Establishment of the Oversight Group. Chairman appointed, LEP leads identified and University leads identified. Industry leads identified.

- Announcement of SBRI Challenge for SMEs (working with other AHSNs and Technology Strategy Board (leading jointly with South London AHSN on the diabetes theme)
- Implement Wealth Creation strategy with Oxford AHSN partners (i.e. LEPs, Universities, Industry and NHS)
- Establishment of database and map of key organisations and contacts in life sciences across the Network and adjacent areas – establish working with OBN
- Development of a framework for industrial partnerships with LEPs for piloting
- Working with the LEPs, clarify for industry the “go to” partners in the Oxford AHSN for different stages of the product cycle
- Support BioTrinity 2014 (May 2014) and Venturefest 2014 (July 2014)
- Signed a Memorandum of Understanding with medicine compliance technology company Proteus Digital Health
- Held discussions with numerous technology companies



*I was delighted to have been in right at the start of the Oxford AHSN – it is a real opportunity for the life sciences organisations across the region and beyond. The Oxford AHSN is already acting as a supporter, facilitator and enabler of the ecosystem. Their strategic focus on clinical networks is excellent. This is an opportunity for the UK NOT to miss.*

**Mr Jon Rees**, Chief Executive, OBN



Capillary Film Technology hope to make point of care testing affordable with their low-cost microfluidic method for measurement of multiple biomarkers. Presented at BioTrinity by Dr Al Edwards (University of Reading).

## THEMES:

Themes are areas of our activity that apply across all other activities and as such they interface, and interact, with nearly everything that we do.

Two of the Themes (PPIEE and Informatics) are managed discretely whereas two are managed as part of the overall Best Care Programme as they are more directly related to patient care (Sustainability and Population Healthcare) (see page 20).

The current status of PPIEE is summarised in the table below and more detail about this theme and the developing Informatics Theme is given in this section of the report:

	PIDs Submitted	Contract Signed	Finance Systems Set Up	Team In Place	Launch Event Set	Stakeholders Identified	Webpage Complete
PPIEE							

## Informatics

The appointment of a Director of Information Strategy, in December 2013, with a dual role across the Oxford AHSN and the recently designated Oxford AHSC, 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 Oxford AHSC partners' strategies.

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

- The development of the Informatics and Data strategy and its delivery across the Oxford AHSN and the Oxford AHSC.
- Work with colleagues to develop and implement Big Data Strategy programmes.
- The establishment and maintenance of good collaborative working relationships with Partners' Chief Information Officers and Directors of IM&T (and equivalents).
- Work with the Oxford AHSN and Oxford AHSC leadership to develop a shared vision of the role and contribution of information technology enablement.
- 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.
- To support the informatics needs of the OUH Biomedical Research Centre and National Institute for Health Research (NIHR) funded Collaboration for Leadership in Applied Health Research and Care (CLAHRC), working with Partners.
- To represent Oxford leadership in NIHR Informatics initiatives and other collaboration opportunities.
- To engage and work with Industry to deliver technology innovation.
- To support and advise on decision-making around major strategic investments.

## Public, Patient Involvement, Engagement & Experience

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

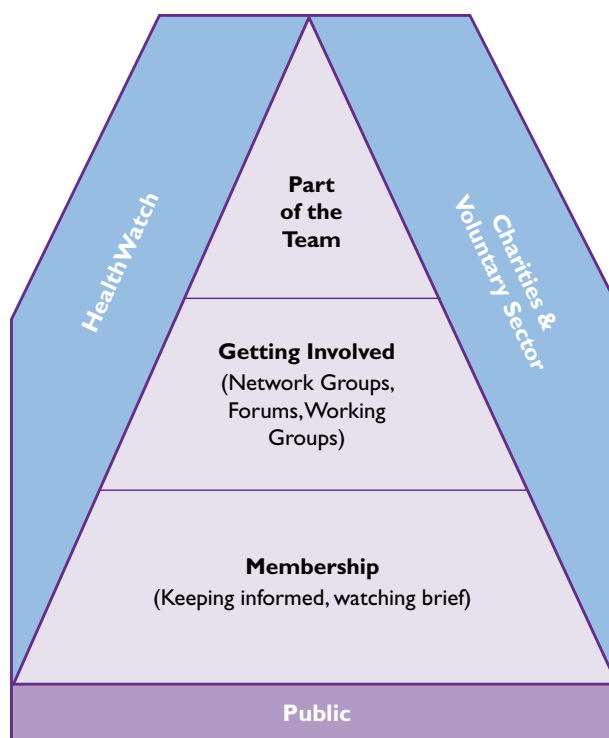
Each of the clinical networks and the Patient Safety Academy are currently developing plans for PPIEE:

- **Involvement** – working with patients and the public to improve care for the whole population for example through their involvement in governance, priority setting, teaching and education;
- **Engagement** – working with patients and their families to improve their own care – for example through developing ways to support them to be active participants in their own care through approaches such as personalised care planning, shared decision making and the use of patient reported outcome measures;
- **Experience** – how the subjective experience of patients and carers is captured, understood and used for quality improvement.

We expect PPIEE plans to be finalised by the summer. The plans will be reviewed by a lay advisory panel, be part of regular reporting and part of the networks' annual reports. Dr Justin Wilson chairs the PPIEE Oversight Group.

