Q2 report Oxford Academic Health Science Network Progress Report to NHS England

For the period ending 30 September 2014

Professor Gary A Ford CBE

28 October 2014

Contents

Chief Executive's Review ... 3
Operational overview ... 4
Programmes ... 5
  Best Care ... 5
  Case Studies ... 12
  Clinical Innovation Adoption (CIA) ... 18
  Research & Development (R&D) ... 22
  Wealth Creation ... 22
Themes ... 24
  Informatics ... 24
  Patient and Public Involvement, Engagement & Experience (PPIEE) ... 27
Stakeholder engagement ... 28
Top level KPIs ... 32
Review against Business Plan milestones ... 33
Key risks and issues arising ... 37
Appendix A – Financial Review ... 38
Appendix B – Matrix of Metrics ... 39
Appendix C - Risks Register & Issues Log ... 48
Appendix D – Oxford AHSN Core Team ... 54
Appendix E – List of Key Events held during Q2 and forward plan ... 55

Chief Executive's Review

I am pleased to present our Q2 2014/15 report outlining the progress made by the Oxford Academic Health Science Network. It is now one year since we received funding; our programmes and themes are well established and engagement with and between our NHS, University and Industry partners is increasing all the time.

Highlights in the last three months include:

- Partner case studies – memory clinics in Berkshire (page 9), improving management of suspected appendicitis across the region (page 11), improving the success rate of talking therapies in Buckinghamshire (page 12).
- The launch of the Co–Morbidity Clinical Network and the launch of the Fellows Programme supported by Health Education Thames Valley (HETV), the Oxford AHSN and the Centre for Evidence Based Medicine at Oxford University.
- The Patient Safety Academy Launch which brought together experts from organisations across the region, including other existing patient safety groups.
- National agreement regarding the establishment and funding of 15 Patient Safety Collaboratives; the Oxford AHSN has prepared a prospectus to launch the programme under Professor Charles Vincent's leadership with the input from many partner organisations.
- Launch of the MSc in Evidence Based Medicine with seven Fellows drawn from five clinical professions and five organisations within the AHSN. With our partner HETV we are planning to attract another tranche of candidates for 15/16.
- A visit to Cambridge by Oxford City and county councillors the University of Oxford and AHSN and AHSC colleagues, led by Sir John Bell to learn how Cambridge have succeeded in developing such a strong infrastructure to support life sciences.

A Cabinet Office team visited to undertake a deep dive review of the work on AHSNs. The Oxford AHSN was one of five AHSNs to be visited and feedback has been positive. In addition, Mr John Stewart, Director of Quality Framework (NHS England) and colleagues spent time at the AHSN offices meeting the core team, two clinical networks leads and Andy Hill, CEO of Intelligent Ultrasound – a spin–out company from the University of Oxford.

- Looking forward to the next quarter notable milestones will include:
  - Further development of the proposals for the Patient Safety Collaborative which will include a workshop to agree priorities
  - Selection of the next 10 clinical innovations for adoption during 2015/16
  - Closer alignment with the NIHR Collaborative Leadership for Applied Health Research and Care and Local Clinical Research Network
  - Continued work with Oxford Academic Health Science Centre particular in relation to Big Data and Wealth Creation
  - The third meeting of the AHSN Partnership Board which will review proposals for wealth creation, receive an update on best care and outcome measures, and the outline for the 2015/16 Business Plan

Gary Ford

Professor Gary Ford CBE, FMedSci

Chief Executive Officer, Oxford AHSN

Operational overview

1. The AHSN is a network and the success of AHSNs is determined by local engagement between the partners in the Network. On the evidence of the quality of the news flow, the range of local organisations represented at the events we are putting on and our survey, our assessment is that the AHSN has a broad engagement across the region. We are very conscious of the need for more depth, through the clinical networks and our programmes. We are working hard to make the work of the Oxford AHSN relevant and embedded in the planning of our partners – and not just “another thing to do” – as exemplified by Clinical Innovation Adoption which is working on a timeline for partners to be able to incorporate plans for adoption into their annual plans for 15/16.

2. During the second quarter we were one of five AHSNs to be selected for a deep dive review by the Cabinet Office. This review had been initiated for the Cabinet Office to gain a better understanding of the purpose, activity and effectiveness of the newly created AHSNs. Feedback about the Oxford AHSN has been positive. John Stewart, Director of Quality Framework (NHS England) and colleagues also visited the AHSN in September where they met the programme and theme leads and the Chief Executive Officer and Chief Operating Officer. Mr Lawrence Impey, lead for the Maternity Clinical Network and Professor Fergus Gleeson, lead for the Imaging Clinical Network gave short and positive presentations on progress in improving quality and safety of imaging and care across the region. Andy Hill, CEO of Intelligent Ultrasound, a spinout from the University of Oxford also gave a presentation. Intelligent Ultrasound is collaborating with the Maternity Network in developing its technology.

3. Our electronic newsletter is sent out to 726 subscribers; up 10% on July. Twitter is becoming more important – we have 453 twitter followers, almost double July’s number. Hits on our website doubled to 188,000 in September from December the previous year.

4. Feedback from 43 respondents to our twice-yearly survey highlighted areas we can improve on in the events we are running but was in general positive - 82% believed the Oxford AHSN is having a positive impact in the region and 67% on their organisation and 95% believe that it adds value to the region. The difference between perception on regional impact and organisation impact highlights the need to ensure the programmes are fully “owned” by local partners.

5. We are developing a communication strategy for the AHSN and AHSC which will include the importance of improving the depth of understanding, knowledge of and engagement with the Network.

6. In September we completed the first phase of recruitment to the Oxford AHSN. The Informatics (Simon Pizzey, Katie James) and Patient Public Involvement Engagement and Experience (PPIEE) (Sarah Pyne) teams are in place. We have a strong commercial development team with Commercial Development Managers for Berkshire (Dr Hugh Penfold) and Buckinghamshire (Nicki Bromwich) and a joint appointment with Invest in Oxfordshire and OBN (Julie Hart) based out in our partners offices. Sue Altman joined the Clinical Innovation Adoption team on secondment from Oxford University Hospitals NHS Trust for two days a week to bring her expertise in commissioning to help unblock contractual issues that hinder clinical innovation adoption. Anita Baylis also joined the CIA programme bringing pharmaceutical industry expertise.

7. Simon Hay finished his contract with the AHSN at the end of September – we are most grateful for the very significant contribution to the set-up of the Oxford AHSN. The current Organisation Chart is in Appendix D.

8. The programmes and themes are working together effectively and sharing information to support stakeholders and each other. The strong links between the Best Care clinical networks, Clinical Innovation Adoption and Wealth Creation programmes are working very well to support and stimulate our engagement with industry.

9. The temporary space at John Eccles House on the Oxford Science Park has served us well as we have built up the team. In December we will move to 3,000 sq. ft. of space at the Magdalen Centre, also on the Science Park. The space will include 3 meeting rooms that can be merged into a large conference room capable of holding 60 people in theatre style, 30 workstations and a breakout area for 20 people. This facility will be excellent for networking events and provides plenty of hot desk space for visitors. The Science Park has proved to be a good location for the AHSN; access is good and parking is plentiful.

10. In January we will all be migrating to Office 365 which will allow all the AHSN partners – and not just the core team – to use CRM and SharePoint to their full advantage.

Programmes

11. The four programmes and two themes are established and progressing well against the Business plan. Oversight Group meetings for the majority of the Programme and Themes, including the PPIEE group that is working in partnership with the NHS England Local Area Team and the Thames Valley Strategic Clinical Networks. The AHSN Partnership Board in July reviewed Best Care, Clinical Innovation Adoption and PPIEE plans.

Best Care

12. All 10 Clinical Networks now have key personnel in post to support their administration, their activities and growth.

Clinical Networks

13. All but the newest network, Out Of Hospital, have held network meetings, involving colleagues from across the physical and organisational geography, to work on engagement, participation and accountability in the planning and delivery of specific projects.

