

# **Oxford Academic Health Science Network Progress Report to NHS England**

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**For the period ending 30 June 2014**

**Prof Gary A Ford CBE, Oxford AHSN CEO  
30 June 2014**

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## Chief Executive's Review

I am pleased to present our Q1 2014/15 report outlining the progress that we have made at the Oxford Academic Health Science Network.

Over the last three months we have made significant progress in the creation of the Oxford AHSN including:

- Completion of the recruitment of our core team
- Production of our first Annual Report (for 2013/14)
- Our first Partnership Council, attended by over 70 partners, where we presented our 2013/14 Annual Report and had presentations from two of our Best Care Clinical Networks (Co-morbidity and Out of Hospital)
- Formally signing off our support for, and the initial mobilisation of, our 10<sup>th</sup> Best Care Clinical Network – the 'Out of Hospital' Network
- We launched the Dementia clinical network and the Medicines Optimisation clinical network
- Held first Oversight Group for the Clinical Innovation Adoption Programme
- Reviewed progress of the clinical networks – which are generally on track
- Sponsored 14 companies and academic groups to showcase their work and research at BioTrinity – the largest life sciences investment conference in the UK. We also ran a successful workshop on inward investment with the Local Enterprise Partnerships from Berkshire, Buckinghamshire and Oxfordshire.
- Developed the PPIEE strategy with our partners Thames Valley Strategic Clinical Networks and the Local Area team of NHS England.

Looking forward in to the next quarter, notable milestones will include:

- Sign off of our Commercial Marketing Strategy
- Agreement of how to incorporate our Population Healthcare Theme into what we do
- Rollout of our Collaborative IT infrastructure across all Programmes and Themes
- Support for partners in accessing funds provided by (for example) SBRI (Small Business Research Initiative) and Horizon 2020 through a series of 'breakfast' events
- Conclusion of the first series of Oversight Group meetings for all Programmes and Themes
- Publication of the Informatics Strategy for our region
- Finalisation and start of the Continuous Learning Programme initiatives, with Health Education Thames Valley
- Formation, and launch, of the Patient Safety Collaborative both in line with NHS England Guidance and building upon our Human Factors based work already being delivered by our Patient Safety Academy
- Start of the Evidence Based Healthcare Fellowship Programme
- Call to innovation for 15/16 Clinical Innovation Adoption programme



Professor Gary A Ford CBE

**Chief Executive Officer, Oxford AHSN**

## Best Care – Dementia clinical network launch

### Project title

Oxford AHSN dementia clinical network launch

### Project summary

Oxford AHSN dementia clinical network brought together key figures from the NHS, research and industry demonstrating a shared commitment to promoting innovation to bring real benefits for patients.

### What was the need?

Dementia, a national priority, is one of ten clinical priorities identified by the Oxford AHSN with potential for the speedy and widespread adoption of innovation. The network will prioritise reducing variations in care – bringing everything up to the standard of the best - and prioritise individually-tailored care.

### What have we done?

Around 100 clinicians, researchers, carers and patients came together at the dementia clinical network launch event in May 2014. The event demonstrated the depth and leadership in research and care already being shown in the Oxford AHSN region with talks from Dr Rupert McShane and Dr Jacqui Hussey. A wide range of innovative developments were highlighted including ingestible sensors (Proteus), home movement sensors (Just Checking) and tailored food and drink supplements. There was also an overview of current and future research priorities from Professor Simon Lovestone.

### How were patients involved?

There was a strong focus on patient engagement and experience of dementia thanks to contributions from [Young People with Dementia](#) – a Berkshire-based support group – and Harmony, a choir founded by Berkshire Healthcare Occupational Therapist Claire Watts with people with early onset dementia. We also had talks from the Young Dementia Charity and how they help patients with early onset dementia improve the quality of their lives.

### What happens next?

There will be a particular focus on engaging with patients and carers. We aim to pilot different data capture technologies and assess what works best for carers as well as testing specific food products and supporting memory services.

*“Just a note to congratulate you and to thank you for today’s event which I enjoyed thoroughly. I loved the chipped medication – especially the combination of traditional technology (pill dispenser) and new. Anyway there was much food for thought in all the presentations.”*

**Alison Black, Department of Typography & Graphic Communications, University of Reading. Speaking at the Dementia Clinical Network Launch event on 14<sup>th</sup> May 2014**

## Operational review

1. Broadly the Oxford AHSN is on track in the first quarter of our 2014/15 Business Plan. The programmes and themes are reviewed below.

### *Programmes*

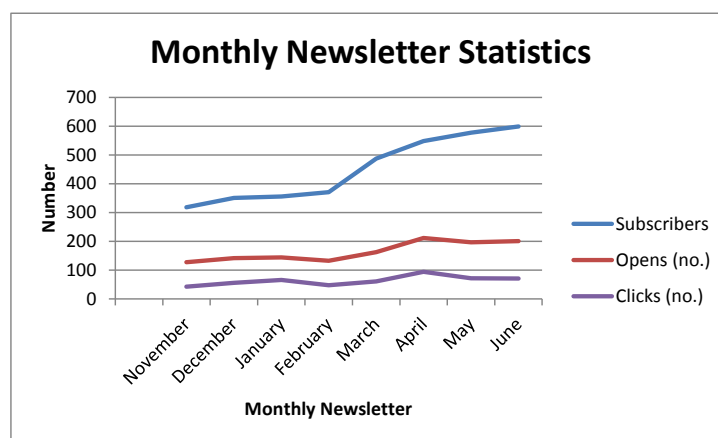
2. We have completed reviews of eight out ten of the clinical networks and overall significant progress has been made in terms of the agreed project initiation documents, recruiting the core teams and in building multi—disciplinary clinical networks across the geography. Some networks are taking longer to get going than planned and we are working with them to get back on track.
3. The Continuous Learning programme, is a joint programme with Health Education Thames Valley (HETV) a key partner, is making significant progress. We have seven excellent candidates for the MSc Fellowships in Evidence Based Medicine drawn from across the geography and from five clinical professions.
4. The Patient Safety Academy is progressing well and focused on spreading the utilisation of human factors science for patient safety. We await further guidance from NHS England and NHS IQ on the development of the Patient Safety Collaborative under the leadership of Professor Charles Vincent. The launch of the Patient Safety Academy is scheduled for 22 July.
5. The Clinical Innovation Adoption Oversight Group, chaired by Anne Eden, CEO of Buckinghamshire Healthcare, held its first meeting with leaders drawn from NHS providers, commissioners and academia. Good progress has been made in securing clinical champions for the 10 innovations. Work has also commenced on developing the engagement process for selecting the 10 innovations for 15/16.
6. The first meeting of the Oxford AHSN R&D Group, chaired by Sir Jonathan Michael, has been arranged for 7<sup>th</sup> July with membership from all NHS Trusts and the eight Universities in the Oxford AHSN region.
7. The Director of Commercial Development, Dr Nick Scott-Ram, started in post on 14<sup>th</sup> April. Recruitment of two Commercial Development Managers for Buckinghamshire/ Bedfordshire and Berkshire is in progress. We have agreed the structure and governance of the programme with our partners.
8. On our website we have an interactive map of local organisations in the Oxford AHSN region with more than 500 life sciences and healthcare organisations represented. The map was commissioned from OBN. The Oxford AHSN Marketing Plan has been developed.
9. The AHSN was a major sponsor at BioTrinity 2014 in May, which was attended by around 1,000 delegates. We hosted a workshop entitled “Building Inward Investment Partnerships”, which included senior LEP representatives from our Partnership Board on the panel. The AHSN is also exhibiting at VentureFest on 8<sup>th</sup> July in Oxford.
10. Mike Denis, Director of Information Strategy, joined the AHSN and the AHSC in April. Focus this quarter has been on stakeholder engagement and supporting Oxford Health and Oxford University Hospitals with their informatics strategies.
11. The PPIEE theme continues to be developed and coordinated through the Patient Experience Strategy Group established between the Oxford AHSN, Thames Valley Area Team and Thames Valley Strategic Clinical Networks (SCNs). We have recently appointed a provider representative, Dr Justin Wilson, Medical Director at Berkshire Healthcare NHS FT and member of the Oxford AHSN Board. We also have third sector representation through RAISE. A PPIEE manager has been appointed. Work is underway to revise the PPIEE strategy – No Decision about me, without me.

12. Stakeholder activity has increased further this Quarter, culminating in the first meeting of the AHSN Partnership Council on 18 June 2014 at which the Annual Report was presented and approved and two presentations from Clinical Network leads provoked good discussion from the 70+ attendees.

“I met with vital contacts from industry, hospital and pharmacy education – and planned a small clinical study – all before dinner.”

**Dr Al Edwards, Lecturer in Pharmaceutics at the Reading University School of Pharmacy .  
Speaking at our first Partnership Council on 18<sup>th</sup> June 2014**

13. Monthly newsletter subscriber numbers continue to grow, with click-thrus and openings continuing at the same proportionate rate.



14. We are also active on Twitter, and currently have 248 followers and have made 521 tweets – with regular live tweeting during events.
15. We have undertaken a bottom up forecast and we expect to report a deficit of £40k which matches the surplus reported in 13/14; this is variance of £60k against the budget.