To support PPIEE we have an established Strategic Working Group with Thames Valley Area Team (TVAT) and Thames Valley Strategic Clinical Networks (SCNs). We meet six weekly to oversee our joint work plan. Our membership currently includes representatives from Oxford AHSN, NHS Thames Valley and SCNs, HealthWatch, CCGs and local authorities. We have recently appointed two lay members. Recent work includes:

- **Involvement** – we have developed a shared, three tiered approach to public and patient involvement to cover the Oxford AHSN, SCNs and TVAT:
  - *Membership*: those who wish to be informed;
  - *Getting involved*: those are involved in specific projects and
  - *Being part of the team*: those are involved in on-going strategic work.



- **Appointing lay members** – we have just appointed two lay members: a carer, Carol Munt and a patient, Mark Stone. We developed a role description and advertised through HealthWatch, provider patient experience leads and CCGs. We received 35 applications, interviewed seven people and appointed two. The interest and calibre of the applicants was fantastic and has allowed us, in addition to now having two lay members (being part of the team above), to develop the core of a Lay Advisory Group (Getting involved above) and a start for our lay network (Membership above).
- We are exploring how to establish and manage a shared database of people who wish to be involved across the levels of involvement.
- Appointing third sector and provider representatives – we are in the process of finalising membership of our Strategy Group with these two appointments.
- Strategy and work plan refresh. Our strategy document is now six months old and we are in the process of refreshing it so that we can have a formal launch in the summer/early autumn.

- Patient leadership programme – we have commissioned work to develop a training programme for patients and professionals. This will support patients and the public to be actively engaged with strategic planning and to support professionals to understand how to best involve patients and the public. We will expect senior members of our clinical networks to attend the programme when it is rolled out in the summer. The NHS Thames Valley Director will be attending the pilot programme, which will run in May. We are evaluating the pilot to inform the final programme format and content.

We are currently working on the process that will involve patients, carers and the public in our CIA programme. We want lay involvement in the identification of need, in the assessment of innovations for rollout and as participants during adoption.

Interviews are to be held for the appointment of an Implementation manager for PPIEE to support the Oxford AHSN PPIEE lead.

## Population Healthcare

This theme will provide support to the clinical networks.

## Sustainability

All large organisations in the Oxford AHSN are now paying hundreds of thousands of pounds for carbon use and so a reduction in carbon will bring direct cash savings as well as staff engagement and benefits for patients. Practical carbon reduction so far has focused on innovations and modifications in energy use, travel planning and procurement. Such efforts typically bring financial benefits, because lower carbon usually means lower cost. We want to go further than that and look at how sustainability can help us to transform models of care for the future.

Within the Oxford AHSN, the Centre for Sustainable Healthcare (CSH) provides sustainability as a cross-cutting theme. We work with the clinical networks, commissioners, public health bodies and patients to implement sustainable practices. In particular we work to implement the four principles of sustainable healthcare as formulated by the CSH. These are:

- Prevention reduces healthcare activity and produces better health.
- Patient self-care improves value of healthcare activity and produces better health.
- Lean systems improve the effectiveness of healthcare activity
- Low-carbon technologies reduce carbon output per unit of healthcare activity

The CSH will provide expertise on sustainable clinical practice and sustainable clinical patient pathway design to three AHSN networks. Through training days and project support the Diabetes, Dementia and Medicines Optimisation Networks will be supported to develop more environmentally, socially and financially sustainable healthcare innovations.

CSH will also work with Renal services in an innovation project in Acute Kidney Injury working with Pharmacy. We will support the programmes and themes, using a mixture of engagement, direct professional training, and support for practical projects.

During 2013/14 the main activity has focused around the establishment of linkages with the Diabetes, Dementia and Medicines Optimisation Clinical Networks and being involved within their specific launch events.

Key deliverables for 2014/15 include:

- All Oxford AHSN healthcare organisations have nominated a sustainability champion
- At least one clinical network project has been evaluated using a Triple Bottom Line (TBL) methodology
- At least 70% of clinical network members (in the Diabetes, Dementia and Medicines Optimisation Clinical Networks) have an understanding of the principles and benefits of sustainable clinical practice for their specialties

# Review against the Business Plan

## Funding

Income and Expenditure for 2013/14, and the forecast in line with the previously submitted 2014/15 Business Plan can be seen in the table below. A more detailed breakdown can be seen at *Appendix A*.

<b>OXFORD AHSN FINANCE PLAN</b>		<b>Forecast 13-14 from 14-15 Business Plan</b>	<b>13-14 Actual Outturn</b>
	Model Period Beginning	01 April 2013	
	Model Period Ending	31 March 2014	31-Mar-14
	Financial Year Ending	<b>2014</b>	<b>2014</b>
	<b>Year of the 5 Year Licence Agreement</b>	<b>I</b>	<b>I</b>
NHS England funding		4,398,500	4,398,500
Membership contributions		0	0
HETV income for joint continuous learning programme		535,000	535,000
Other income – PPIEE		50,000	70,000
Other income – RIF		0	50,000
<b>Total income</b>		<b>4,983,500</b>	<b>5,053,500</b>
Programmes and themes		4,212,175	4,324,570
Total core team and overhead costs		715,430	668,858
<b>Total expenditure</b>		<b>4,927,605</b>	<b>4,993,427</b>
<b>Surplus/(deficit)</b>		<b>55,900</b>	<b>60,073</b>

## Income

Total income for the year was £5,053k.