14. Three further launch events have taken place this quarter – two in Continuous Learning (see below), and one in Best Care: Comorbidity in Mental and Physical Health network. This launch was very well attended with very positive feedback and raised awareness using two specific examples from Berkshire and Oxfordshire of the work of the network and building stakeholder engagement.

15. PPIEE plans for each network are under development, ensuring that patient & public representatives are involved in the decision making processes. The PPIEE team is supporting the Clinical Networks to develop their PPIEE plans. Second drafts are due to be completed shortly. Some networks have also begun implementing innovative PPIEE schemes such as

patient-led experience videos, telling prospective patients exactly what to expect from procedures, e.g. clips to show patients what to expect from a CT scan at each of our hospitals.

16. Baseline data have been collated and analysed by some networks already (Comorbidity in Mental and Physical Health, Anxiety & Depression; Early Intervention in Psychosis.) These data will now inform discussions within the networks about best practice.

17. Several networks (Imaging and Maternity) have specific IT sharing challenges, and these are being handled through joint working with the AHSN Informatics team. This team will act as a single point of entry for all AHSN data requests to the various NHS Trusts and Commissioning Support Units (CSUs) in the region, ensuring that the Trust informatics departments do not receive repetitive or poorly described requests. This should ensure that the correct data are obtained in a timely fashion, and that the cooperation of the various Trusts endures.

18. Both Imaging and Maternity Clinical Networks gave very well received presentations to the visit of John Stewart, NHS England's Director of Quality Framework on 25 September.

19. The Informatics team is also leading in setting up overarching information sharing framework agreements between AHSN partners. This will ensure that information is much more readily available between partner organisations.

20. In addition to the quarterly Network Leads meetings, where high-level issues are discussed, and success stories shared, there is now a monthly Network Managers meeting, where the administration of the networks can be discussed, and best practice and useful tools shared. Generally the networks are now at a stage where they are sharing learning, and are beginning to review and govern their own work priorities.

	Quarterly Review	**Manager appointed**	**Launch arranged**	**Milestones on track**
Anxiety & Depression				
Children's				
Comorbidity				
Dementia				
Diabetes				
Early Intervention				
Imaging				
Maternity				
Medicines Optimisation				
Out of Hospital				

21. The table above gives an overview of the networks as they are currently assessed. Quarter 1 review meetings generally gave a picture of networks moving in the right direction, setting up their basic routines and processes, confirming their detailed plans and commencing activity. However, the Dementia Network has been slow to grow engagement, and has had to substantially revise several project plans in the face of setbacks. The AHSN has been working closely with the network to try to improve these areas, and hopes to see improvement in the upcoming review of Q2 activities.

22. The Best Care Oversight Group held its inaugural meeting this quarter and ratified its terms of reference. The group is tasked with providing strategic guidance to the Best Care programme, and acting as a 'critical friend' to the networks. It includes in its membership:

Name	Role
Joe Harrison	CEO, Milton Keynes Hospital NHS FT
Chandi Ratnatunga	Associate Medical Director, Oxford University Hospitals NHS Trust and SRO Best Care Programme
Tina Kenny	Medical Director, Buckinghamshire Healthcare NHS Trust
Helen McKenzie	Director of Nursing, Berkshire Healthcare NHS FT
Catherine Stoddart	Chief Nurse, Oxford University Hospitals NHS Trust
David Buckle	Medical Director, NHS Central Southern CSU
Graham Jackson	Clinical Chair, Aylesbury Vale CCG
Joe McManners	Clinical Chair, Oxfordshire CCG
Jim Davis	Professor of Software Engineering, University of Oxford
Angela Coulter	Senior Research Scientist – Health Services Research Unit
Nigel Edwards	CEO, Nuffield Trust
Nicola Walsh	Assistant Director – King's Fund
Sir Muir Gray	Director – Better Value Healthcare and Population Healthcare

Key Clinical Outcome Objectives

23. The clinical networks are developing outcome measures as outlined overleaf. These will be subject to review and possible amendment by both the Best Care Oversight Group and the AHSN Board.

Network		Relevant (Mortality, LoS etc.)	Measurable	Achievable	Accepted
Anxiety & Depression	Improve the recovery rate of patients suffering from Anxiety or Depression	✓	✓	✓	✓
Children	Reduction in hospital admissions and length of stay for children	✓	✓		
Comorbidity	To produce evidence-based guidance for commissioners on inpatient psychological medicine service evaluation and development				⦸
Dementia	Improve the patient and carer experience in memory assessment pathway			✓	⦸
Diabetes	All people with diabetes currently under 25 years gain access to a dedicated young adult clinic service				⦸
Early Intervention in Psychosis	Improving health and social outcomes for patients with first episode psychosis, including duration of untreated symptoms, symptom reduction, and engagement with education and employment.	✓	✓	✓	✓
Imaging	Create a network where introducing new technologies, together with high quality scanning and reporting, help to provide faster, more consistent, better informed decisions on patient treatment.		✓	✓	⦸
Maternity	Reduce the number of pre-term births occurring outside the Tier 3 Hospital environment	✓	✓		⦸

Network		Relevant (Mortality, LoS etc.)	Measurable	Achievable	Accepted
Medicines Optimisation	Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients by 10%. Ensure that vulnerable patients are referred to their community pharmacist for medicine use review on discharge from hospital		✓	✓	⊘
Out Of Hospital	We will work to increase the number of older people living with frailty who can be treated safely out of hospital when they become unwell.	✓	✓	✓	✓

24. In Quarter 3, the remaining networks (Anxiety & Depression, Maternity, Imaging, Early Intervention in Psychosis, Children's), with the exception of Out of Hospital, will have their launch events. Following this, there will need to be an emphasis on maintaining wider stakeholder engagement, ensuring depth of engagement, and capturing the enthusiasm generated by the launches.

> **Comments on the Imaging Clinical Network**
>
> **Dr Mark Alexander,** Royal College of Radiologists: "I am hugely impressed with what you have created already without getting bogged down in contracts and finance."
>
> **Professor Erika Denton,** National Clinical Director for Diagnostics at NHS England: "Imaging is likely to be at the vanguard of collaborative working."

Continuous Learning

25. Both the Patient Safety Academy and the MSc in Evidence Based Healthcare Programme held their launches this quarter. These were well attended and well-planned events, which show cased the aspirations of the initiatives.

26. The MSc in Evidence Based Healthcare Programme presented their seven fellows at its launch event. The fellows represent a broad range of professions and localities; e.g. radiologist, pharmacist, physiotherapist, medic and nurses in renal and cancer care drawn from Trusts across the region. They will link into the 10 clinical networks and their respective areas of activity. Each fellow spoke passionately about their chosen field and the course. The fellows will work as change agents and raise the profile of evidence based healthcare within their networks. We will report on their progress over the next 3 years.

27. Discussions are at an advanced stage with University of Oxford and Health Education Thames Valley regarding the contributions for and potential structure of a second intake of MSc fellowships in 2015.

28. The Patient Safety Academy Launch brought together experts from organisations across the region, including other existing patient safety groups. There was great enthusiasm and support for its ambitious and wide-ranging programmes of work, which span Mental Health, Primary Care, leadership training (at board level) and surgery.

	Quarterly Review	Manager appointed	Launch arranged	Milestones on track
Patient Safety Academy				
Evidence Based Healthcare				

29. Plans for a dementia training initiative across the region, hosted in partnership with the Open University, are at an advanced stage.

30. Following the invitation for proposals from NHS IQ, Oxford AHSN decided that the Patient Safety Collaborative would best sit within the structure of the Best Care Programme, under a

new 'Safety' strand. The Patient Safety Academy would come within its umbrella, but retain its links to Continuous Learning.

31. The Oxford AHSN has appointed Professor Charles Vincent as its Patient Safety Collaborative lead, and he has been very active in its efforts to engage as widely as possible with organisations in the region. This has led to a truly collaborative proposal being submitted with contributions from more than 10 organisations across the region, and many more confirming their willingness to be involved in a workshop, to be held in the next quarter, to refine and ratify the priorities of the Patient Safety Collaborative going forward. A lot of emphasis will be placed on base lining and measuring improvement to support clinical decision making with high quality data. Professor Vincent sits on the national board for PSCs and is chairing the measurement work stream nationally.