### Best Care

16. All 10 Clinical Networks have now had their plans agreed and funding allocated. As the chart below shows, the majority have structures and personnel in place and are making progress against their plans.

Clinical Network	PIDs Submitted	Contract Signed	Finance Systems Set up	Team in Place	Launch Event Set	Stakeholders Identified	Webpage Complete	Network Members Identified	Network Meeting Set
Anxiety & Depression	Green	Green	Green	Red	Red	Green	Red	Green	Red
Childrens	Green	Green	Green	Yellow	Green	Yellow	Green	Green	Green
Comorbidity	Green	Green	Green	Yellow	Green	Green	Green	Yellow	Red
Dementia	Green	Green	Green	Green	Green	Green	Green	Yellow	Green
Diabetes	Green	Green	Green	Yellow	Green	Green	Yellow	Green	Green
Early Intervention	Green	Green	Green	Yellow	Red	Yellow	Green	Yellow	Green
Imaging	Green	Green	Green	Green	Red	Green	Green	Green	Green
Maternity	Green	Green	Green	Yellow	Yellow	Green	Green	Green	Green
Medicines Optimisation	Green	Green	Green	Green	Green	Green	Green	Green	Green
Out of Hospital	Green	Green	Green	Red	Red	Yellow	Yellow	Yellow	Red

*"We've attended several Oxford AHSN events, and they clearly offer industry, academia and the NHS a great opportunity to learn from each other, and provide a platform for future collaborations. It's great that they are up and running so quickly, and that they are open to all regardless of location."*

**Stuart Kay, Director Cambridge Medtech Solutions Ltd. Speaking at the 'Map the App' Networking event on 24<sup>th</sup> June 2014**

## Best Care – Medicines optimisation clinical network launch

### **Project title**

Oxford AHSN medicines optimisation clinical network launch

### **Project summary**

The Oxford AHSN medicines optimisation clinical network found much common ground when it brought together key figures from the NHS, academia and the pharmaceutical industry at its launch event.

### **What was the need?**

A large proportion of the NHS budget goes on medication – it is generally recognised that it could be used more effectively with improved relationships with the pharmaceutical profession and other partners.

### **What have we done?**

A clear shared commitment to making improvements that will benefit patients was demonstrated at the medicines optimisation clinical network launch event in April 2014 which brought together local, regional and national representatives from all parts of the NHS, along with academia and industry. All these elements contributed to a video recorded at the event and partners reiterated their commitment to continue working together in new ways.

### **How were patients involved?**

We are working with patients to learn from their experiences and to make sure they get the most from their medicines, reduce risks and avoid waste.

### **What happens next?**

The immediate priorities of the Oxford AHSN medicines optimisation clinical network are to reduce waste and variation, improve information given to patients when they leave hospital and develop stronger relationships with pharmaceutical companies and their representative bodies.

### Clinical Networks

17. The Out of Hospital was added latterly to the programme, and is therefore slightly behind the other networks in terms of progress. The AHSN is focusing its support on this network and the Anxiety and Depression Networks in order to bring them up to speed.
18. Network Managers have been appointed to all but these two networks, and it is anticipated that once this step has been taken progress will accelerate.
19. Two further launch events have taken place this Quarter (Dementia & Medicines Optimisation networks). These were both highly successful, raising awareness of the work of the networks and building stakeholder engagement. The case studies within this report give further details of these events.
20. More launch events are planned over the summer as the networks gather pace and membership. Alongside this, the programmes' web presence has developed significantly, with all but one network expected to have a completed, standardised page by the end of June. These pages are intended to explain the purpose of the networks to the wider audience, and include video content, contact details and photos.
21. In addition, the AHSN will be attending the next HETV Partnership Council meeting which is focusing on the Out of Hospital network to address the needs for the future workforce in this critical area.
22. The network leads meet quarterly to discuss any change requests/exception reports and to exchange ideas and learning.
23. The oversight group has now been formed, with the Chief Executive of Milton Keynes Hospital NHS FT as its chair, and has its inaugural meeting on 18<sup>th</sup> July.
24. The key focus for many of the networks over the next quarter, having built their networks and established their teams, is to pull together baseline data on variation across the geography. These data will inform the discussions and investigations around best practice models.

### Continuous Learning

25. This programme is funded by one of the Network's key partners, Health Education Thames Valley, but managed through the Oxford AHSN. Currently there are two initiatives underway within this Programme – Evidence Based Healthcare Fellowships and the Patient Safety Academy. The initial setup progress can be seen in the table below

Continuous Learning Programme	PIDs Submitted	Contract Signed	Finance Systems Set up	Team in Place	Launch Event Set	Stakeholders Identified	Webpage Complete	Network Members Identified	Network Meeting Set
Patient Safety Academy									
Evidence Based Healthcare Fellowships									

26. Plans are being drawn up for a wide-reaching dementia training initiative across the region, and Oxford AHSN is also working to raise awareness of the careers opportunities in the healthcare & life sciences industries.

### Evidence Based Healthcare Fellowships

27. Oxford AHSN has accepted seven candidates onto the first year of its scheme. Oxford University is now in the process of enrolling them into its graduate cohort. The successful candidates will be announced in the next quarterly report, and there will be a launch event at the beginning of the Michaelmas term to raise awareness of the scheme for the following year. The candidates represent a broad range of professions within healthcare from across the region.



28. Discussions are underway with the University of Oxford and Health Education Thames Valley regarding the contributions for and potential structure of a second intake of MSc Fellowships in 2015 that potentially would be open to NHS managers as well as clinicians.

### Patient Safety Academy

29. There are four strands of work within the Patient Safety Academy:
- 29.1. Training NHS Trust Management Boards on Patient Safety issues
  - 29.2. Patient Safety training programme in Mental Health
  - 29.3. Patient Safety training programme in Primary Care
  - 29.4. Patient Safety training in surgical emergency units
30. These strands are all progressing well, having identified champions and advisors, and will shortly be publishing plans for courses. The launch of the Academy is being held on 22 July 2014.

### Cross cutting Themes within the Best Care Programme

31. The Best Care programme also includes two cross cutting theme, that are closely linked with the Clinical Networks and hence are reported here rather than in the section later focusing upon the other cross cutting themes within the Oxford AHSN. Their initial set-up progress can be seen in the table below:

Cross Cutting Themes (Best Care)	PIDs Submitted	Contract Signed	Finance Systems Set up	Team in Place	Launch Event Set	Stakeholders Identified	Webpage Complete	Network Members Identified	Network Meeting Set
Sustainability									
Population Healthcare									

### Population Healthcare

32. A formal proposal as to how to proceed in this area will be put to the next meeting of the Oxford AHSN Board (16<sup>th</sup> July 2014).

### Sustainability

33. The Sustainability theme has chosen three Clinical Networks – Medicines Optimisation, Dementia and Diabetes as pilots with which to engage. Their work has focused on training half-days with key network personnel, introducing sustainability tools and approaches. The first two events were held on 19<sup>th</sup> May and 17 June 2014 with a focus on changing the carbon load of health work.
34. They have subsequently produced a work plan, produced in liaison with the pilot (dementia, diabetes and medicines optimisation networks), showing how they will engage a wider audience and promote the sustainability agenda.

### Clinical Innovation Adoption (CIA)

35. The 10 CIA projects are making excellent progress. A key achievement over the past quarter has been the high level of communication and engagement with our partners about the programme. This has resulted in:
- 35.1. All 10 projects now have CIA clinical leads that have assured the innovations or assisted with re-shaping them in a more targeted way. These CIA clinical leads have signed up to advise, champion and be part of communication and engagement as need be.
  - 35.2. Managerial leads and support from partners across the region: The CIA Oversight Group was held on 24<sup>th</sup> June and chaired by Anne Eden, CEO Buckinghamshire Healthcare . The

- members of this group are all Executives from our partner Trusts who will advise, champion and assist with unblocking barriers across the region.
- 35.3. The Oxford AHSN team has an aligned Communications and Engagement plan that supports the CIA programme.
- 35.4. Workshops have been scheduled to bring together leaders such as Directors of Nursing and CCG leads so as to demonstrate the innovations and to work with them on planning for 2015/16.
36. The CIA programme is following a 10 Step Process that has three phases - Strategy, Needs and Prioritisation, Local Planning and Local Implementation (see matrix below). The red items in the table below indicate that some of the steps have either required more time than was initially expected or that through discussion with our CIA clinical leads, a decision has been made to refine and re-focus the scope of the project. This has been a particularly beneficial exercise resulting in work with NHS Benchmarking on the Intra Operative Fluid Management project and with an outcome that will have both a regional and national impact. In the case of Rheumatoid Arthritis, having the Clinical Lead, Professor Peter Taylor with over 25 years' experience within this field and working in both Research (Botnar Research Centre) and health care, has provided this project with an opportunity to create a gold standard model of care for patients that we eventually hope to share across the UK.
37. Working relationships with both the Cardiovascular and Mental Health Clinical Networks have been extremely beneficial as we complement each other's work activities on common topics such as Stroke and Eating Disorders.
38. The programme is also working with Health Education Thames Valley on CIA Training, as creating skills within our Partner organisations is key to sustaining innovation over the coming years.
39. An Executive Team CIA planning day was held on 30<sup>th</sup> June to reflect on the pros and cons of the process used during 2014/15 and to agree the optimum approach for 2015/16. This is an important milestone in the planning as engagement with our Partners and a Call for Innovation must be launched during Quarter 2 if we are to be successful at roll out of innovation at speed during 2015/16.
40. During Quarter 2 a number of events will be held including:
- 40.1. Innovation demonstration workshops;
  - 40.2. Lync events (on line web conferences); and
  - 40.3. One to one meetings with partners to consolidate their commitment to proceed.
41. We will complete on a few of the outstanding tasks which include re-scoping Strategic Outline Cases for the Ambulatory ECG Monitor, Dementia drugs, the new oral anticoagulants and Renal Cancer Projects – changes that have been promoted by the CIA Clinical Leads who know what is happening in the region already and how these projects can leverage off of the existing work. There are a number of activities focused on understanding clinical need and defining the “Call to Innovation” for 2015/16.
42. The 10 Step process is shown on page 12.