Income for the year 2013/14 has come from a number of sources, including:

- Direct funding from NHS England
- External programme support from Health Education Thames Valley, in connection with our Continuous Learning initiatives; all the HETV funding has been contracted and committed.
- Support from the Local Area Team in connection with PPIEE
- Accruals against set up costs of £120k brought forward from 2012/13

On the income side there were the following variances to that projected within our submitted 2013/14 Business Plan:

- Direct funding from NHS England totalled £4,398k. NHS England has phased more funding to Tier 1 AHSNs in the first year – we will expect reduced funding in years 2-5 as NHS England rebalances funding so Tier 2 AHSNs receive their fair share. Oxford AHSN has used the additional funding in 2013/14 to commit further forward to the programmes, particularly Best Care.
- Due to the above additional support from NHS England it was decided that direct member contributions of £420k would not be requested during 2013/14.
- £70k secured from the Local Area Team for PPIEE initiatives including Patient Leadership training.
- £50k secured from a successful Regional Innovation Fund (RIF) bid to support the uptake of Inter-operative Fluid Management (IOFM) across the region.

## Expenditure

Total expenditure (both cash actual and contractually committed) for the year was £4,993k.

Most of the Oxford AHSN's funding has been committed to its programmes. Almost £2m has been committed to the Best Care clinical networks programme, £0.51m to Patient Safety Academy and £0.26m to the Evidence Based Healthcare Fellowship programme. The Oxford AHSN has also committed to fund the Informatics theme for two years.

Both of these initiatives are covered by contingency in the 2014/15 Business Plan:

- £102k to support an additional Clinical Network – the Out of Hospital Network
- £200k to support ad hoc 'pump priming' as part of our Clinical Innovation Adoption activities

**Dr Al Edwards**, below left, explains the content of one of the University of Reading posters displayed at the Oxford AHSN sponsored poster showcase at BioTrinity 2014.



## Review against the Key Milestones and KPIs (Matrix of Metrics)

The table in *Appendix B* highlights the key Milestones, in line with the Matrix of Metrics listed at *Appendix C*, 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.

As can be seen overall progress was excellent with only three Milestones slipping from 2013/14 into 2014/15. With two of these reflecting the fact that as mobilisation of the Oxford AHSN did not commence until Q3 that the first Partnership Council will not occur until June 2014.

Additionally, as can be seen in the table in *Appendix C* we are fully on track as per the 'Matrix of Metrics' from our Licence agreement.

This Appendix also contains a table that is a revised version of the Matrix of Metrics that we now intend to use for reporting as it aligns with our proposed KPIs. It has been updated to show:

- Expected delivery for year 2 (2014/15)
- Progress as at the end of Q4 year 1 (2013/14)



# Appendices



**Page**

<b>Appendix A:</b> Financial Statement .....	i
<b>Appendix B:</b> Review against the Business Plan .....	ii
<b>Appendix C:</b> Detailed review against the KPI matrix .....	vi
<b>Appendix D:</b> Attendance at Meetings .....	xvii
<b>Appendix E:</b> List of key events held / supported .....	ixx
<b>Appendix F:</b> List of Partners .....	xx

## APPENDIX A:

# Financial Statement

## OXFORD AHSN FINANCE PLAN

	<b>Forecast 13-14 from 14-15 Business Plan</b>	<b>13-14 Actual Outturn</b>
Model Period Beginning Model Period Ending Financial Year Ending <b>Year of the 5 Year Licence Agreement</b>	01 April 2013 31 March 2014 <b>2014</b> <b>I</b>	31-Mar-14 <b>2014</b> <b>I</b>
NHS England funding	4,398,500	4,398,500
Membership contributions		0
HETV income for joint continuous learning programme	535,000	535,000
Other income – PPIEE	50,000	70,000
Other income – RIF	0	50,000
<b>Total income</b>	<b>4,983,500</b>	<b>5,053,500</b>
Best Care – <i>Clinical Networks</i>	1,993,885	2,194,989
Best Care – <i>Continuous learning – Patient Safety Academy</i>	274,000	512,000
Best Care – <i>Continuous learning – Fellowships in evidence based medicine</i>	260,000	260,000
Best Care – <i>Population Healthcare Theme</i>	40,280	0
Best Care – <i>Integration and Sustainability Theme</i>	25,000	75,000
Innovation Adoption	50,000	300,920
Research and Development	74,200	0
Wealth Creation	192,500	151,500
Informatics and Technologies Theme	702,100	702,100
Patient and Public Engagement and Experience Theme	105,210	128,061
Theme and programme non-pay costs	195,000	0
Funding for fellowships	200,000	0
Contingency for programmes	100,000	0
<b>Programmes and themes</b>	<b>4,212,175</b>	<b>4,324,570</b>
Pay costs	280,230	334,977
Non-pay costs	104,000	241,200
Non-pay costs – OUH recharges		0
Depreciation	15,000	0
Travel Costs	30,000	5,010
Professional (Auditor and Legal) Fees	11,200	0
Set-up costs	200,000	0
Marketing	75,000	87,670
<b>Total core team and overhead costs</b>	<b>715,430</b>	<b>668,858</b>
NHS England funding	4,398,500	4,398,500
Membership contributions	0	0
HETV income for continuous learning programme	535,000	535,000
Other income – PPIEE	0	70,000
Other income – RIF	50,000	50,000
<b>Total income</b>	<b>4,983,500</b>	<b>5,053,500</b>
Programmes and themes	4,212,175	4,324,570
Total core team and overhead costs	715,430	668,858
Total expenditure	4,927,605	4,993,427
<b>Surplus/(deficit)</b>	<b>55,900</b>	<b>60,073</b>

## APPENDIX B:

# Review against the Business Plan

**The table below** highlights the key Milestones, in line with the Matrix of Metrics listed at *Appendix C*, 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.