32. The national launch has now been held in London (14 October) and is reported on in this report for completeness.

Population Healthcare

33. As stated in the previous report, the approach to Population Healthcare has changed, being integrated throughout the Clinical Networks via the Best Care Oversight Group. This change to the AHSN Business Plan was approved at the July Oxford AHSN Board meeting.

Sustainability

	Quarterly Review	Manager appointed	Launch arranged	Milestones on track
Sustainability			n/a	

34. The Sustainability theme continues to work with the chosen three Clinical Networks – Medicines Optimisation, Dementia and Diabetes – as pilots. This theme was flagged as 'Red' at the Quarter 1 review as there had been difficulties in engaging with the networks. This was seen as primarily due to the networks' initial focus being on setting up their own internal processes. It is hoped that the review of Quarter 2 activities will show progress in this regard.

35. The training events organised on this theme have been both well attended and positively received.

Case Studies

Case Study 1: Dementia Clinical Network Memory clinics

Key points at a glance
A network of memory clinics has been set up in Berkshire in response to a growing dementia issue to provide better care, improved experience for both patient and carer and to better facilitate sharing of best practice.
Background Summary
Memory clinics have been established in six venues across Berkshire in response to an ageing population and rising dementia rates. They provide early diagnosis, treatment, education for carers and cognitive stimulation therapy and in Wokingham have a specific focus on early onset dementia (diagnosed before the age of 65). Each memory clinic is staffed by a multi-professional team including doctors, dedicated memory clinic nurses, psychologist and an occupational therapist. In 2013/14 there were 2,282 referrals with just under 4,000 people on the caseload of which 180 have young onset dementia. The University of Reading made a financial contribution towards the clinic which highlights the growing collaboration between the NHS and academia and the potential for research and service improvements. Collaboration with local authorities, CCGs and voluntary sector has secured funding for Dementia Care Advisors (DCAs) – including one for younger people with dementia. An integrated working model has been established with Younger People with Dementia (Berkshire West), a charity (www.ypwd.info) which provides the UK's first Admiral Nurse for young onset dementia carers.
Challenge identified and actions taken
With increasing referrals and Government initiatives to increase the diagnosis of dementia, memory clinics have a key role to play in providing improved outcomes, good patient and carer experience and sharing of best practice. All appropriate referrals are offered an appointment within six weeks of the referral being received. Those diagnosed with dementia and their carers are given a tailored locally devised information pack with advice on driving, medication etc. They are also signposted to local DCAs for further support and engagement in the community. The Berkshire Memory and Cognition Research Centre opened in January 2014 at the School of Psychology & Clinical Language Studies at the University of Reading, in partnership with Berkshire Healthcare NHS Trust. It runs clinical trials investigating possible new treatments and interventions but also researches the impact of dementia on carers and families. In 2013/14 we have held six 'Big Conversations' for both patients and carers with up to 16 people attending each session providing feedback about what works well and how services could be improved. Feedback is also provided through focus groups. Services have been adapted as a result of this feedback - for example, improvements to the environment and more information provided before the first appointment.
Outcomes
The Berkshire memory clinics have started receiving accreditation through the Memory Services National Accreditation Programme (MSNAP) - an initiative of the Royal College of Psychiatrists' Centre for Quality Improvement – which recognises good practice and high quality care. The Wokingham memory has received an Outstanding Achievement award as the first one nationally to meet every MSNAP standard. There is robust evidence of high satisfaction levels from referrers, patients and carers alike. Team identity and cohesion have also been strengthened. GP feedback: *"We are lucky to have an excellent team and service for dementia in our area. They respond quickly to requests and referrals, and are very supportive to GPs"*
Plans for the future

We aim to: • achieve accreditation for all Berkshire memory clinics by the end of 2015 and to support this accreditation process across the whole Oxford AHSN area working with its Dementia Clinical Network • set up a regular cycle of audit and quality initiatives • share best practice and spread learning of new developments across the Oxford AHSN.
Contact for further information
Dr Jacqui Hussey, Consultant in Old Age Psychiatry. Tel. 0118 949 5101 Jacqui.Hussey@berkshire.nhs.uk
AHSN core objectives – A, C
Clinical priority or enabling theme/s – Collaboration, Best practice in dementia

Case Study 2: Patient Safety Academy – Improving management of suspected appendicitis

Key points at a glance

- Treatment of suspected appendicitis identified by clinicians as key area for improvement
- Clinical champions identified at all partner acute trusts
- Engagement with acute Trusts through workshops organised by Patient Safety Academy for Board members and wide range of health professionals

Background Summary

We aim to improve both the management process and clinical outcomes for patients with suspected appendicitis in acute trusts across the Oxford AHSN region. We intend to rationalise pathways for managing these patients to greatly reduce the frequency of delayed diagnosis or treatment, decrease inpatient bed use and improve efficiency within the emergency surgical workload.

Challenge identified and actions taken

Patients admitted with acute right iliac fossa pain represent a large proportion of emergency surgical work. Most do not need surgery, but investigating them promptly to identify those who do is challenging. The logistical difficulties of investigation and scheduling mean that emergency surgery units often find it difficult to get patients to theatre in a timely fashion once a diagnosis of appendicitis has been made. Delays in diagnosis can result in progression of disease and increased morbidity. Recent audit data from the Oxford AHSN region showed 20% of patients and 80% of the sickest patients (those with possible perforation) wait longer than the recommended maximum time for surgery. Conversely, those patients presenting with right iliac fossa pain without appendicitis who are operated on can have significant complications, including infection and death, as a result of surgery for an incorrect diagnosis, as well as taking important emergency surgical resources away from those that need it. System issues and poorly designed processes contribute greatly to the current delays in diagnosis and treatment of appendicitis. Rationalising systems of care could radically improve outcomes and reduce costs.

The Patient Safety Academy has engaged with management at Board level within partner acute trusts to aid delivery of the clinical changes that will be implemented by clinical champions (consultant surgeons and anaesthetists, middle grade doctors, nurse practitioners and theatre practitioners). This has included individual meetings as well as a workshop for the entire board of one trust. The same event will happen with the Boards of the other four Trusts in the region. Clinical champions have been identified and recruited in each partner acute trust and a two day clinical champions workshop has taken place involving three of the Trusts. This initially focused on the principles of 'human factors' teaching, systems analysis and improvements and then looked at how these principles could be applied to their own emergency surgical patients. It also taught the candidates how to improve systems including data collection.

The Informatics team at the Oxford AHSN is supporting this project through information governance and data collection. The collection of robust data will help to establish baseline information and demonstrate effectiveness.

Outcomes

This project is at a relatively early stage. There is growing commitment to change led by enthusiastic clinical champion.

Feedback from the Clinical champions:

- *"I think I can really improve the quality of service."*
- *"Friendly course with lots of support. It is worth attending definitely."*
- *"Very well structured course."*
- *"Excellent course, compelling, engaging, well delivered"*

Plans for the future

Further initial and follow-up workshops for clinical champions are planned in autumn 2014. Data analysis will be carried out to measure impact.
Contact for further information
Roger Sykes, Project Coordinator tel. 01865 740870 roger.sykes@nds.ox.ac.uk
AHSN core objectives – A, C
Clinical priority or enabling theme/s – Patient safety, Best practice in surgery

Case Study 3: Anxiety and Depression Clinical Network: Healthy minds – talking therapy service increases success rate