## Oxford Gestational Diabetes Mellitus (GDM) health management system

### Project title

Best Care Diabetes Clinical Network - Supporting patients with Gestational Diabetes

### Project summary

Dr Lucy Mackillop, Consultant Obstetric Physician at OUH has led the Oxford GDM-health management system project to support patients with gestational diabetes as part of the Oxford AHSN's Best Care Programme. It is funded by the Oxford Biomedical Research Centre (BRC).

Conventional management of GDM involves the patient measuring their blood glucose up to six times per day, using an electronic blood glucose meter, and writing the results in a paper diary. The patient is required to visit the hospital every two to four weeks, where the healthcare professional can review the results and adjust the medication dose as necessary. The cost and burden of GDM for both health provider and patient is, therefore, considerable. Improving the management of GDM and reducing the number of clinic visits should offer significant benefits to patients and service providers alike.

### What was the need?

It is estimated that GDM affects 5-16% of all pregnancies in the UK. The table below illustrates the numbers in the Oxford AHSN region. It is important for the health of the mother and baby and to reduce complications, that tight glucose control is maintained with the titration of medication as well as dietary modification. However, the dynamic physiology of pregnancy means that frequent reviews and adjustments are required. The ideal solution for the management of GDM would incorporate real-time management of blood glucose control and communication with the patient, allowing more responsive and timely advice while reducing the number of hospital visits.

### What have we done?

The health management system includes a smartphone app with a Bluetooth-enabled blood glucose meter which the patient uses, a secure website with optimised blood glucose data presentation and alerting algorithms. The app also provides visual feedback on blood glucose control to the patient and the patient is able to add notes to their results. Clinicians are able to send text messages to help patients' self-management.

GDM-health has been used with 52 volunteers in Oxford. Results indicated that the women were highly satisfied with the care they received and they agreed that the technology was reliable, convenient and fitted in with their lifestyle. A randomized controlled pilot trial is on-going.

### How were patients involved?

Patients have been integral to the design of the management system.

Feedback from patient a participation survey included:

"I am amazed with the technology and it suited me much better than having to travel in a lot more and wait especially with little ones."

"The remote monitoring system provided me with the real time reassurance and guidance I needed to get my blood sugar levels under control. Without the monitoring more hospital appointments would have been required."

### What happens next?

In 2014/15, the project is being extended to the Royal Berkshire and Milton Keynes Hospitals.

This innovation is a candidate for the Oxford AHSN 2015/16 Clinical Innovation Adoption programme.

This innovation could enhance care by improving glucose control, promoting patient engagement and reducing hospital visits in up to 6000 women a year in the Oxford AHSN region.

For more information please see: <http://www.isis-innovation.com/licensing/9943.html>



## Research & Development (R&D)

43. Professor Gary A Ford CEO leads the developing partnership and collaborative working in research and development between the NHS and Universities. A series of meetings have been held with individual organisations to discuss their research and innovation plans and how the AHSN could support these including Sir David Bell, Vice Chancellor, Reading University and Professor Kathryn Mitchell, Deputy Vice Chancellor University of West London.
44. The Institute of Integrated Care led by Bucks New University launch was held on 29 April The Institute brings together commissioners, care providers and academics to network, further knowledge of best practice, undertake and disseminate research and commission training and development in integrated care and will work closely with the Oxford AHSN Out of Hospital Clinical Network.
45. Close working continues with the Oxford Academic Health Science Centre led by Professor Sir John Bell including a discussion of the AHSC 'Building novel NHS, University and Industry relationships' theme. Dr Nick Scott-Ram, AHSN Director of Commercial Development works closely with the AHSC team in this theme.
46. Professor Ford attended the NW Coast AHSN Academic Summit in June to share experience of working with University. He gave presentations on Academic Health Science Network and the opportunities they present to support research at three national meetings: Health Service Research network annual Symposium in Nottingham, Association UK University Hospitals R&D Director group, Ashridge NIHR leaders Conference.
47. The South Midland and Thames Valley Clinical Research Network came into effect from 1<sup>st</sup> April 2014 and Professor Ford is in discussions to develop a strong working relationship.
48. The first meeting of the Oxford AHSN R&D Group, chaired by Sir Jonathan Michael, has been arranged for 7<sup>th</sup> July with membership from all NHS Trusts and the eight Universities in the Oxford AHSN region.

## Wealth Creation

49. The Director of Commercial Development started in post on 14<sup>th</sup> April. Recruitment of two Commercial Development Managers for Buckinghamshire/ Bedfordshire and Berkshire is in progress and it is anticipated that appointments will be made by the end of June. Recruitment for an additional joint post with OBN for an Associate Director of Networking is underway and will be completed within a similar timescale.
50. Terms of Reference for the Wealth Creation Oversight Group have been drawn up, along with potential participants. The proposal will be put to the AHSN Board for approval in July, with a view to convening the first meeting shortly thereafter. LEP leads have been identified and engaged with as part of this process. The identification of industry leads is in progress.
51. Broad engagement with AHSN partners around Wealth Creation strategy continues (LEPs, Universities, Industry and NHS) with excellent progress being made.

*"A really good networking opportunity as well as interesting to hear what is going on one year on"*

**Lisa Mynheer, Oxford Innovation (one of our Industry partners). Speaking after attending our first Partnership Council on 18<sup>th</sup> June 2014**

52. The launch of the SBRI Healthcare Competition for small businesses was announced on May 19<sup>th</sup> and follow-up seminar with industry has been arranged for 3<sup>rd</sup> July 2014.
53. Database of organisations, contacts and opportunities covering in-bound and outbound innovations established. Interactive map of the local organisations in the Oxford AHSN region also launched following its commission by the Network from OBN (see <http://www.oxfordahsn.org/our-work/wealth-creation/obn-map/>).
54. Development of internal account management system is in progress, together with strategies for sharing information and contacts with LEPs is in progress.
55. The AHSN Marketing Plan will be put to the AHSN Board in July for approval. The scoping of commercial support to R&D and Best Care (Innovation Adoption) is also being progressed.
56. The AHSN was a cornerstone patron sponsor at BioTrinity 2014, which was attended by over 1,000 delegates. The meeting provided the opportunity for partners to present their work at the Innovation Poster Showcase sessions each day. These proved very popular and a number of posters were also presented at the Partnership Council. (see also below)
57. The AHSN organised and hosted a workshop entitled “Building Inward Investment Partnerships”, which included LEP representatives on the panel and was chaired by the AHSN Chairman, Nigel Keen. The AHSN is also exhibiting at VentureFest on 8th July in Oxford.
58. The establishment of baseline data to support agreed metrics is in progress and a number of initiatives are being developed to cover the following: Additional investment into the region targeted at the NHS innovations through the establishment of a new fund;
  - 58.1. Working with companies to facilitate the process of innovation adoption where innovations have yet to reach the market;
  - 58.2. Planning an inward investment conference for international regional executives to showcase the AHSN region in 2015.
  - 58.3. Arranging a meeting to highlight the opportunities around Horizon 2020 funding to local companies and clinical/academic partners.
  - 58.4. Developing other support services to industry, which highlight the resources and expertise within the NHS.
  - 58.5. Developing the Wealth Creation strategy to highlight the benefits of longer-term strategic partnerships between industry, HEIs, NHS Trusts and LEPs

## Wealth creation

### Project title

Promoting prosperity for our region by identifying opportunities and working with partners to reap benefits for themselves, our population generally and patients specifically.

### Project summary

The Oxford AHSN has helped businesses in the Oxford AHSN region secure funding to enable them to invest in developing technological innovations to meet healthcare needs. Examples of successful bids include:

£685k for Fuel3D Technologies Ltd to undertake specialist Clinician led modification and validation of the existing Eykona Wound Measurement System to produce a general medical imaging system increasing the therapy applications for wider adoption in the NHS and international healthcare markets.

£626k for Halliday James Ltd to pilot AUTO-MOTIVE which uses sensors to measure a range of activities such as walking, sleeping, travelling and socialising. Changes in the pattern of these activities have been shown to indicate a change in mood which could be due to the start of a manic or depressive episode in Bipolar Disorder. This can be fed back to the user as part of their self-management programme or sent to a therapist or clinician.