As can be seen overall progress was excellent with only three Milestones slipping from 2013/14 into 2014/15. With two of these reflecting the fact that as mobilisation of the Oxford AHSN did not commence until Q3, and that the first Partnership Council Meeting will not take place until June 2014.

PROGRAMME / THEME	MILESTONE	Year 1	Year 2	Year 2	Year 2	Year 2	Year 3	Years 4-5
		Q1	Q2	Q3	Q4			
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 Oxford 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		•				•	•
Innovation Adoption	Collection of data regarding adherence to all relevant NICETAs 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 2013/14 and 2014/15 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, SBRI, Grand Challenges etc.)		•					

PROGRAMME / THEME	MILESTONE	Year 1	Year 2	Year 2	Year 2	Year 2	Year 3	Years 4-5
		Q1	Q2	Q3	Q4			
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 & promote Fellowship programme for Evidence Based Medicine	✓						
	Agreed plan for 2014/15 initiatives with HETV	✓						
	Dementia staff training – bid for 2014/15 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 5 <sup>th</sup> and 6 <sup>th</sup> 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, Best Care and Berwick				•			
	Industry/NHS secondments – establish routine management secondments between NHS and Industry ( <i>target 5 x 1 year secondments per annum</i> ) – 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		•					
Research & Development	Establishment of R & D Oversight Group		•					
	Establishment of the CRN with Oxford AHSN support		•					
	Publication of Annual Report ( <i>or section within Oxford AHSN Annual Report</i> ) on agreed research metrics		•					
	Single sign off and 70-day benchmark for clinical trials ( <i>moved to year 3 as – realistic as need to establish R&amp;D Director network in year 2</i> )					→•		
	10% increase in patients recruited to clinical trials ( <i>moved to year 3 as – realistic as need to establish R&amp;D Director network in year 2</i> )					→•		
	Establishment of baseline from NHS partners for commercial research activity ( <i>moved to year 2 as – realistic as need to establish R&amp;D Director network in year 2</i> )				→•			
	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					•		

PROGRAMME / THEME	MILESTONE	Year 1	Year 2	Year 2	Year 2	Year 2	Year 3	Years 4-5
		Q1	Q2	Q3	Q4			
Wealth Creation	Establishment of Wealth Creation Oversight Group	✓						
	Develop Wealth Creation strategy and operational plans	✓						
	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 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			•				
	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	✓						

PROGRAMME / THEME	MILESTONE	Year 1	Year 2	Year 2	Year 2	Year 2	Year 3	Years 4-5
		Q1	Q2	Q3	Q4			
Informatics & Medical Technologies	Appoint Director for Information Strategy – joint appointment with Oxford AHSC	✓						
	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							•

## APPENDIX C:

# Detailed review against KPI matrix

**The table below** reflects the Matrix of Metrics as per the Licence 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:

- Expected delivery for year 2 (2014/15)
- Progress as at the end of Q4 year 1 (2013/14)

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
I	Themes	Population Healthcare Theme	<p>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</p> <p>It will facilitate the redesign of care to integrate the Right Care for Patients ("no decision without me") with the Right Care for populations</p> <p>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 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</p>	<p>Development of the Oversight Group and Programme Board Structure</p> <p>Establishment of a Clinical Innovation Collaborative</p>	A, C	1, 2, 3, 4, 5	£54,830	<p>Regular contact being maintained with Better Value Health Care and into the Department of Population Healthcare, University of Oxford</p> <p>Work underway on to develop the frail elderly project working with partners in Bucks New University, Bucks County Council, Royal Berkshire and Pharma</p> <p>Population Healthcare integrated into the Best Care Programme</p>



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
2	Themes	<b>Patient and Public involvement, Engagement and Experience Theme</b>	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE by 31/03/14	<p>Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE</p> <p>Use patient stories to stimulate innovation and development of new products and services and address patient safety issues</p> <p>Development of a joint panel of patient/public representatives with NHS England TV</p> <p>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 Oxford AHSN led learning sets</p> <p>Common metrics for PPI agreed in use in local research</p> <p>Established connections with other AHSNs and hold cross AHSN event</p>	B, C	4	£106,210	<p>Interim PPIEE lead in place. Coordination of efforts with OxAHSC, CLAHRC and OxBRC</p> <p>Working on links with other AHSNs</p> <p>Model of patient panel agreed with NHSE TV and mapping</p> <p>Presented session at Clean Med on involving patients in healthcare</p> <p>Oxford Science Fair to be sponsored and Oxford AHSN to participate through clinical networks</p>
3	Themes	<b>Integration and Sustainability Theme</b>	Establishment of baseline for PPIEE across the geography by 30/06/14	<p>Sponsorship of and attendance at The Big Change Conference: Sustainable Healthcare for the 21<sup>st</sup> Century 22<sup>nd</sup> &amp; 23<sup>rd</sup> November 2013, Oxford</p> <p>Sponsorship of and attendance across partners at the CleanMed Europe 2013: Pathways to Sustainable Healthcare, 17th to 19th September, Oxford</p>	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