Key points at a glance
Healthy Minds, a talking therapies service in Buckinghamshire run by Oxford Health NHS Foundation Trust for people with depression and anxiety disorders, increased the recovery rate of participants in a matter of months from slightly below the national target of 50% to 65% - well above the national average and among the best in the country following a redesign based on patient feedback.
Background Summary
Healthy Minds is the Improving Access to Psychological Therapies (IAPT) service in Buckinghamshire for people with depression and anxiety disorders. While it was helping some people recover effectively, it was recognised that it could do more.
Challenge identified and actions taken
A review in 2013 focused on patients who had not fully recovered following a course of treatment in the Healthy Minds programme. Key themes were identified and a detailed action plan was produced. Changes implemented included: offering patients who were showing benefit but had not fully recovered some extra sessions; facilitating patient choice among evidence-based high intensity therapies; further staff training with supportive and inquisitive performance reviews.
Outcomes
In 2014 the monthly recovery rate jumped from around 45% to figures that are consistently around 65%. Engagement levels have increased and non-attendance at sessions declined. 65% recover and 80% show a reliable improvement at the end of treatment. More people are now able to make long-term plans for their lives with greater confidence. Health Minister Norman Lamb congratulated Dr John Pimm (Clinical Lead) and the staff of Healthy Minds saying: *“I wanted to congratulate you on the recovery rate you are now achieving at your Improving Access to Psychological Therapies (IAPT) service following what strikes me as a quite extraordinary turnaround. I hope that others can learn from the immensely impressive transformation you have effected.”* Professor David Clark, National Clinical Advisor for IAPT and Oxford AHSN Lead says *“This is a wonderful example of the potential benefits of the unique IAPT dataset. Nationally the IAPT programme now manages to record pre and post treatment depression and anxiety scores on over 96% of people who have a course of treatment. A world first. In principle such complete data allows services to closely scrutinise their outcomes to identify common themes among those who do not fully recover in therapy. The Bucks service did just that, spotted themes, instituted appropriate in-service training and spectacularly improved its outcomes. One suspects, and hopes, that other services around the country will want to follow Bucks creative lead"*.
Plans for the future
This project marks an early success in the Depression and Anxiety Network’s aim to improve local clinical outcomes. Future plans focus on analysing the outcome data from all local IAPT services to identify predictors of good outcome and working with clinical leads and service managers to implement the lessons learned from the analyses, as well as from clinical audits such as the Bucks study.
Contact for further information
Dr John Pimm, Clinical Lead, Buckinghamshire Psychological Therapies Pathway, tel: 01865 901600; john.pimm@oxfordhealth.nhs.uk

Professor David Clark, National Clinical Advisor for IAPT and Clinical Lead for the Oxford AHSN Anxiety and Depression Clinical Network, tel. 01865 618604 david.clark@psy.ox.ac.uk
AHSN core objectives – A, C
Clinical priority or enabling theme/s – Best practice in mental health, patient engagement

Clinical Innovation Adoption (CIA)

Overview

36. The 15 Academic Health Science Networks have been licenced to speed up adoption of innovation into practice to improve clinical outcomes and patient experience. The Oxford AHSN set a goal in its 14/15 Business Plan to adopt 10 innovations across the system per annum. Progress to date has been good and it is anticipated that five out of the 10 projects will be completed by the end of this financial year. The Executive team has agreed to commit to the roll out of a further 10 for 2015/16.

37. This decision has been based on a thorough assessment of the CIA Programme's progress and success to date, forecast completion of live projects and likely resource requirements for an increase for a period of time. Most importantly, there has been a great deal of interest and engagement from partner organisations who clearly see the value of the programme and are keen to work with the Oxford AHSN to address key challenges facing the NHS.

38. Since establishment of the AHSN in September 2013, the level of partner engagement has grown as they have understood the proposition that this organisation offers. The CIA and Wealth Creation Commercial Directors jointly meet industry to explore how the NHS and industry can work together locally, industry/NHS successful implementations that could be adopted within our region and new innovations that are being developed. We are also regularly working with Trusts that have patient flows into our region such as Great Western and Frimley hospitals. Maintaining momentum and ensuring that we are responsive to our partners is particularly important as we develop working relationships across our geographical area.

Matrix progress 2014/15

	Strategy Needs and Prioritisation						Local Planning									Local Implementation											
Innovation	Needs Assessment and horizon scanning	Innovation Assessment and PPIEE			Sign off Priority Innovations		Product/ Service Specification Written and Agreed		Local Project Initiation Plan Agreed		Project Initiated		Implementation Planning			Trust Board Approved					Implement Change			Measure and Manage			
		Benefits Analysis	Cost Effectiveness Analysis (VFM)	Innovation Clinical Champion Identified	Strategic Outline Case Produced and Agreed	Comms & Engagement Plan Agreed and Commenced	Template Service Spec Produced & Agreed	Template 'How To' Guide Produced and Agreed	Local Project Team Operational	Local Project Plan Agreed	Local Baseline Assessment/Data Collection Completed	Local Options Appraisal Complete	Finance and Activity Plans Complete	Local Procurement Routes confirmed	Local Outline Business Case Approved	Local Contract Arrangements Agreed	Local Training Plan Agreed	Local Estates/IT Plan Agreed	Local Procurement Plan Agreed	Local Final Business Case Approved	Local Procurement Awarded	Local Training Delivered	Local Technology/Medicines/Service Change Operational	Project Close and Handover Agreed	Project Review	Produce Audit/ Evaluation / Benchmark Report	Findings Conference Delivered
Bladder Scan(CAUTI)																											
Ambulatory ECG Monitor																											
SHaRON																											
Electronic Blood Transfusion																											
Intermittent Pneumatic Compression																											
Intra Operative Fluid Management																											
Warfarin & Anticoagulants TAs																											
Renal Cancer TAs																											
Monoclonal Antibodies for Rheumatoid Arthritis TAs																											
Drugs for Alzheimer's Disease TA																											
Gestational Diabetes																											

KEY

- Off Target/Change Plan
- On Plan
- Complete
- Not started on schedule

39. All projects now have a clinical champion. Nine out of the 10 have progressed past stage 5 of the 10 step process shown in the matrix above. Late appointment of Clinical Champions for the Renal Cancer and ECG Monitor projects has resulted in a delayed start to accommodate time for agreement on scope. In addition to the 10, the CIA team has also been working with the diabetes clinical network and Professor Lionel Tarassenko of Oxford University University's Institute of Biomedical Engineering and OUH to diffuse the Gestational Diabetes Medical Health management device across the regions' obstetric departments.

40. There are four NICE Technology Adoption projects that address clinical conditions - dementia (memory drugs) led by Jackie Hussey; Atrial Fibrillation/anticoagulation (NOACs) led by Drs Piers Clifford and Lise Llewellyn; Renal Cancer (1st line drugs) led by Andrew Protheroe, and Rheumatoid Arthritis (Biologics) led by Professor Peter Taylor. These are large projects that involve a cross section of partners from Providers, Commissioners, Academia and Industry. During Q2 all four projects have advanced, completing data collection and analysis tasks and agreeing project teams, however the most advanced of these projects is the Atrial Fibrillation/anticoagulation project where we have initiated the first of four regional area projects starting with Berkshire and working with the Director of Public Health, GPs, Pharmacists and pharmaceutical companies.

41. The Intra-Operative Fluidity Management project, led by Dr Emmanuel Umerah (Frimley Health), has benefitted from the NHS England Regional Innovation Fund award in January 2014. We are working with NHS Benchmarking to use our region initially as a pilot study. During Q2 a workshop took place at Buckinghamshire Health. The objectives were to:

    41.1. Provide an understanding of participating organisations efficiency, effectiveness and improvement needs.

    41.2. Spread best practice and further adoption of technology.

    41.3. Measure and monitor adoption of technology, supporting the national agenda.

    41.4. Provide feedback to NHS England that will help inform the national agenda going forward.

42. The non-invasive bladder scan is a key part of the solution for reducing the number of hospital acquired Urinary Tract Infections (UTIs). Led by Catherine Stoddart (OUH), a UTI workshop has been held with Directors of Nursing, Continence Nurses and Service Leads from all Acute and Community Providers to agree the scope and approach.

43. Data and information play an important part in setting out the case for addressing unwarranted variations across our region. During Q2 the CIA team has worked closely with informatics colleagues to obtain useful data.

44. The Team has reached full recruitment with the arrival of the second Clinical Innovation Adoption Manager, Dominic Balchin, during August and the secondment of a part time Clinical Innovation Commissioning Manager, Sue Altman.