£617k for OBS Medical Ltd to pilot Visensia Mobile, to improve patient safety and outcomes through the early detection of patient deterioration and instability. Continuous multi-dimensional monitoring in the form of a single index (VSI) of patients status via non-invasive measurement of Heart Rate, SpO2 and derived Respiration Rate from the PPG waveform.

### What was the need?

Small companies need help to work with the NHS and clear the hurdles related to feasibility, prototype development and validation – and turn their innovative ideas into reality.

### What have we done?

The Oxford AHSN has built relationships with individual businesses, particularly in biotech and life sciences, helping them tap into investment funding. For example, nine businesses in the Oxford AHSN area have received funding through the SBRI Healthcare programme, more than any other region. The Oxford AHSN invited key partners to an SBRI breakfast briefing and will host a similar event in July to tie in with the latest SBRI competition. The Oxford AHSN has also highlighted a number of other potential sources of funding.

### How were patients involved?

Patient involvement is organised by each company as part of the research and testing process.

### What happens next?

The Oxford AHSN will continue to support SBRI competition applications and other sources of funding, including Horizon 2020. We expect this to snowball as the number of successful applications continues to rise, with more businesses acting as peer advocates. As a by-product, the life sciences sector in our region will continue to grow and strengthen.

## Themes

59. The Patient Safety Academy and the Continuous learning activities are managed within the Best Care Programme. The two cross-cutting themes, Informatics and Patient and Public Involvement, Engagement and Experience (PPIEE) are described below.

## Informatics

60. Mike Denis, Director of Information Strategy, joined the Oxford AHSN on 14 April. He is also working for the Oxford Academic Health Science Centre (Oxford AHSC) on key areas that are common, including big data and digital developments, that will also provide impact across the

- Oxford AHSN. Engagement activities are underway with key stakeholders in clinical networks, and models for informatics and data analysis services have been presented to the Best Care Programme Board.
61. The recruitment of the Informatics team will be completed by mid-July; the team will be working particularly closely with the clinical networks, the wealth creation and clinical innovation adoption teams to identify, and co-ordinate delivery of, their data needs.
  62. The Oxford AHSC CIO forum has been established and draft terms of reference have been developed. In addition, the Oxford AHSC is being supported in the development of monitoring for chronic disease by drawing upon data collection through the national Heart Failure Audit. This work will support the key objectives for both the Oxford AHSN, and the Oxford AHSC, in supporting collaboration and cooperation between healthcare providers and academic groups where the output is intended to be a clinically relevant protocol that will enhance outcomes for patients and reduce costs.
  63. A four week review, commissioned by Oxford Health NHS FT, seeking independent assurance on systems transition planning, associated data migration planning and impact assessment on reporting capabilities, has been undertaken. The report has been presented to Oxford Health NHS FT and recommendations are now being followed up.
  64. The Dementia CRIS<sup>1</sup> annual report has been completed and submitted to NIHR and a prototype federation model has been developed. Led by Mike Denis and Professor Simon Lovestone, NIHR pump priming funding of £1.2m has been used to fund the D-CRIS programme, an informatics inspired research collaboration initiative, successfully implementing instances of the CRIS solution at each of the partner D-CRIS NHS Trusts hosting dementia themed Biomedical Research Centres including Oxford Health NHS FT.
  65. The Oxford AHSN Informatics Strategy is being developed and will be presented to the Oxford AHSN Board for sign off in the Autumn of 2014. In addition, the following activities are planned:
    - 65.1. A digital innovation strategy designed for Oxford University Hospitals NHS Trust, reflecting its key partnerships and service transformation aims, will be developed. Terms of reference for this three month assignment will shortly be agreed – to be completed by the end of Q2 2014/15.
    - 65.2. The establishment of a data analytics service, drawn from, and delivered by, partner resources, designed to flexibly service the informatics requirements of the clinical networks and clinical innovation projects - Q3 2014/15.
    - 65.3. The development of contractual relationships with commercial entities/CSU to support the data analytics service- Q3 2014/15.
    - 65.4. Identifying process, clinical and programme metrics for network progress measurement Q3 2014/15.
    - 65.5. The development of the Information Governance framework for Oxford AHSN adoption in Q4 2014/15.
    - 65.6. The establishment of an Oxford AHSN CIO Forum – Q3 2014/15.

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<sup>1</sup> CRIS- Clinical Record Interactive Search



## **Patient and Public Involvement, Engagement & Experience (PPIEE)**

### ***Governance***

66. This theme continues to be developed and coordinated through the Patient Experience Strategy Group established between the Oxford AHSN, Thames Valley Area Team and Thames Valley Strategic Clinical Networks (SCNs). Building on the core group established in autumn 2013, we have recently appointed a provider representative – Dr Justin Wilson, Medical Director at Berkshire Healthcare Trust – and third sector representation through RAISE. Dr Wilson will be co-chairing the Group with one of our lay members. He sits on the AHSN Board ensuring representation at this level. We have also just appointed a research member to the Group to build relationship and strategic thinking with the Thames Valley and South Midlands PPI research leads group (Oxford NIHR BRC, Oxford AHSN, Oxford CLAHRC and the local LCRN).
67. Alongside the Strategy Group we have established a lay advisory panel to support our work. We are currently mapping existing communication channels to build our capacity to interact with the breadth of patient and public groups across the Thames Valley and to inform our communications plan.
68. To support the work of this theme we have appointed a PPIEE implementation manager who will be taking up post in the next 2 months.

### ***Strategy***

69. We are in the process of revising our joint strategy – ‘no decision about me, without me’. A draft has been agreed by the AHSN Board and will be sent out for broad consultation over the summer and finalised by the autumn.
70. The Strategy is underpinned by commitments to the following ways of working:
  - 70.1. Doing things together – we will support patients, carers and the public to be involved throughout our work from shaping early thinking to evaluating the end result.
  - 70.2. Being inclusive - we will actively involve all stakeholders, including those who are seldom heard and ensure that all our communications are accessible to all.
  - 70.3. Doing things once and sharing – we will use existing expertise and structures whenever possible and we will coordinate our work with other organisations.

### ***Patient Leadership***

71. The pilot patient leadership programme we commissioned has run its first day for 10 NHS professionals and 10 patient leaders. The second day will run in early July. The programme is being supported by action learning sets and coaching. An independent evaluation of the pilot is being conducted in order to inform roll-out later in 2014.

### ***Clinical networks***

72. With support from the PPIEE team, each of our clinical networks will be submitting their PPIEE plans in July to be assessed by our lay panel.

### ***Clinical innovation adoption***

73. We are currently drafting the PPIEE component of the Clinical Innovation Adoption process for identification and roll-out of the Oxford AHSN's next 10 innovations.

### **Continuous learning**

74. As part of the Evidence Based Medicine MSc, a new module on involving patients in healthcare has been developed and taught to an initial group of students. Person-centred care also featured in both the AHSN sustainable healthcare training events.

### **Stakeholder engagement and communications**

75. There has been good activity during the Quarter, culminating in the first meeting of the AHSN Partnership Council on 18<sup>th</sup> June 2014 at which the Annual Report was presented and approved and two presentations from Clinical Network leads provoked good discussion from the 70+ attendees. A key message from the Chief Executive, Professor Gary A Ford was:

“We should not fear failure but learn from the things that do not work to develop really excellent care – the NHS has not been good at this in the past.”

“To quote Bill Clinton – we should celebrate success, but it is more important to heed the lessons of failure.”

76. The Annual Report for 2013/2014 was presented at the Partnership Council and is available also on the website [www.oxfordahsn.org](http://www.oxfordahsn.org).
77. Two Clinical Network launches took place during the Quarter – Medicines Optimisation on 28<sup>th</sup> April and Dementia on 14<sup>th</sup> May. Both were very well attended and covered a great deal of ground outlining their plans. The Dementia Choir was a particular feature of this latter launch.
78. Professor Ford CEO and Dr Paul Durrands attended an open forum at the Uxbridge Campus of Bucks New University on Monday 16<sup>th</sup> June to discuss opportunities for collaboration and networking created by the AHSN with academic staff. University staff with professional expertise in nursing, social work and psychology attended the forum and discussed the opportunities created by the work and goals of the Oxford AHSN. Staff were also able to have 1 to 1 sessions to explore specific areas of individual interest. Topics included the use of narrative as a service development tool and the potential role of positive psychology, taught at Bucks New University, in contributing to health promotion. Staff were very interested to hear about engagement opportunities and the visit created quite a buzz in the Faculty.
79. BioTrinity 2014 was a major event for the AHSN; the Network was a cornerstone patron together with the Wellcome Trust, had a well visited stand and it hosted a workshop at which the three Local Enterprise Partnerships (Oxfordshire, Buckinghamshire and Berkshire) contributed to a discussion on inward investment and the steps already underway to develop the region as the key place for health, life sciences and biosciences. In addition, 12 of our partners used the opportunity to show their work at the Innovation Poster Showcase. The poster topics ranged from recent SBRI contract winners (Isansys Ltd and Oncascan Ltd), to academic partners – the Open University, the University of Reading and the University of West London). Full details are available on the website.