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
								<p>Members from across the Network attended and participated in both conferences, including CEO and COO</p> <p>Oxford AHSN sponsoring and participating in Oxford Science Fair, an interactive event aimed at increasing knowledge of and understanding of Science</p>
4	Themes	Informatics and Technologies Theme	<p>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</p> <p>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</p> <p>Network platforms for patient monitoring, patient diaries and patient reported outcomes by 31/03/15</p>	<p>Commence baseline survey of information systems and databases in use</p> <p>Commence work on Informatics Strategy</p> <p>Set out work for developing framework for Information Governance</p>	A, B, C	1, 3, 5	£374,250	<p>Director of Information Strategy has been appointed started 14th April 2014</p> <p>A small scale pilot of tools to enable collaborative working across, for example, the clinical networks, themes and with the core team is scheduled for April / May</p> <p>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</p>

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	<p>Launch events for all Clinical Networks</p> <p>Continue to work with the 10 supported Clinical Networks to ensure successful development of their networks and delivery of their committed activities and sub-projects</p> <p>Work with the Clinical Networks to ensure Innovation Adoption as appropriate</p> <p>Work with the Clinical Networks to develop a detailed strategic plan for the period 2014-18</p>	A, B, C, D	1, 2, 3, 4, 5	£1,546,100	<p>10 Clinical Networks have signed formal funding agreements outlining objectives, deliverables, KPI, project plans and levels of funding and other support</p> <p>Core Team now in place:</p> <ul style="list-style-type: none"> <li>• <i>Innovation Adoption Manager started in January 2014</i></li> <li>• <i>Best Care Project Manager started in February 2014.</i></li> </ul> <p>Clinical Networks are now establishing their launch dates in early part of 2014</p> <p>Pilot of collaborative working tools (<i>SharePoint, interactive meetings, etc.</i>) planned for April / May 2014</p> <p>Two Programme Boards have been held</p> <p>Network governance &amp; meeting schedule established with all networks</p> <p>Oversight Board being established with Chair from NHS Acute sector as agreed</p>

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
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	<p>Establish baseline from NHS partners for commercial research activity</p> <p>Appoint a Programme lead and a senior project manager</p> <p>Commence work on a plan with NIHR and other research partners</p> <p>Establishment of the CRN with Oxford AHSN support</p> <p>Commence work on strategy for the development of commercial research</p>	A, B, C, D	1, 2, 3, 4, 5	£124,200	<p>CEO working with new CRN to come into effect from 1.4.14</p> <p>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 Oxford AHSN</p> <p>Further discussions to take place after the appointment of Clinical Chair of Thames Valley and South Midlands CRN (due Feb 2014)</p> <p>CEO establishing group for NHS R &amp; D Directors across the Oxford AHSN</p>
7	Programmes	Wealth Creation	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	<p>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</p> <p>Establishment of Programme Oversight Group – chair appointed. Work is underway to populate the Oversight Group with senior representation from LEPs, Industry and tech transfer offices of UoO and UoR</p>	A, B, C, D	1, 2, 3, 4, 5	£68,400	<p>Innovation Adoption Director appointed on an interim basis whilst awaiting recruitment of two permanent staff</p> <p>1<sup>st</sup> permanent staff member joined in January 2014</p> <p>List of must do innovations has been compiled through engagement with clinical networks and others</p> <p>Outcomes from 2023 Challenge (sponsored by Oxford AHSN) being followed up with HETV and TV Leadership Academy. Plans are now being jointly developed for the 2014 event</p>

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
				<p>Announcement of SBRI Challenge for SMEs (<i>working with other AHSNs and TSB – timing to be confirmed by 31/03/14</i>) (<i>leading jointly with South London AHSN on the diabetes theme</i>) – COO on SBRI Programme Board</p> <p>Establishment of database of key organisations and contacts in life sciences – Locality map for the 300 life sciences businesses in the Oxford AHSN commissioned from OBN. Close working with LEPs to maintain systematic engagement with industry for inward investment and innovation development</p> <p>Clarify for industry the “go to” partners in the Oxford AHSN for different stages of the product cycle (<i>e.g. a RACI chart</i>) – establishing close working with LEPs and through the Innovation Adoption and R&amp;D work streams</p>				<p>A route map for Apps 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</p> <p>A Director of Commercial Development has been appointed and will join in Q1 14/15. Recruitment for two Commercial Development Managers (<i>to be based in Milton Keynes and Reading</i>) is underway and due to complete during Q1 14/15</p> <p>The Oxford AHSN is sponsoring the Oxford Biotrinity 2014 event (<i>in May</i>) and our presence will be led by the Commercial Development Director</p> <p>Oxford 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</p>

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
8	Programmes	Funding for fellowships	Targeted Oxford AHSN-focused themes and clinical areas	<p>Successfully recruit Fellows on to the CEBH MSc Programme – with academic enrolment from 1<sup>st</sup> October 2014</p> <p>As part of the application for Fellowship Funding outlines of dissertation projects (<i>for year 2/3</i>) will be identified and agreed</p>	A, B, C, D	1, 2, 3, 4, 5	£741,000	<p>Fellowships form part of continuous learning now integrated within the Best Care Programme</p> <p>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</p> <p>Fellowships will be open to all healthcare professionals provided academic and AHSN criteria are met. Oxford 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</p>
9	Oxford AHSN costs	Theme and programme non-pay costs		<p>Complete recruitment of 'core team'</p> <p>Confirm long term accommodation arrangements and move in</p> <p>Conduct a pilot of supporting collaborative IT infrastructure prior to rollout across the Clinical Networks and Programmes</p>	A, B, C, D	1, 2, 3, 4, 5	£0	<p>Resources have been committed to support across Network activities, including locality meetings, stakeholder meetings etc. A further series of Network locality meetings now being planned for 2014</p> <p>The Oxford AHSN website is being remodelled (see <i>also below</i>) and re-launched in February 2014. Regular updates on content will be provided, with individual pages for the clinical networks and themes</p>