45. Whilst the CIA programme is on track it should be noted that some of these projects will extend beyond 14/15 as they are large and complex requiring significant time to implement locally.

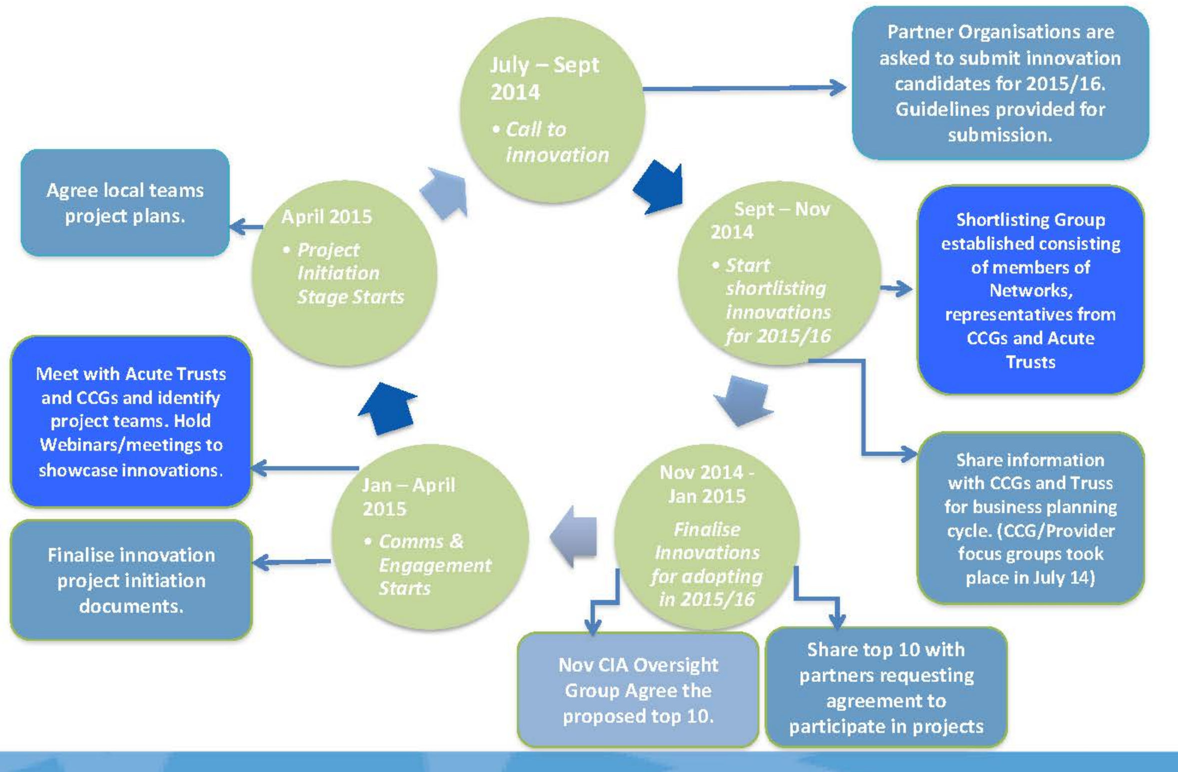
Call to Innovation 2015/16

46. The CIA programme published a Call to Innovation for 2015/16 during Q2. The process was started to take advantage of the opportunity to better align the timeline with NHS organisations to encourage inclusion of the CIA innovations into Quality Accounts, Transformational plans and CIPs.

47. The request for Innovations went directly to all contacts made with Providers, Commissioners and Industry and was included in our media communications. The top 20 innovation submissions most aligned to our NHS strategic priorities were initially selected by the AHSN prior to being shared with a scoring panel comprising of either CIA Oversight Group Members and/or decision makers from Providers and CCGs. The 10 innovations for 2015/16 will be announced at the end of November and reported on in Q3.

Planning cycle for 2015/16 Innovations

Pre- planning process for Innovations in 2015/16



Q3 Plans

48. During Q3 the CIA Programme will focus on implementing the 2014/15 projects. The CIA Oversight Group will meet on 5th November to discuss and recommend the 2015/16 Innovations.

Research & Development (R&D)

49. The first meeting of the R & D Oversight Group, chaired by Sir Jonathan Michael, was held on 2 July 2014. There was strong representation from the Universities and the meeting agreed that an important area of focus would be the development of R & D for nurses, midwives and the allied health professions, building on strong activity already underway in the newer universities. This would be considered at the next meeting to be held in November and attendance from the NHS Trusts will be further encouraged.

50. Professor Gary Ford has been leading on R & D for the Network and he has held discussions with Dr Russell Hamilton, Director of NIHR to discuss the AHSN/NIHR interface; with Martin Hunt, the Programme Director for i4i and Peter Ellingworth (Chief Executive of the ABHI and a member of the AHSN's Partnership Board) to discuss roles of SBRI and i4i; he attended the NIHR Leaders' Forum at Ashridge..

51. In addition Professor Ford undertook an R & D review at Bedford Hospital following a request to the Oxford AHSN from the Medical Director in September, with support from a Research Governance Manager from the Oxford University Hospitals.

Wealth Creation

52. Recruitment of the Wealth Creation team was completed during the quarter with the appointment of two Commercial Development Managers, one covering Berkshire and the other Buckinghamshire. The additional post of Associate Director of Networking, a joint post with OBN, was also filled. An additional joint post in collaboration with the University of Reading and Royal Berkshire NHS Foundation Trust (RBH) is under discussion for a Business Development Manager: Health. The position will focus on developing collaborations between the University and RBH.

53. Terms of Reference for the Wealth Creation Oversight Group were approved by the Board in July and membership of the Group has been completed. The first meeting is scheduled for November and the delay has been due to pre-existing diary commitments of Group members.

54. During this quarter we have established clear working relationships within the Wealth Creation team based on an account management approach. Each member of the team is a designated lead and account manager for specific projects with industry. The expertise within the team is split between business sub-sector e.g. pharma, diagnostics, medtech, e-health and service improvement, as well as functional expertise relating to the stage of development of a product or service.

55. Through a local structure of three Working Groups (covering Berkshire, Buckinghamshire and Oxfordshire), which report to the Wealth Creation Oversight Group, the Oxford AHSN is working with the Local Enterprise Partnerships (LEPs) around all aspects of wealth creation related to life sciences and healthcare. These Working Groups, which include members from local Universities, Trusts and LEPs also play a role in defining the strategy and implementation for inward investment.

56. Dr Nick Scott–Ram, Gary Ford and Paul Durrands took part in the Oxfordshire Innovation Engine visit to Cambridge. Members of the City and County Councils, the LEP, the University, including Professor Sir John Bell, attended the visit which allowed an opportunity to visit and

discuss the development in Cambridge in support of the life sciences and biosciences industry and research.

57. A successful SBRI seminar was held on the 3rd July and a follow up meeting has been arranged for the 30th October 2014 to cover the Autumn Call and include an update on Innovate UK (formerly the TSB) funding streams.

58. A Horizon 2020 meeting was held on September 10th, which was well attended. This was part of our programme for engaging with a diverse range of stakeholders including LEPs, academia and companies around access for European funding. The Oxford AHSN plans to hold follow up meetings as part of its strategy to continuously engage with the LEPs and other stakeholders.

59. The AHSN attended VentureFest in Oxford on July 8th as exhibitors and provided a panel speaker for the Life Sciences Innovation Stream. A fellow exhibitor, White October, subsequently attended and spoke at the Map the App event held in September.

60. Progress has been made in the planning for an Oxford Region Expats Summit in the summer of 2015. International senior executives who are alumni of the AHSN region Universities will be invited to attend a senior two day conference which will showcase the AHSN region, as well as highlighting the inward investment opportunities in the UK. Pilot engagement with a group of senior US life science executives has demonstrated a clear appetite for this opportunity.

61. The Oxford AHSN Board approved the AHSN Marketing Plan in July and further detailed work is underway around strategic communications. Once this has been completed, initial engagement with the Oxford AHSC, the BRC and the LCN will be undertaken to ensure that there is consistency of marketing and communications. The Wealth Creation strategy was approved by the Board at its meeting in September.