“I was very pleased to have attended last night's event on what was day three of my job in Oxfordshire. I am very keen to ensure engagement of the CCG with the AHSN and how the networks and programmes can help us improve outcomes and help our financial exposure”

**David Smith, Chief Executive Oxford Clinical Commissioning Group. Speaking at our first Partnership Council on 18 June 2014**

80. Newsletters have continued to be circulated each month and the number of subscribers continues to rise with numbers now over 600. Contributions are strongly encouraged from all partners. Twitter followers have also increased and work has continued to populate the website with materials from the clinical networks and themes.
81. Professor Ford and Dr Durrands have continued to meet with stakeholders during the period. Highlights included a visit to Bucks New University to discuss research possibilities across the Network. Both also attended the launch of the Institute of Integrated Care, hosted by Bucks New University but involved health and social care partners across Buckinghamshire.
82. Mrs Megan Turmezei, Director of Corporate Affairs attended the HE TV Partnership Council on 1 May which had a focus on dementia.
83. A number of key appointees started in the Quarter:
  - 83.1. Dr Nick Scott-Ram, Director of Commercial Development; and
  - 83.2. Mr Mike Denis, Director of Information Strategy, both started on 14<sup>th</sup> April 2014.
84. Two further key members of the team, Miss Rochelle Nelson and Miss Lauren Davis started as the quarter ended (on 23<sup>rd</sup> June and 1<sup>st</sup> July respectively) to provide administrative support to the AHSN Core Team. Appointments have also been made in Innovation Adoption and Patient and Public Involvement, Engagement and Experience with start dates to be confirmed, though expected to be early in Q2.
85. Further information is shown in the list of key events (Appendix E).

### **Financial review**

86. The table below – and in more detail at Appendix A - reflects the latest reforecast for the whole year and adjusted for the actuals for April and May 2014.
87. Underspend on activities, programmes and themes has been added back, as accrued costs, into the forecast. This reflects the fact that spend will likely match budget over the whole year's timeframe. Any underspend is due to timing differences and any realised or genuine underspend can be used for overspend in other areas.
88. Overall the AHSN is expected to report a small deficit and produce an expected loss for 2014/15 equal to the surplus declared in 13/14.
89. Variances have been calculated between the 2014/15 budget, as per the latest business plan, and the new forecast:
  - 89.1. NHS England funding is adverse by £240k against plan because the actual 2014/15 allocation was announced after the Business Plan 2014/15 was approved by NHS England. We had assumed a 20% cut in NHS England funding as advised in the autumn; the actual reduction was 24%. In addition we have been asked to ring fence £238k for patient safety. We have committed £512k to our patient safety academy which is a 2 year programme.
  - 89.2. There is a £40k positive variance reflecting an estimate of partnership contributions in excess of budget.
  - 89.3. We have assumed Patient Safety Collaborative (PSC) income is estimated at £333k, based on a £5m NHS fund split equally amongst 15 AHSNs. We have assumed that this will be fully committed in 2014/15.
90. The unbudgeted funding to support the CIA programme (CIA support) in the Business Plan is of £200k is shown in the forecast. There is an underspend of core costs at £14k for the first two months.

91. Overall variance is a loss of £61k which matches the surplus of 13/14.

## OXFORD AHSN FINANCE PLAN

		NHS England		
	Model Period Beginning	<b>14/15</b>	<b>14/15</b>	<b>14/15</b>
	Model Period Ending	Full year	Full year	Full year
	Financial Year Ending	<b>2015</b>	<b>2015</b>	<b>2015</b>
	Year of the 5 Year Licence Agreement	<b>2</b>	<b>2</b>	<b>2</b>
INCOME AND EXPENDITURE		Fcast	Budget	Variance
	NHS England funding	3,586,000	3,824,783	-238,783
	Membership contributions	459,809	420,000	39,809
	HETV income for continuous learning programme	637,000	637,000	0
	Other income	333,333	0	333,333
	<b>Total income</b>	<b>5,016,142</b>	<b>4,881,783</b>	<b>134,360</b>
	Programmes and themes	3,973,990	3,764,990	-209,000
	Total core team and overhead costs	1,081,968	1,096,060	14,092
	<b>Total expenditure</b>	<b>5,055,959</b>	<b>4,861,050</b>	<b>-194,909</b>
	<b>Surplus/(deficit)</b>	<b>-39,820</b>	<b>20,730</b>	<b>-60,549</b>

### *Performance against our top level KPI*

92. Having established and agreed the eight KPI as part of the 2014/15 Business Planning process, we are now working on further defining these metrics and how they will be collected so that a baseline may be established, and published during Q2 2014/15.

### Review against Business Plan milestones

93. The table below shows the major milestones, for each Programme and Theme, as detailed in our 2014/15 Business Plan. Completed milestones are indicated by a tick (✓) if they have been delayed the table has been updated and this delay is indicated by an arrow.

94. Please refer to the commentary given in the 'Operation Review' section above for detailed explanations.

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
Establishment of core team and infrastructure	Designation in May 2013	✓						
	Licence in place with NHS England	✓						
	Agreement of funding contributions from NHS organisations	✓						
	First Partnership Council Meeting and presentation of communications strategy and plan to first Partnership Council Meeting	→	✓					
	Delivery of the Annual Report		✓				◆	◆
	IT infrastructure for Oxford AHSN implemented			◆				
	Presentation of marketing strategy and plan to AHSN Board & Partnership Board			→◆				
Best Care	Establishment of 10 Clinical Networks	✓						
	Establishment of the Best Care Oversight Group			→◆				
	Open publication of Annual Report for each Clinical Network (within AHSN Annual Report)		✓				◆	◆

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4- 5
Innovation Adoption	Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations					◆		◆
	Establishment of a Clinical Innovation Adoption Programme	✓						
	Appoint Director of 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) and its Board (Providers, Commissioners) to include PPIEE		✓					
	Adopt 5-10 innovations per annum					◆	◆	◆
	Identification of potential funding sources for innovation initiatives (cf RIF, SBR, Grand Challenges etc.)			→◆				
Continuous Learning	Agreement of Memorandum of Understanding between Oxford AHSN and HE Thames Valley	✓						
	Establish Patient Safety Academy	✓						
	Bid for Patient Safety Collaborative	✓		→◆				
	Establish Patient Safety Collaborative			◆				
	Establish and promote MSc programme for Evidence Based Medicine	✓						
	Agreed plan for 2014/15 initiatives with HETV	✓						

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4- 5
	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 programme. Support Best Care and addresses Berwick				◆			
	Industry/NHS secondments – establish routine management secondments between NHS and Industry (target 5 x 1 year secondments per annum) - support culture of collaboration and partnership with industry				◆			
Integration & Sustainability	Establishment of Integration & Sustainability Oversight Group by Q4 Year 2. One high visibility demonstration project showcasing radical sustainability redesign of healthcare service delivery					◆		
Population Healthcare	Develop work stream – under review		→					
Research & Development	Establishment of R & D Oversight Group		→					
	Establishment of the CRN with AHSN support					◆		
	Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics		→					

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
	Single sign off and 70-day benchmark for clinical trials (moved to year 3 as – realistic as need to establish R&D Director network in year 2)					→	◆	
	10% increase in patients recruited to clinical trials (moved to year 3 as – realistic as need to establish R&D Director network in year 2)					→	◆	
	Establishment of baseline from NHS partners for commercial research activity (moved to year 2 as – realistic as need to establish R&D Director network in year 2)	→			◆			
	Establish network of R&D Directors in NHS providers					◆		
	Strategy for the development of commercial research agreed		→					
	Develop commercial research plan in each NHS provider					◆		
Wealth Creation	Establishment of Wealth Creation Oversight Group	✓						
	Develop Wealth Creation strategy (complete) and operational plans (under development)	✓			◆			
	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		→					



Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4- 5
	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 Clinical Innovation Adoption 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 Clinical Innovation Adoption programme					◆		
	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	✓						

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4- 5
	PPI/PPE reported on in each network annual report and reviewed by patient/public panel		◆				◆	◆
	Common metrics for PPI agreed in use in local research					◆		
	Establishment of baseline for PPIEE across the geography					◆		
	Framework for supporting organisational and system-based patient centred care developed and implemented across all partner organisations					◆		
	Patient story programme –2 year programme, starting by 31/3/13, to embed the patient story as a routine part of health care development and training	✓						
Informatics and Information Governance	Appoint Director for Information Strategy – joint appointment with OxAHSC	✓						
	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						◆	

95. Whilst the above table shows some slippage compared to the 2014/15 Business Plan this, mainly, reflects the challenges of managing the diaries of a diverse group of stakeholders. We do not believe this will constrain our overall ability to deliver our objectives for the year.