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
								<p>Monthly newsletter issued regularly and Twitter established</p> <p>Communication plan and marketing strategy in place.</p> <p>Oxford AHSN fully engaged in AHSN Communications Lead Network and contributing actively to the development of EXPO 2014</p>
10	Start-up	Central funding support for initial networks		<p>Each clinical network/programme to be supported with a formal launch event</p> <p>Oxford AHSN website to be updated to include Clinical Network / Programme specific pages and a short introductory video</p> <p>Hold initial 'network of networks' event to cross fertilize learning</p>	A, B, C, D	1, 2, 3, 4, 5	£0	<p>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</p> <p>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</p> <p>A full programme of locality and other stakeholder events will be delivered during 14/15</p>
<b>Total</b>							<b>£3,664</b>	

**The table below** is the revised version of the Matrix of Metrics – as mentioned in the 'Review against KPI' section on page 53 – that we now intend to use for reporting as it aligns with our proposed KPI in the 2014/15 Business Plan.

No.	Core Licence Objective	Health or Wealth delivery measure for March 2015 (Y2)	Associated Funding	Current Status
I	Focus upon the needs of Patients and local populations	<ul style="list-style-type: none"> <li>- Number of local priorities addressed</li> <li>- Number of patients positively impacted through the introduction of best practice ('reduction in unwarranted variation')</li> </ul>	£1,250,030	<ul style="list-style-type: none"> <li>• Regular contact being maintained with Better Value Health Care and into the Department of Population Healthcare, University of Oxford.</li> <li>• Work underway on to develop the frail elderly project working with partners in Bucks New University, Bucks County Council, Royal Berkshire and Pharma. Oxford AHSN supported the launch of Integrated Healthcare Bucks.</li> <li>• 10 Clinical Networks have signed formal funding agreements outlining objectives, deliverables, KPI, project plans and levels of funding and other support.</li> <li>• Core Team now in place:               <ul style="list-style-type: none"> <li>– Innovation Adoption Manager started in January 2014</li> <li>– Best Care Project Manager started in February 2014</li> </ul> </li> <li>• Clinical Networks are now establishing their launch dates in early part of 2014.</li> <li>• Pilot of collaborative working tools (SharePoint, interactive meetings, etc.) planned for April / May 2014.</li> <li>• Two Best Care Programme Boards have been held.</li> <li>• Network governance &amp; meeting schedule established with all networks.</li> <li>• Oversight Board being established with Chair from NHS Acute sector as agreed.</li> <li>• 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.</li> <li>• 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.</li> <li>• A full programme of locality and other stakeholder events will be delivered during 14/15.</li> <li>• 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.</li> <li>• Members from across the Network attended and participated in both conferences, including CEO and COO.</li> <li>• Oxford AHSN sponsoring and participating in Oxford Science Fair, an interactive event aimed at increasing knowledge of and understanding of Science.</li> </ul>



No.	Core Licence Objective	Health or Wealth delivery measure for March 2015 (Y2)	Associated Funding	Current Status
2	Speed up innovation in to practice	<p>Number of innovations adopted (of the 10)</p> <p>Average time to introduce the 10 innovations (from the start of Oxford AHSN involvement)</p>	£1,516,150	<ul style="list-style-type: none"> <li>• Fellowships form part of continuous learning now integrated within the Best Care Programme.</li> <li>• 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.</li> <li>• Fellowships will be open to all healthcare professionals provided academic and Oxford AHSN criteria are met. Oxford 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</li> <li>• Innovation Adoption Director appointed on an interim basis whilst awaiting recruitment of two permanent staff. 1<sup>st</sup> permanent staff member joined in January 2014.</li> <li>• List of must do innovations has been compiled through engagement with clinical networks and others.</li> <li>• Oxford 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.</li> <li>• Director of Information Strategy has been appointed and will start on 14th April 2014.</li> <li>• A small scale pilot of tools to enable collaborative working across, for example, the clinical networks, themes and with the core team is scheduled for April / May. 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</li> </ul>
3	Build a culture of partnership and collaboration	<p>Network activity</p> <p>Network breadth / depth</p>	£106,210	<ul style="list-style-type: none"> <li>• Interim PPIEE lead in place. Coordination of efforts with NHSE TV SCNs, OxAHSC, CLAHRC and OxBRC.</li> <li>• Working on links with other AHSNs.</li> <li>• Model of patient panel agreed with NHSE TV and mapping.</li> <li>• Presented session at Clean Med on involving patients in healthcare.</li> <li>• Oxford Science Fair sponsored and Oxford AHSN will participate through clinical networks.</li> </ul>

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	<ul style="list-style-type: none"> <li>• CEO working with new CRN to come into effect from 1.4.14.</li> <li>• 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 Oxford AHSN.</li> <li>• Further discussions to take place after the appointment of Clinical Chair of Thames Valley and South Midlands CRN (due Feb 2014).</li> <li>• CEO establishing group for NHS R &amp; D Directors across the Oxford AHSN.</li> <li>• 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.</li> <li>• 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.</li> <li>• A Director of Commercial Development has been appointed and will join in Q1 14/15. Recruitment for two Commercial Development Managers (to be based in Milton Keynes and Reading) is underway and due to complete during Q1 14/15.</li> <li>• The Oxford AHSN is sponsoring the Oxford BioTrinity 2014 event (in May) and our presence will be led by the Commercial Development Director.</li> </ul>
			Total: £3,664,990	

## APPENDIX D:

# Attendance at Meetings

The table below shows the record of attendance by Board Members and Key Partners throughout 2013/14.