62. Work is continuing on the establishment of a regional investment fund that will encompass life science innovation across the NHS Trusts, HEIs and industry. Several different opportunities are currently under evaluation.

63. Several initiatives for fostering innovation in NHS Trusts are underway. The first is the further development of an innovation competition Challenge 2023, in partnership with HETV. The second is the creation of an ‘entrepreneurs boot camp’ which will be offered to healthcare workers who wish to learn more about the skills required to become an entrepreneur.

64. The strong partnership with OBN has continued – the Oxford AHSN sponsored a new award for the Best Public Private Collaboration and four nominations were put forward for consideration during the Quarter.

- Isansys
- Cranfield University & Bedford Hospital NHS Trust
- Buckinghamshire Healthcare NHS Trust & Janssen Healthcare
- University of Reading, University of Loughborough & Buckinghamshire NHS Trust)

65. The award was presented in early October for the collaboration between Professor Gelman, University of Cranfield and Dr Mohammad Wasil, Bedford Hospital for Osteo–vibe, a device for use in primary care and non-acute settings to measure bone density. Further information on the Awards can be seen at www.obn.org.uk

66. Plans are already underway for BioTrinity 2015 where the AHSN will again be a key sponsor and will be providing a showcase opportunities for all partners.

67. The Oxford AHSN has been in discussion with the Structural Genomics Consortium (University of Oxford) to build a collaboration around the supply of human cells and tissues from the Oxford University Hospitals for robust assay development as part of a package of biological tools. This work is being done in partnership with the Oxford AHSC and is part of a larger strategic initiative to build a new model for precompetitive drug discovery up to proof of concept in Phase II clinical trials.

68. The Oxford AHSN has been working closely with Isis Innovation to develop the Oxford e-health lab which would create a translational pathway through more co-ordinated activities between the University, the NHS and industry. An important output will be the role of the hub in identifying the best and quickest routes to widespread adoption of e-health innovation.

69. The Oxford AHSN is exploring the potential to offer clinician-based consultancy services to industry and in supporting SMEs in the adoption of new services or products in the NHS.

70. SME engagement has been broad and diverse and one of the objectives is to facilitate pilot studies that will generate evidence to support adoption. The Oxford AHSN is working with Intelligent Ultrasound in obstetric screening through the Maternity Clinical Network and a partner Trust.

71. There is an opportunity for Trusts and Universities within the region to realise significant cost and carbon savings from energy and sustainability projects. A benchmarking programme has commenced which will review performance of partner organisations across the region and provide a baseline for the generation of business cases for a number of partner organisations.

72. The Oxford AHSN is actively engaged in over 30 projects across medtech, diagnostics, e-health and service reconfiguration.

Themes

Informatics

73. The Informatics Team became fully operational in mid–July with the arrival of Simon Pizzey, Informatics Lead and Katie James, Clinical Engagement Lead to join Mike Denis, Director of Information Strategy. The period of engagement across the clinical networks and AHSN themes has continued as the team works with the Clinical Networks and the Theme and Programme leads. An understanding of the scope of the projects and the information requirements is now being built.

74. The team is now focused on translating requirements into data specifications and identifying the key metrics to be sourced. Further information is provided below.

75. As we move towards focused delivery, the team will work to triage requests, arrange the collection of information either internally, by engaging relevant partners (Trusts, CSU) or by mobilizing external organisations, before carrying out a quality check prior to feedback. Katie James will continue to engage all AHSN networks and themes to advise and organise ongoing requirements in addition to key monthly communication updates centrally within the AHSN and to the networks.

Q2 Engagement Activities

76. Best Care - regular meetings are held with the Best Care team to support a collaborative approach to assisting the networks.

77. Clinical Networks – Good relationships have been built with Clinical Leads and Network managers, and engagement is ongoing through regular meetings to support informatics requirements and facilitate delivery.

78. The team has attended network board and business meetings – discussions of informatics needs with wider network teams with representatives from the whole region.

    78.1. Supporting the networks to develop their single clinical outcomes.

    78.2. Some projects are waiting for finalised information governance documents, and the informatics team is supporting the networks through this process.

79. Patient Safety Collaborative – Informatics support is being provided within the developing collaborative in the preparation of the application document and brochure.

80. Sustainability – engagement with the team to understand the informatics support required has taken place in addition to the team's attendance at a 'Sustainability Workshop' to understand the motivations of the theme and how informatics can be aligned with this.

81. Clinical Innovation Adoption – there has been engagement with the CIA team to understand the information needs and to identify areas that can be supported. Currently the team is working on the acquisition of data metrics to support particular innovation projects. PPIEE – initial discussions have taken place between both themes and this will be taken forward in Q3.

82. Wealth Creation – engagement activities are underway on Big Data and the identification of organisations to support the delivery of data processing and visualization. University Cardiology 'Support Heart Failure Project' – the team is supporting the development of informatics and technology within the project being ran by Prof. Kazem Rahimi; the project is linked with the work of the AHSC.

Data Visualisation and Hybrid data model

83. External partners are being identified to provide services that can build and host information databases initially; this service will then be managed from within the team which will form the hybrid data model.

84. The development of data visualisation models will be managed through external partners, a group of whom are currently being met with to identify a company best aligned to deliver our vision.

Information Governance

85. Meetings have taken place with the OUH's Information Governance Lead and Caldicott Guardian to discuss the IG provisions to support the current clinical and research needs of the networks in addition to working towards an overarching IG agreement for more general use going forward. An initial agreement is close to completion – waiting on sign off.

Mobilising Partners/Initiating Collaborations

86. Internal Engagement – the team is working with NHS partners, in particular the Commissioning Support Unit, and NHS trusts across the region to access local data sources.

87. External Engagement – the team is exploring the possibility of commissioning work from outside providers across the region as potentially support required in the fields of data organisation, analysis and representation.

AHSN Chief Information Officer CIO Forum

88. We have engaged with CIOs from the NHS and Universities across the region. Initial meetings have informed on AHSN activities generally, explained the aims of forum and invited participation to it. The first meeting to be held in December in a central location.

89. The aims of the forum are to initiate joined-up informatics thinking, to share experience and strategy from each organisation across the region.

90. Whilst the geography restricts the group to twice yearly meetings, it will remain well connected through collaborative informatics.

Oxford Academic Health Science Centre (AHSC)

91. The Oxford AHSC Chief Information Officer (CIO) forum has continued to engage in sharing experiences to support effective use of information within Oxfordshire.

92. The collaboration with Professor Martin Landry within the field of 'Big Data' continues. Currently they are drafting a 'Big Data' strategy together and have presented twice this quarter on this topic for the AHSC.

93. Mike Denis is working with colleagues in developing cancer informatics capabilities and, with Professor Simon Lovestone is leading a programme on dementia research informatics on behalf of Oxford.

94. There has been a successful launch of Mike Denis' Dementia Clinical Records Interactive Search (DCRIS) programme which was sponsored by the National Institute of Health Research (NIHR).

95. Mike Denis has been meeting with technology partners regarding technology infrastructure and potential models for supporting patient empowerment.

Activities outlook

96. The Informatics Oversight group, chaired by Stuart Bell, will hold its first meeting in November following sign off for the terms of reference by the AHSN Board. This will establish a group to share understanding of how information is used to support various sectors, drawing particularly on external experience and expertise. The first meeting of the CIO Forum will be held in Q3.

97. Q3 14/15 - the establishment of Data Analytics service, drawn from, and delivered by, partner resources, designed to flexibly service the informatics requirements of the clinical networks and the clinical innovation projects and the development of contractual relationships with commercial entities/CSU to support the data analytics service.

98. Q3 14/15 - Identifying process, clinical and programme metrics for progress measurement.

99. Q4 14/15 - work to identify how the informatics teams can support Gestational Diabetes Monitoring (see CIA) and two industry projects with Intelligent Ultrasound and a project on Falsified Medicines initiatives within. We will also be developing the Information Governance framework for Oxford AHSN adoption.