## **Key risks and issues arising**

96. No new risks have been identified during the Quarter. Of those to be carried forward from Q4 2013/14, none are deemed to be 'RED' (i.e. requiring urgent mitigation). The four remaining risks are all being actively managed, and are long term in nature.
97. Five issues were carried forward from Q4 2013/14, two of which have subsequently been resolved.
98. One of those carried forward was deemed to be 'CRITICAL' (i.e. requiring urgent attention / resolution), this being a long standing issue relating to the uncertainty surrounding future funding levels from NHS England. This is being addressed in a number of ways including:
  - 98.1. Working with the Programmes and Themes to understand and manage their funding requirements until 31<sup>st</sup> March 2016.
  - 98.2. Seeking partner cash contributions towards our budget in addition to any 'in kind' contributions already received.
  - 98.3. Continued lobbying with NHS England both via the Regional Area Team and at national Networks of Networks meetings.
99. The other carried forward issues, are:
  - 99.1. A 'SIGNIFICANT' issue relating to the requirement by NHS England to fund a Patient Safety Collaborative (PSC) from 'core' funding – a pressure of £200k in 2014/15 and £300k in 2015/16. Additionally the process, requirements and timing for the establishment of the PSC remain unclear.
  - 99.2. A 'MAJOR' issue relating to the recruitment of two Commercial Managers to support our Wealth Creation Programme – we are very hopeful that this will be complete during early July when we are due to interview two very promising candidates.
100. During the Q2 Issues were resolved – both of which were deemed to be 'MAJOR' (i.e. important but not critical to resolve).
  - 100.1. One related to a resourcing issue that has been resolved now that the 'core' team has reached full compliment
  - 100.2. The other has been resolved as the partner issue has dissipated
101. Additionally during the quarter three new issues requiring management have arisen, all of which are deemed to be 'SIGNIFICANT' (i.e. requiring timely resolution / mitigation), these are:
  - 101.1. The need to establish a coherent approach to, and way of working with, Strategic Clinical Networks, especially if they are also operational in areas covered by Clinical Networks from within our Best Care Programme.
  - 101.2. Developing a clear sense of purpose, and understanding of the role / objectives of the Oxford AHSN. This is especially prevalent within the recent, significant numbers of, new 'core' team members.
  - 101.3. Ensuring that all 'core' team members understand the boundaries of their respective Programmes / Themes and their responsibilities within them.
102. These latter two issues reflect 'normal' team forming dynamics and are expected to dissipate quickly as we progress in to Q2.
103. Therefore as we go into Q2 we will be carrying forward, and actively managing, six live issues (as described above):
  - 103.1. One x 'CRITICAL' (i.e. requiring urgent mitigation).

103.2. Four x 'SIGNIFICANT' (i.e. requiring timely mitigation / resolution). We expect all of these to be resolved during Q3.

103.3. One x 'MAJOR' (i.e. important but not critical to resolve). We expect this to be resolved during Q3.

## Appendix A – Financial Review

OXFORD AHSN FINANCE PLAN		NHS England		
		14/15	14/15	14/15
Model Period Beginning		Full year	Full year	Full year
Model Period Ending		2015	2015	2015
Financial Year Ending		2	2	2
Year of the 5 Year Licence Agreement				
<b>INCOME (REVENUE)</b>		<b>Fcast</b>	<b>Budget</b>	<b>Variance</b>
	NHS England funding	3,586,000	3,824,783	-238,783
	Membership contributions	459,809	420,000	39,809
	HETV income for joint continuous learning programme	637,000	637,000	0
	Other income	0		0
	PSC income	333,333		333,333
	<b>Total income</b>	<b>5,016,142</b>	<b>4,881,783</b>	<b>134,360</b>
<b>AHSN FUNDING OF ACTIVITIES</b>				
	Best Care Programme- Clinical Networks	820,867	1,145,200	324,333
	Best Care Programme- Continuous Learning Programme	1,074,333	741,000	-333,333
	Best Care - Population Healthcare Theme	54,830	54,830	0
	Best Care - Integration and Sustainability Theme	50,000	50,000	0
	Clinical Innovation Adoption	400,900	400,900	-0
	Research and Development Programme	124,200	124,200	-0
	Wealth Creation	668,400	668,400	0
	Informatics and Technologies Theme	374,250	374,250	-0
	Patient and Public Engagement and Experience Theme	106,210	106,210	0
	CIA support	200,000		-200,000
	<i>Funding for fellowships</i>	0		0
	<i>Contingency for programmes</i>	100,000	100,000	-0
	<b>Programmes and themes</b>	<b>3,973,990</b>	<b>3,764,990</b>	<b>-209,000</b>
<b>CORE TEAM AND OVERHEAD</b>				
	Pay costs	623,669	658,640	34,971
	Non-pay costs	305,593	186,720	-118,873
	Depreciation	0	15,000	15,000
	Travel Costs	6,873	61,200	54,327
	Professional (Auditor and Legal) Fees	0	30,600	30,600
	Set-up costs	0		0
	Marketing	145,833	143,900	-1,933
	<b>Total core team and overhead costs</b>	<b>1,081,968</b>	<b>1,096,060</b>	<b>14,092</b>
<b>INCOME AND EXPENDITURE</b>				
	NHS England funding	3,586,000	3,824,783	-238,783
	Membership contributions	459,809	420,000	39,809
	HETV income for continuous learning programme	637,000	637,000	0
	Other income	333,333	0	333,333
	<b>Total income</b>	<b>5,016,142</b>	<b>4,881,783</b>	<b>134,360</b>
	Programmes and themes	3,973,990	3,764,990	-209,000
	Total core team and overhead costs	1,081,968	1,096,060	14,092
	<b>Total expenditure</b>	<b>5,055,959</b>	<b>4,861,050</b>	<b>-194,909</b>
	<b>Surplus/(deficit)</b>	<b>-39,820</b>	<b>20,730</b>	<b>-60,549</b>

## Appendix B - Matrix of Metrics

104. In line with our 2014/15 Business Plan and the Contract Variation letter of 19th May 2014 our Matrix of Metrics has been aligned to our proposed top level KPI. The current status for each of these four key license objectives is shown below:

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
1	Focus upon the needs of Patients and local populations (A)	<p>To 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.</p> <ul style="list-style-type: none"> <li>deliver best care in a population-centred healthcare system</li> <li>identify and address unwarranted variation by disseminating evidence-based best practice, making the patient and the population at the centre of care</li> <li>tackle local priorities: which include long-term conditions, mental health conditions and the development of new approaches in medicine</li> </ul>	<p>- Number of local priorities addressed</p> <p>- Number of patients positively impacted through the introduction of best practice ('reduction in unwarranted variation')</p>	<p><u>Best Care Programme (Clinical Networks)</u></p> <p>Establishment of the Best Care Oversight Group</p> <p>Open publication of Annual Report for each Clinical Network:</p> <ul style="list-style-type: none"> <li>Anxiety &amp; Depression – Prof David Clark</li> <li>Children – Prof Andrew Pollard</li> <li>Dementia – Dr Rupert McShane</li> <li>Diabetes – Prof Stephen Gough</li> <li>Early intervention in mental health – Dr Belinda Lennox</li> <li>Imaging - Prof Fergus Gleeson</li> <li>Maternity –Mr Lawrence Impey</li> <li>Medicines optimisation – Boo Vadher</li> <li>Mental and physical co-morbidity – Prof Mike Sharpe</li> <li>Out of Hospital – Dr Daniel Lasserson</li> </ul>	1,2,3,4,5	£1,145,200	<p>All ten Clinical Networks now formally established and beginning to build.</p> <p>First formal performance review held with all Clinical Networks.</p> <p>Oversight Group established with first meeting scheduled for early Q2</p> <p>Update for each Clinical Network included within the AHSN Annual Report</p>

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				<p><u>Population Healthcare Theme</u></p> <p>Develop work stream</p> <p><u>Sustainability Theme</u></p> <p>Establishment of Integration &amp; Sustainability Oversight Group by Q1 Year 2. One high visibility demonstration project showcasing radical sustainability redesign of healthcare service delivery</p>		<p>£54,830</p> <p>£50,000</p>	<p>How this cross cutting theme is addressed is currently under review as discussions to date have been inconclusive. A formal proposal, as to how to proceed in this area, will be made at the next Best Care Programme Board meeting (September 2014).</p> <p>Work plans have been agreed with three clinical networks – these are now moving forward jointly</p>
2	Speed up innovation in to practice (B)	<p>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.</p> <ul style="list-style-type: none"> <li>complete the translational research process and accelerate the diffusion of innovation into mainstream practice</li> <li>align and integrate clinical services and the translational research infrastructures to bring</li> </ul>	<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>	<p><u>Clinical Innovation Adoption Programme</u></p> <p>Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations</p> <p>Establish full process for Clinical Innovation Adoption (CIA) Collaborative and its Board (Providers, Commissioners) to include PPIEE</p> <p>Adopt 5-10 innovations per annum</p> <p>Identification of potential funding sources for innovation initiatives (cf RIF, SBR, Grand Challenges etc.)</p> <p>Creation of an innovation dashboard</p>	1,2,3,4,5	£400,900	<p>All ten innovations progressing well along the '10 step' process, with Clinical Champions identified. Now progressing with local engagement planning to confirm organisation by organisation commitment and local project implementation leads.</p> <p>Oversight Group established and first meeting held.</p> <p>Workshop reviewing innovation candidate selection process (for 2014/15) and to confirm / improve the process for 15/16 held.</p>