Name	Role	Organisation	Oxford AHSN Interim Board (from 31 Dec 2013)	Oxford AHSN Board (from 1 Jan 2014)	Oxford AHSN Partnership Board (from 1 Jan 2014)
<b>Number of Meetings held</b>			<b>3</b>	<b>2</b>	<b>1</b>
Mr Nigel Keen	Chairman	Oxford AHSN	2½	2	1
Professor Gary Ford	Chief Executive Officer	Oxford AHSN	2 (1 as designate)	2	1
Dr Paul Durrands	Chief Operating Officer	Oxford AHSN	2 (1 as designate)	2	1
Dr Nick Edwards*	Chairman Wealth Creation Oversight Group	MedInnovate Ltd	3	1	1
<b>NHS PROVIDERS</b>					
Sir Jonathan Michael <sup>3</sup>	Chief Executive	Oxford University Hospitals NHS Trust	3	2	1
Mr Stuart Bell <sup>3</sup>	Chief Executive	Oxford Health NHS FT	3	2	1
Mrs Anne Eden <sup>3</sup>	Chief Executive	Buckinghamshire Healthcare NHS Trust	-	1	1
Mr Joe Harrison <sup>3</sup>	Chief Executive	Milton Keynes NHS FT	1	2	1
Dr Justin Wilson <sup>3</sup>	Medical Director	Berkshire Healthcare NHS FT	2	-	1
Mr Craig Anderson	Deputy Chief Executive	Royal Berkshire NHS FT	-	-	1
Dr Alex Lewis	Medical Director and Director of Quality	Central and North West London NHS FT	-	-	0
Mr Will Hancock	Chief Executive	South Central Ambulance Service NHS FT	-	-	0
TBC		Bedford Hospital NHS Trust	-	-	0
<b>CLINICAL COMMISSIONING GROUPS</b>					
Mr Ian Busby	Vice Chairman	Oxfordshire CCG	1	-	1
Ms Jeannie Ablett	Accountable Officer	Milton Keynes CCG	-	-	1
Dr Graham Jackson	Clinical Chairman	Aylesbury Vale CCG	-	-	1
Mr Alan Webb	Accountable Officer	East Berkshire CCGs	-	-	0
Ms Cathy Winfield	Chief Officer	Berkshire West CCGs	-	-	0
TBC		Chiltern CCG	-	-	-

\*all chairs of oversight groups.

Name	Role	Organisation	Oxford AHSN Interim Board <i>(from 31 Dec 2013)</i>	Oxford AHSN Board <i>(from 1 Jan 2014)</i>	Oxford AHSN Partnership Board <i>(from 1 Jan 2014)</i>
<b>Number of Meetings held</b>			<b>3</b>	<b>2</b>	<b>1</b>
<b>INDUSTRY AND INDUSTRY ORGANISATIONS</b>					
Dr Jon Rees	Chief Executive	OBN	3	-	1
Peter Ellingworth	Chief Executive	ABHI	2	-	1
Stephen Oldfield	nominee	ABPI	-	-	1 <i>(through Alternate)</i>
Nigel Tipple	Chief Executive	Oxfordshire LEP	-	-	0
Neil Gibson	Strategic Director Communities and Built Environment	Buckinghamshire County Council and Bucks, Thames Valley LEP	-	-	1
Dr David Gillham	Director Research and Enterprise	University of Reading, Thames Valley and Berkshire LEP	-	-	0
<b>UNIVERSITIES</b>					
Prof Alastair Buchan	Head of Medical Sciences Division	University of Oxford	1	1	0
Mrs June Girvin	Dean of Faculty of Health and Life Sciences	Oxford Brookes University	1 <i>(through alternate)</i>	-	0
Professor Susan Procter	Professor of Nursing Clinical Practice	Bucks New University	-	-	1
Professor Richard Ellis	Dean of Faculty of Life Sciences	University of Reading	1	-	0
Professor Mike Cawthorne	Head of the School of Medicine	University of Buckingham	-	-	1
Dr Nacho Romero	Senior Lecturer, Cellular Neuroscience	The Open University	-	-	1
Professor Heather Loveday	Professor of Evidence Based Healthcare	University of West London	-	-	1 <i>(through alternate)</i>
TBC		University of Bedfordshire			
<b>KEY STAKEHOLDERS</b>					
Sandra Hatton	Managing Director	Health Education Thames Valley	3	-	1 <i>(through alternate)</i>
Dr Geoff Payne	Medical Director	LAT NHS England	2 <i>(1 through alternate)</i>	-	1

## APPENDIX E:

# List of key events held / supported

The table below shows the key events held / supported during 2013 / 14. In total there were 24 events held these being a combination of:

- corporate activities (11 events held)
- support for our Programmes and Themes (13 events held)

The key opposite identifies the Programme / Theme.