Patient and Public Involvement, Engagement & Experience (PPIEE)

Governance

100. The Oxford AHSN is working with the Thames Valley Area Team and the Strategic Clinical Networks to ensure coordination and common purpose. The activities are planned and overseen by the Thames Valley and Milton Keynes Patient Experience Strategy Group, now well established and co-chaired by Dr Justin Wilson, Medical Director of Berkshire Healthcare NHS Trust. Dr Justin Wilson sits on the Oxford AHSN Board

101. The Group has recently expanded to include representatives from local Commissioning Support Unit and Patient Voice South, helping to make strategic links across organisations working in this field.

102. We have agreed the role description for our Lay Advisory Panel and invited membership from patients and carers who took part in our Patient Leadership Programme earlier this year. We are also developing a Professional Advisory Panel and will be inviting members to join between now and the New Year. These two groups will help us access the breadth of advice and experience we need in further develop our work.

103. Our PPIEE Implementation Manager, Sarah Pyne has now been in post for two months and has been working closely with our clinical networks and CIA team to ensure that PPIEE is well embedded across our programmes.

Strategy

104. Our joint strategy ‘No decision about me, without me’ has been revised and will be published in November. We have developed a map of key organisations for our communication and involvement plan, which is in the process of being completed.

105. We will continue to bring together the Thames Valley and South Midlands PPI Research Leads (NIHR Oxford BRC, Oxford AHSN, NIHR Oxford CLAHRC and the local LCRN) and will be developing a plan for joint working in 2015. The NIHR Oxford CLAHRC has recently appointed a Research PPI Coordinator who will be working with Dr Sian Rees, who leads on PPI for the CLAHRC. This will allow us to further develop close working relationships for PPIEE between research, service delivery and innovation.

Patient Leadership

106. Our pilot programme for lay people and professionals has been completed and independently evaluated. The response from all participants was very positive, having both patient leaders and professionals working together was particularly well received. We will now tender to run three more cohorts in 2015 with funds from the Thames Valley Leadership Academy, the AHSN and the SCN.

Clinical networks

107. Each of the 10 clinical networks now has a PPIEE plan (with drafts to be finalised shortly) and we are working with them to ensure lay involvement in governance, project design and development and use of person-centred metrics. We will be working closely with the Informatics theme to deliver this.

Clinical innovation adoption

108. Lay members have been included in the process for shortlisting and agreeing the 10 innovations to be adopted in 2015 and in addition, we are working with the CIA team to identify patient champions for those innovations already chosen for adoption.

Continuous learning

109. The new Evidence Based Medicine MSc module on involving patients in healthcare (developed by Dr Sian Rees) received very positive student feedback and will be included again in this year's course. PPIEE will be further reinforced for our new AHSN/HETV funded MSc students as Dr Rees is involved in their supervision.

Stakeholder engagement

110. The Chief Executive and Chief Operating Officer have continued to meet with partners during the quarter including with the Managing Director of Health Education Thames Valley, the Accountable Officer of Chiltern Clinical Commissioning Group, and the recently appointed Chief Executive of Royal Berkshire NHS Foundation Trust. Visits to Cranfield University and Bedford Hospital are planned for the next quarter.

111. Of particular interest was the positive meeting with Andrew Morris, Chief Executive of Frimley Park NHS Foundation Trust which acquired the Heatherwood and Wexham Park NHS Trust with effect from 1 October 2014. The AHSN and this Trust have agreed to collaborate in a number of areas including R & D and innovation adoption. Engagement with the Great Western NHS Foundation Trust continued and its Director of R & D is a member of the R & D Group.

112. The 15 AHSNs have continued to meet monthly and a support secretariat has been established to enable this. Some important topics, including the plans for the PSCs, led by Mike Durkin, the wider role of the AHSN from Sir Bruce Keogh and the Chairman of NHS England, Sir Malcolm Grant, were covered. The Network of Networks has established a secretariat to support its activities to which each AHSN makes a small contribution.

113. In addition, subject/theme meetings have been held between the Networks covering wealth creation, informatics and patient and public engagement. A number of team members have attended meetings in other AHSN areas and these opportunities are taken as a means for sharing and develop good practice and ideas. The Communications leads are active and a small financial contribution has been made to support their activities in preparing for national events.

114. Partner and stakeholder activities across the Network have been numerous and varied. The second meeting of the AHSN Partnership Council was held on 16 July at Green Park in Reading.

The Partnership Board includes representatives from all NHS Trusts, all CCGs, all Universities and from a number of industry and network bodies, including ABPI, ABHI and OBN. The agenda included updates on Best Care, Clinical Innovation Adoption and Patient and Public Involvement, Engagement and Experience. In addition, a schedule of forward business and forthcoming key events was also provided. The next Partnership Board will be held on 27 November in Aylesbury and will include updates on Wealth Creation and Best Care, particular with an update on outcome measures for the ten clinical networks.

115. The AHSN Board met on 16 July and again on 25 September at which it supported the Wealth Creation strategy proposed, noting further work to be done with the LEPs and other partners across the Network, including the Oxford AHSC.

116. 3 July saw the first of what is planned to be a regular series of meetings publicising the work of the SRBI Healthcare (www.SBRIhealthcare.co.uk). The meeting was held in High Wycombe and Karen Livingstone, SBRI Director, based in the Eastern AHSN, explained the process for applying for funds and Keith Errey, Chief Executive of Isansys, the winner of two awards, outlined his experience of the process and encouraged others to apply. Winners for that round will be announced in October. Paul Durrands sits on the national SBRI Programme Board which is chaired by Peter Ellingworth, a member of our AHSN Partnership Board and Chief Executive of the ABHI.

117. The second meeting to publicise the SBRI's autumn call – with a focus on Child and Adolescent Mental Health, Diabetes, Imaging, Frail Elderly and Brain Injury and Neuro – will be the topic for our second meeting being held on 30 October 08.30 at Green Park in Reading. Registration details here http://www.eventbrite.co.uk/e/sbri-and-innovate-uk-tickets-13127258985. This meeting will also cover a briefing on funding streams from Innovate UK, formerly known as the Technology Strategy Board.

118. Following the funding theme, the Wealth Creation team organised a breakfast meeting for a briefing on Horizon 2020 Funding with Michael Woods from the NHS European Team in September. Similar events are being planned for the future to ensure that local businesses and institutions are aware of all opportunities.

119. The Oxford AHSN exhibited and took part in two events focused on business and innovations: firstly, the VentureFest 2014, held at the Said Business School on 8 July and secondly, the Oxford MedTech – Isis Innovations Showcase held on 18 September 2014.

120. In the Best Care Programme three important events took place:

    120.1. The launch of the Patient Safety Academy in partnership with Health Education Thames Valley on 22 July 2014

    120.2. The launch of the Co–Morbidity in Physical and Mental Health on 23 September 2014

    120.3. The launch of the Fellows in Evidence Based Healthcare on 25 September 2014.

121. Further information on all these events is available on www.oxfordahsn.org

"It was a privilege to launch this latest Network and to meet and chat to so many colleagues across the wider healthcare system bringing a shared perspective and determination. The Network will remind everyone it touches that the mind and body are connected, in ways that we still don't understand that well. The close collaboration and research of colleagues across the Network will advance that knowledge and so improve the capacity of caring staff to attend to the "whole person" for whom they have clinical responsibility. And I hope that the Network will enable more attention to be given to the needs of our staff themselves, which is so often overlooked, but is vital in supporting them in the variety of ways that are appropriate to individual patients, their families and carers".

Mr Geoff Salt, Deputy Chairman, Oxford University Hospitals at the Launch of the Co–morbidity Network

122. Our third Digital Healthcare event took place during the quarter on 17 September in Reading and work continues to make sure that we are reaching the right audience – we are aiming to attract more commissioners and clinicians to the events to facilitate a dialogue between developers and practitioners/payers. A further event will be held in January 2015 in Buckinghamshire.

123. The first Oxford AHSN Stakeholder survey was sent out in September 2014 and 43 responses were received. Over 50% of responders were from the NHS and the remainder were either from a company or worked within a University.