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
		rapid benefits to patients and deliver NIHR priorities		<p>(including uptake)</p> <p><u>Continuous Learning Programme</u></p> <p>Establish Patient Safety Academy and Patient Safety Collaborative</p> <p>Dementia staff training –strategy development and rollout of staff training</p> <p>Health and Well Being - develop engagement plan with HETV for Health and Well Being Boards – link to Sustainability</p> <p>Continuous Improvement – develop and rollout techniques to broad range of staff to support Innovation Adoption programme.</p> <p><u>Informatics Theme</u></p> <p>Baseline survey of information systems and databases in use completed</p> <p>Informatics strategy agreed</p>		<p>£741,000</p> <p>£374,250</p>	<p>The seven Fellowship Candidates have all completed their formal applications to the University of Oxford – with results due in July.</p> <p>Fellowships launch event planned for September (immediately prior to the start of the academic year) at Kellogg College.</p> <p>Discussions with HETV continuing, to further develop and agree, all 2014/15 initiatives including further Fellowships, Dementia Carer support and support for CIA.</p> <p>Engaged nationally on the developing PSC creation process – with Prof Charles Vincent acting as the lead.</p> <p>The PSA is well developed, both in terms of engagement, and development of training courses and materials, with first events due in Q2</p> <p>Recruitment to the core team has completed (remaining staff members join in Q2).</p> <p>Good engagement made stakeholders across the region and leaders of all</p>



No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				Framework for information governance in place			Clinical Networks as part of completing the baseline survey and commencing informatics strategy development.
3	Build a culture of partnership and collaboration (C)	<p>To promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.</p> <ul style="list-style-type: none"> <li>develop an effective continuous learning network</li> <li>create a genuine partnership that develops a culture of learning, sharing and common purpose, which breaks down organisational boundaries to deliver transformational change</li> </ul>	<p>- Network activity</p> <p>- Network breadth / depth</p>	<p><u>Central Team / Support</u></p> <p>First Partnership Council Meeting and presentation of communications strategy and plan to first Partnership Council Meeting</p> <p>Delivery of the Annual Report</p> <p>IT infrastructure for Oxford AHSN implemented</p> <p>Presentation of communications strategy and plan to first Partnership Council Meeting</p> <p><u>Patient &amp; Public Involvement, Engagement and Experience</u></p> <p>Establishment of PPIEE Oversight Group</p> <p>PPI/PPE reported on in each network annual report and reviewed by patient/public panel</p> <p>Common metrics for PPI agreed in use in local research</p> <p>Establishment of baseline for PPIEE across the geography</p> <p>Framework for supporting organisational</p>	1,2,3,4,5	<p>£1,196,060</p> <p>£106,210</p>	<p>First Annual Report published for the first AHSN Partnership Council meeting held on 18 June 2014.</p> <p>Collaborative IT (Lync / SharePoint) trial – involving two Clinical Networks - concluded and rollout to the wider AHSN during Q2</p> <p>Communications strategy developed</p> <p>Patient Experience Strategy Group established between the Oxford AHSN, Thames Valley Area Team and Thames Valley Strategic Clinical Networks (SCNs).</p> <p>A Lay panel has also been established to support the work of the joint Strategy Group.</p> <p>PPIEE plans are being developed with all Clinical Networks within Best Care. Similar plans are also been developed to support the 10 CIA innovation</p>

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				and system-based patient centred care developed and implemented across all partner organisations			<p>candidates.</p> <p>A pilot Patient Leadership Training Programme has been developed, and run (10 NHS Leaders + 10 Patient Leaders), with a second event due in Q2.</p> <p>A PPIEE component module is being developed – to be delivered as part of the Evidence Based Fellowship Programme.</p> <p>A PPIEE Implementation Manager, to support the programme, has been appointed (start during Q2).</p>
4	Create wealth (D)	<p>Through co-development, testing, evaluation and early adoption and spread of new products and services.</p> <ul style="list-style-type: none"> <li>facilitate sustainable economic development and wealth creation in alignment with Best Care including innovation adoption and with the R&amp;D programme</li> <li>work closely with the LEPs, Universities and NHS partners to grow local life sciences clusters by promoting innovation, adoption and dissemination,</li> </ul>	<p>- Number of jobs</p> <p>- Value of commercial research income in NHS providers</p>	<p><u>Research &amp; Development Programme</u></p> <p>Establishment of R &amp; D Oversight Group</p> <p>Establishment of the CRN with AHSN support</p> <p>Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics</p> <p>Establishment of baseline from NHS partners for commercial research activity</p> <p>Establish network of R&amp;D Directors in NHS providers</p> <p>Strategy for the development of commercial research agreed</p>	1,2,3,4,5	£124,200	<p>The South Midland and Thames Valley Clinical Research Network came into effect from 1 April 2014. Discussions on how to develop a strong working relationship are underway.</p> <p>Oversight Group has been established with the first meeting due in early Q2.</p> <p>Significant engagement with regional stakeholders undertaken.</p>

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
		entrepreneurship and by strengthening relationships with industry and business		<p>Develop commercial research plan in each NHS provider</p> <p><u>Wealth Creation Programme</u></p> <p>Develop detailed implementation plans for strategy with LEPS, Universities and NHS for inward investment</p> <p>Establish pipeline of innovations for commercialisation</p> <p>– ensure industry and academics can access the NHS clinicians they need to work on concepts and pilots of new products and services</p> <p>-work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective</p> <p>Establish detailed working arrangements with Local Enterprise Partnerships for all aspects of wealth creation related to Life Sciences and healthcare</p> <p>Establish working arrangements with LEPS and other stakeholders for European funding</p> <p>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</p>		£668,400	<p style="background-color: yellow;">Database of organisations, contacts and opportunities covering in-bound and outbound innovations established</p> <p>Terms of Reference for the Wealth Creation Oversight Group have been drawn up, along with potential participants. The proposal will be put to the AHSN Board for approval in July, with a view to convening the first meeting shortly thereafter.</p> <p>Development of internal account management system in progress, along with strategies for sharing information and contacts with LEPS in progress.</p> <p>The AHSN Marketing Plan will be put to the Board in July for approval. Scoping of commercial support to R&amp;D and Best Care (Innovation Adoption) in progress.</p> <p>The AHSN was a cornerstone patron sponsor at BioTrinity 2014, which was attended by around 1,000 delegates. The AHSN organised and hosted a workshop entitled “Building Inward Investment Partnerships”, which included LEP representatives on the</p>

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				working with industry (local, national and international)			panel. The AHSN is also sponsoring VentureFest on 8 July in Oxford.
						<b>£4,861,050</b>	

## Appendix C - Risks Register & Issues Log

105. The tables below show our Risks Register and Issues Log as at 30<sup>th</sup> June 2014. For a detailed explanation of the key risks and issue please see the appropriate section above.

### Risks Register and Issues

#	Programme / Theme	Risk	Description of Impact	Likelihood	Impact	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
1	Oxford AHSN Corporate	<b>Failure to establish culture of cross-organisation working</b>	Absence of common culture and presence of hostility and suspicion  Scarcity of integrated care  Absence of leadership  Lack of progress	Medium	Medium	> 6 months	Leadership supporting a culture of collaboration, transparency and sharing  Agreed organisational Vision, Mission and Values.  Ensuring a culture of inclusivity and sharing through, inter alia, the use of appraisals  Stakeholder analysis of our Clinical Networks to ensure geographic spread and multi-disciplinary representation  Board representation drawn from across the geography and key stakeholders  Celebrate early successes	AHSN CEO	Programme SROs	06-Sep-13		AMBER

#	Programme / Theme	Risk	Description of Impact	Likelihood	Impact	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
							<p>Establishment of effective virtual communication system. Regular monthly newsletter. Documented Marketing and Communications strategy</p> <p>Establishment of shared working for programmes e.g. using SharePoint</p> <p>Funding Agreement contains explicit requirements to share and collaborate</p>					

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

#	Programme / Theme	Risk	Description of Impact	Likelihood	Impact	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
							and innovation  Incorporation of training multi-professional teamwork skills in mandatory and basic training					
6	Oxford AHSN Corporate	<b>Failure to increase innovation and grow the local life science cluster</b>	Absence of change in clinical care  Outward migration of life science industry  Increased local unemployment	Medium	Medium	> 6 months	Establishment of baseline for measurement  Establishment of database of contacts, partners and potential partners  Engagement events with focus on HIWC  Removal of barriers to collaboration and progress	AHSN COO	HIWC Lead	06-Sep-13		AMBER



## Issue Register

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
14	Best Care (Clinical Networks)	<p><b>Lack of a co-ordinated plan to create, and submit, a coherent bid for the Patient Safety Collaborative that is supported by all regional key stakeholders</b></p> <p><b>NHS England's policy on funding has changed requiring AHSN's to fund out of existing resources. This is now part of the longer term funding issue above.</b></p>	Significant	Strategy	<p>The Best Care SRO has written to key stakeholders.</p> <p>Charles Vincent has agreed to lead the PSC bid and hold an event with stakeholders to clarify existing initiatives</p> <p>Whilst the process for submission is unknown we were told on 25th April 2014 that the PSC is to be up and running by July 2014. This letter also confirmed that 'core resources' of the PSC (with no clarity over what they are) are to be met from existing funds - this equates to a 5.6% (c. £200k) commitment in 14/15 and 8.4% (c. £300k) commitment pa thereafter.</p> <p>NHS England have indicated that a further £5m of funding may be available - we assume we will access 1/15th., though whether this is recurring or not, and how to access it is unclear.</p> <p>There is the potential to position, with NHS England, the Patient Safety Academy - funded to the tune of £512k over 2 years - as the 'core activity' thus requiring no further funding.</p> <p>Subject to agreement with Health</p>	Best Care SRO	Best Care SRO	12-Feb-14	Action - 40% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					Education Thames Valley up to £100k of their already agreed funding (out of £400k for 14/15 and £200k pa thereafter) could also be allocated to this area.					
17	Oxford AHSN Corporate	<b>Interviews for Commercial Development Managers have struggled to find suitable candidates</b>	Major	People	<p>Have met with Berwick Partners to redefine the role based on the experience of the previous process and have expanded the scope of the search, as well as more clearly defined the type of candidate that we are looking for.</p> <p>The candidate brief has been finalised and the new search is underway. Recruitment will be completed by July 2014.</p> <p>Interim resource (Sonya Farooq) to support the Commercial Development Director has been brought in whilst this process is on-going.</p>	AHSN COO	Commercial Development Director	03-Mar-14	Action - 90% Complete	