Best Care	Innovation Adoption	Wealth Creation	R & D	Informatics	PPIEE	Corporate Network wide
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Month	Week 1	Week 2	Week 3	Week 4	Week 5
April 2013				26 <sup>th</sup> Dragons Den	
May 2013			14 <sup>th</sup> - 16 <sup>th</sup> BioTrinity		
June 2013	7 <sup>th</sup> Oxford AHSN Interim Board Meeting		18 <sup>th</sup> Venturefest		
July 2013		10 <sup>th</sup> & 11 <sup>th</sup> PPIEE events		25 <sup>th</sup> Physical and Mental Health meeting	
August 2013		12 <sup>th</sup> AHSC stakeholder event 12 <sup>th</sup> Oxford AHSN Interim Board			
September 2013	4 <sup>th</sup> AHSC Stakeholder event		17 <sup>th</sup> -19 <sup>th</sup> Sustainability Conference 20 <sup>th</sup> Uppsala Council Visit		
October 2013	7 <sup>th</sup> AHSN Chairman's meeting				
November 2013	7 <sup>th</sup> Locality event Berkshire	12 <sup>th</sup> Innovation 2023	22 <sup>nd</sup> & 23 <sup>rd</sup> Big Change: Sustainable Healthcare for 21st Century 2013	26 <sup>th</sup> AHSN meeting NHS England	
December 2013	6 <sup>th</sup> Oxford AHSN Interim Board	10 <sup>th</sup> OBN Lecture Entrepreneurship	18 <sup>th</sup> Oxfordshire Locality meeting		
January 2014				22 <sup>nd</sup> Oxford AHSN Board	SBRI Programme Board
February 2014					
March 2014		13 <sup>th</sup> Mental Health Event	18 <sup>th</sup> 'SBRI' Breakfast meeting	27 <sup>th</sup> Oxford AHSN Board and Oxford AHSN Partnership Board	

## APPENDIX F:

# Our Partners

**We have** a wide variety of organisations involved in healthcare, research, clinical care delivery, education and the life science industry, from multi-million pound businesses, leading universities and healthcare facilities to small spin out companies.

By working together as partners we create an effective and productive network that is able to communicate, innovate and deliver.

**NHS** • Aylesbury Vale Clinical Commissioning Group • Bedfordshire Clinical Commissioning Group • Berkshire Clinical Commissioning Groups (East Berkshire and West Berkshire) • Chiltern Clinical Commissioning Group • Milton Keynes Clinical Commissioning Group • Oxfordshire Clinical Commissioning Group • Bedford Hospital NHS Trust • Buckinghamshire Healthcare NHS Trust • Central and North West London NHS FT • Heatherwood and Wexham Park NHS FT • Milton Keynes NHS FT • Oxford Health NHS FT • Oxford University Hospitals NHS Trust • Royal Berkshire NHS FT • South Central Ambulance Service NHS Trust • Southern Health NHS FT

**NHS RELATED** • Health Education Thames Valley • NHS Innovations South East (NISE) • Oxford BioMedical Research Centre • South Midlands and Thames Valley CRN • Thames Valley Leadership Academy • UK Cochrane Centre • **UNIVERSITY** • Buckinghamshire New University • Open University • Oxford Brookes University • University of Bedfordshire • University of Buckingham • University of Oxford • University of Reading • University of West London • **ACADEMIC INSTITUTES/CENTRES** • Centre for Evidence Based Medicine, University of Oxford • Centre for the Advancement of Sustainable Medical Innovation • George Institute for Global Health, University of Oxford • Health Experiences Institute (HEXI), University of Oxford • Institute of Biomedical Engineering, University of Oxford • Isis Innovation Ltd • Said Business School, University of Oxford • **THIRD SECTOR/LOCAL AUTHORITY** • Better Value Health Care (BVHC) • Buckinghamshire County Council • Centre for Sustainable Healthcare • Genetic Alliance UK • James Lind Alliance • Oxfordshire County Council • Science Oxford • Young Dementia UK Homes • **BUSINESS NETWORKS/ORGANISATIONS** • Association of British Healthcare Industries (ABHI) • Association of the British Pharmaceutical Industry (ABPI) • BioIndustry Association (BIA) • Buckinghamshire Business First and Buckinghamshire Thames Valley Local Enterprise Partnership • CBI Thames Valley • OBN • Oxfordshire Business First • Science Vale UK • Thames Valley Berkshire Local Enterprise Partnership • Thames Valley Chamber of Commerce • **PRIVATE SECTOR** • Alchem Healthcare • Astra Zeneca • Baxter • BD (Becton Dickinson and Company) • Blueground UK • Boehringer-Ingelheim • Cerner • Circassia • Cumberland Initiative • Databiology • Digiatics • Docobo • Enterprise Europe South East • Feotoh • GE Healthcare • I Want Great Care • Idea Pharma • IDEAL Collaboration • Indicium Innovations • Intelligent Ultrasound • Invest In Oxfordshire and Oxfordshire Local Enterprise Partnership • Isansys Lifecare Ltd • Janssen Healthcare Innovation • Johnson and Johnson • MapmyHealth • Medinnovate • Mediplus • Merck and Co • Minervation • Nuffield Health • Oncascan Ltd • Oracle Health Sciences • Owen Mumford Ltd • Oxford and Thames Valley HealthTies • Oxford Spin-out Equity Management Ltd • OxTex • Pennington Manches Ltd • Picker Institute Europe • Psioxus Therapeutics • Routine Health Outcomes Ltd • SCT – Special Care Technologies Ltd • Solutions 4 Health • Solutions for Public Health • South East Health Technologies Alliance (SEHTA) • Spiral Healthcare • Stryker Ltd





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