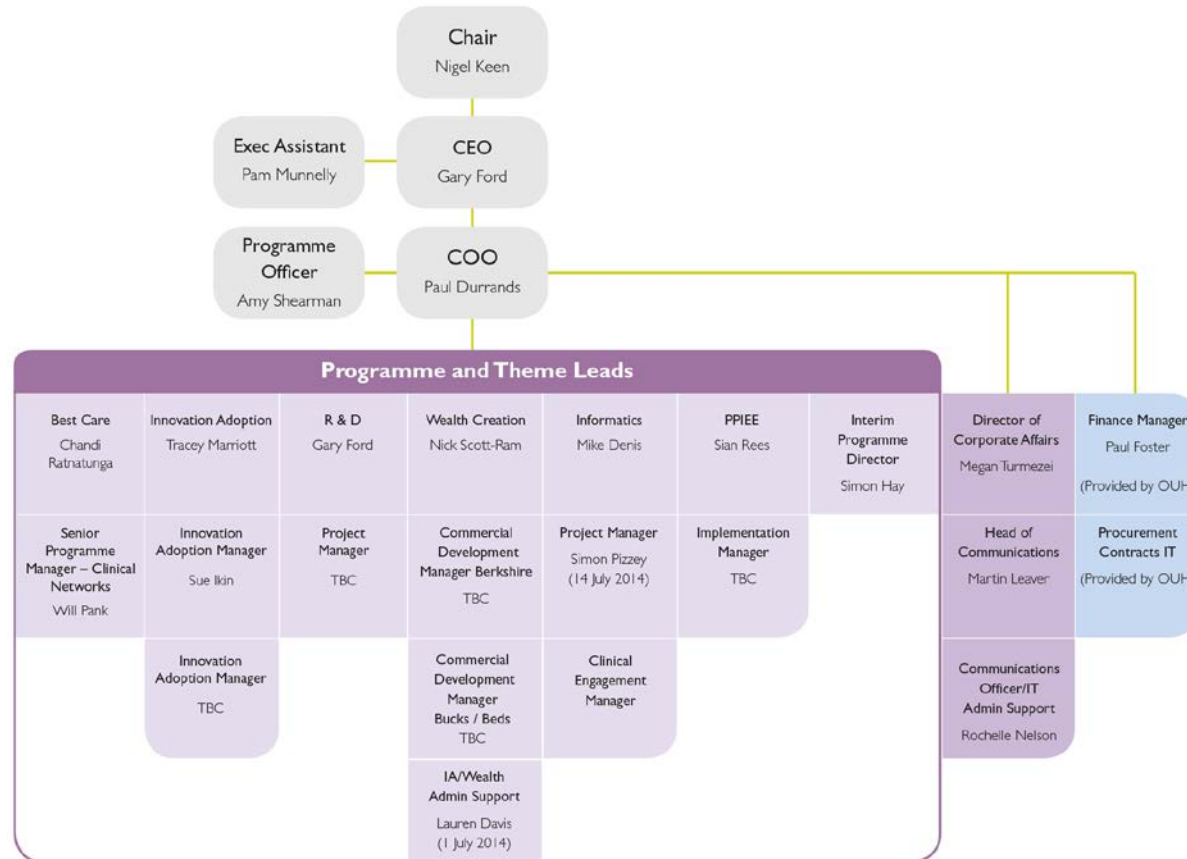
#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
18	Oxford AHSN Corporate	<p><b>Whilst funding for 14/15 is now clear (see #8 above) funding over the remaining years of the licence is still unclear.</b></p> <p><b>To continue at 14/15 activity levels, this will lead to potential funding shortfalls from 2014/15 onwards. This would leave a requirement for funding from Partners of ca. £2.5m in 16/17 and £3.5m in 17/18.</b></p>	Critical	Financial	<p>No funds have been committed beyond 30th June 2015 (except for Continuous Learning where the first cadre have been committed to for the full three years - until 2017).</p> <p>Between June and September 2014 we will discuss with the Clinical Networks a view to extending the current funding period - until up to 31st March 2016 - with little additional funding due to their slow start up of activity during the current funding period.</p> <p>A fully revised cash flow forecast will has been prepared, with an update to be given at the July Oxford AHSN Board.</p> <p>Following the agreement to a proposal for member contribution at the Partnership Board on 27 March, Partners are now being approached to provide up to £520k in 14/15.</p>	AHSN COO	AHSN COO	28-Nov-13	Action - 40% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
19	Oxford AHSN Corporate	<b>The interface with, and respective roles of, the Strategic Clinical Networks (SCN) remain unclear.</b>  <b>There may also be elements of duplication e.g. there is an SCN Dementia Network</b>	Significant	Strategy	To agree a clear set of 'standard operating procedures' / interface arrangements with the SCN leads.  The outputs of issues 20 and 21 below will aid here.	AHSN CEO	Best Care SRO	03-Jun-14	Planning	
20	Oxford AHSN Corporate	<b>Lack of clarity across the team with regards our strategic purpose</b>  <b>Issue of getting stuck in and being very hands on (and believing that we have to do everything ourselves) rather than networking across our partners to get them to deliver</b>	Significant	Process	Develop a clear statement of purpose, with high level objectives, deliverables and KPI for each Programme / Theme  To also clarify how this purpose will be delivered in line with the issue listed at 21 below.	AHSN COO	AHSN COO	03-Jun-14	Planning	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
21	Oxford AHSN Corporate	<p><b>Lack of clarity with regards individual (and programme / theme team) roles and responsibilities in enacting that strategy</b></p> <p><b>Examples of where one programme team reshapes the work of another (and not involving or informing that team of having done so) without following due process just because the activity may be related to their programme</b></p>	Significant	Process	To develop a clear RACI and Roles & Responsibilities document and to brief the Programme / Theme Leads appropriately	AHSN COO	AHSN COO	03-Jun-14	Planning	

## Appendix D – Organisation Chart

106. The chart below shows our organisation as at 30<sup>th</sup> June 2014. It includes any known new starters (all due to arrive during Q2).



## Appendix E – List of Key Events

107. The table below shows all events held this quarter as well as all known future events as at 30<sup>th</sup> June 2014. Use the colour coding below to see understand how our events relate to our Programmes and Themes.

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 2014					28 <sup>th</sup> Medicines Optimisation Launch
May 2014			12/13/14 <sup>th</sup> BioTrinity, London		
			14 <sup>th</sup> Dementia Clinical Network Launch	22 <sup>nd</sup> AHSN Board	
				19 <sup>th</sup> Sustainable Healthcare Training event	
June 2014	4 <sup>th</sup> OCDEM Open event		16 <sup>th</sup> June AHSN meeting with Bucks New University		
			17 <sup>th</sup> Sustainable Healthcare Training event		
			18 <sup>th</sup> AHSN Partnership Council meeting	24 <sup>th</sup> Clinical Innovation Adoption Oversight Group	
				24 <sup>th</sup> Map the App follow up event	
July 2014	3 <sup>rd</sup> SBRI meeting for AHSN/LEPs	7 <sup>th</sup> R & D Oversight Group meeting	16 <sup>th</sup> AHSN Board and AHSN Partnership Board	22 <sup>nd</sup> Patient Safety Academic launch	

Month	Week 1	Week 2	Week 3	Week 4	Week 5
			18 <sup>th</sup> Best Care Oversight Group		
		8 <sup>th</sup> Oxford VentureFest			
August 2014					
September 2014	4 <sup>th</sup> Diabetes Clinical Network meeting	10 <sup>th</sup> Horizon 2020 breakfast	18 <sup>th</sup> Isis Showcase AHSN stand	24 <sup>th</sup> Co-morbidity Clinical Network Launch	
				Tbc MSc Fellowship Launch	
				25 <sup>th</sup> AHSN Board	
October 2014	2 <sup>nd</sup> Oct Children's Network Launch				
	2 <sup>nd</sup> OUH AGM AHSN stand				
November 2014				27 <sup>th</sup> AHSN Board and AHSN Partnership Board meeting	
December 2014					
January 2015				22 <sup>nd</sup> AHSN Board meeting	
February 2015					
March 2015				26 <sup>th</sup> March AHSN Board meeting and AHSN Partnership Board meeting	