124. Our newsletter was received by the majority who responded to the question (18 people skipped the question), although one person said that they did not receive it. Over 90% thought the newsletter was a useful source of information and read it.

125. All of the respondents had attended at least one event we had organised and most found the event they attended to be excellent or good. However there was room for improvement as some found that the event they had attended was poor or could have been better. As part of feedback, we have noted that provision of additional time for networking at the AHSN Partnership Board meetings would be welcomed.

126. Over half of the respondents had heard of or followed the activities of at least one of our programmes; R & D and Best Care Clinical Networks being those that more people were aware of.

127. A significant number believed the Oxford AHSN is having a positive impact in the region (82%) and on their organisation (67%) and that it adds value to the region (95%). We shall be looking to make sure that the organisational impact is increased over the coming months and that the efforts made will be tested by a further survey.

128. We have now issued a full twelve months' worth of newsletters and the number of subscribers has increased to 726 compared to 656 in July. The content of the newsletters has increased each month and increasingly this is being provided from partners.

129. Twitter is being used actively to promote and share our activities, opinions and events; we also retweet relevant items from our followers and others. Twitter has the advantage of providing immediate updates to followers during events which subsequently stimulate retweets and increases in the number of followers. Twitter will be a very useful tool in increasing the depth of engagement within organisations and across the Network and beyond.

130. We have made approximately 1,000 Tweets. The number of followers has increased to 453 (from 256 in July this year) and we follow 342.

131. The website continues to be updated and refreshed to ensure that those visiting (188,104 hits in September 2014 compared to 96,904 in December 2013) can access the most up to date information. The Head of Communications, Martin Leaver and Megan Turmezei are supporting the development of the Wealth Creation Marketing Strategy, working with Cynthia Clark. The AHSN Branding guidelines are also currently under review particularly to provide clarity for the clinical networks and other work streams.

Financial review

132. The forecast remains largely unchanged from Q1.

OXFORD AHSN FINANCE PLAN		**NHS England**	
Model Period Beginning	**14/15**	**14/15**	**14/15**
Model Period Ending	Full year	Full year	Full year
Financial Year Ending	**2015**	**2015**	**2015**
Year of the 5 Year Licence Agreement	**2**	**2**	**2**
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	420,750	0	420,750
Total income	**5,103,559**	**4,881,783**	**221,776**
Programmes and themes	3,961,339	3,764,990	-196,349
Total core team and overhead costs	1,181,968	1,096,060	-85,908
Total expenditure	**5,143,307**	**4,861,050**	**-282,257**
Surplus/(deficit)	**-39,748**	**20,733**	**-60,481**

Top level KPIs

133. We said in our Business Plan[1] that we would develop eight KPIs, two for each licensed objective. A summary of progress on developing the KPIs is set out below:

Licensed Objective	KPI	Stage of development
Focus on needs of patients and local populations	Number of local priorities addressed	Each clinical network is agreeing a single outcome measure for improvements it is contributing to
	Number of patients positively impacted through reducing unwarranted variation	This will need to be estimated based on the Best Care work streams
Speed of innovation adoption into practice	Number of innovations adopted out of the 5-10 each year	Goal is the innovation is used in care for 80% of eligible patients
	Average time to adoption	As some innovations (e.g. capital intensive) will roll out over several years, this will be used to monitor overall progress
Build a culture of partnership and collaboration	Network activity	Subscribers to e-newsletter 726 (656 July). Twitter followers 453 (256 July)
	Network breadth/depth	Oxford AHSN website - 188, 104 hits in September 2014 (96,904 December 2013)
Create wealth	Number of jobs created	The 15 AHSNs are agreeing a set of wealth creation metrics and the information will probably be sourced from OLS
	Value of commercial research income in NHS providers	Seeking baseline information

[1] http://www.oxfordahsn.org/wp-content/uploads/2014/04/140401_14-15-Business-Plan-ratified.pdf

Review against Business Plan milestones

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 (contract variations agreed in Q2 to reflect funding for PSC and general programme reserve uplift	✓		✓				
	Agreement of funding contributions from NHS organisations and Universities (contributions agreed for 2014/2015)	✓	✓	✓				
	First Partnership Council Meeting and presentation of communications strategy and plan to first Partnership Council Meeting (please note to be presented to AHSN Partnership Board in November)		✓					
	Delivery of the Annual Report		✓				◆	◆
	IT infrastructure for Oxford AHSN implemented (to be completed Q3, linked to the office move)			→	◆			
Best Care	Establishment of 9 Clinical Networks 10th clinical network introduced – Out of Hospital	✓	 ✓					
	Establishment of the Best Care Oversight Group			✓				
	Open publication of Annual Report for each Clinical Network (1st report due April 2015)						◆	◆
Clinical Innovation Adoption	Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations					◆		◆
	Establishment of a Clinical Innovation Adoption Oversight Group and Programme	✓						
	Appoint Director for Innovation Adoption and Innovation Adoption Manager 2nd Innovation Adoption Manager appointed in Q1		✓					

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q 2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
	Establish process and governance under CIA Programme Board for the 2013/14 and 2014/15 implementation of 5-10 high impact innovations CIA Oversight Group established and meeting	✓	✓					
	Establish full process for Clinical Innovation Adoption (CIA) Programme and its Oversight Group (Providers, Commissioners) to include PPIEE		✓					
	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 – 10 Innovations that will have agreed implementation plans	✓			◆		◆	◆
	Identification of potential funding sources for innovation initiatives (cf RIF, SBRI Grand Challenges etc.) SBRI and Horizon 2020 briefing meetings held (see also Wealth Creation)		◆	✓				
	Creation of an innovation dashboard (including uptake)					◆		
Continuous Learning	Agreement of Memorandum of Understanding between Oxford AHSN and HE Thames Valley	✓						
	Establish Patient Safety Academy – launched in Q2	✓		✓				
	Bid for Patient Safety Collaborative			✓				
	Establish Patient Safety Collaborative – due to launch 14 October				◆			
	Establish and promote MSc programme for Evidence Based Medicine – programme recruited to and launched			✓				
	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			→	→	→	◆	

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

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q2	Year 2 Q3	Year 2 Q4	Year 3	Years 4-5
	Establish network of R&D Directors in NHS providers, agree strategy for commercial research development and support commercial research plans for each NHS providers					◆		
Wealth Creation (done)	Establishment of Wealth Creation Oversight Group	✓						
	Develop Wealth Creation strategy and operational plans	✓			◆			
	Appoint Director of Commercial Development	✓						
	Appoint Commercial Development Managers for Berkshire and Buckinghamshire/Bedfordshire		✓					
	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						◆	◆
	Establish detailed working arrangements with Local Enterprise Partnerships for all aspects of wealth creation including inward investment 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 and to support CIA (to be finalised)		✓	✓				

Programme/Theme	Milestone	Year 1	Year 2 Q1	Year 2 Q2	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 Strategy & Information Governance	Appoint Director for Information Strategy – joint appointment with Oxford AHSC IT Team in place	✓		✓				
	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						◆	

Key risks and issues arising

134. There are no new risks and issues to report.

Appendix A – Financial Review

OXFORD AHSN FINANCE PLAN

		NHS England		
	Model Period Beginning	**14/15**	**14/15**	**14/15**
	Model Period Ending	Full year	Full year	Full year
	Financial Year Ending	**2015**	**2015**	**2015**
	Year of the 5 Year Licence Agreement	**2**	**2**	**2**
INCOME (REVENUE)		**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 joint continuous learning	637,000	637,000	0
	Other income	100,000		100,000
	PSC income	320,750		320,750
	Total income	**5,103,559**	**4,881,783**	**221,776**
AHSN FUNDING OF ACTIVITIES				
	Best Care Programme - Clinical Networks	820,867	1,145,200	324,333
	Best Care Programme - Continuous Learning	1,061,750	741,000	-320,750
	Best Care - Population Healthcare Theme	-0	54,830	54,830
	Best Care - Integration and Sustainability Theme	87,500	50,000	-37,500
	Clinical Innovation Adoption	400,900	400,900	-0
	Research and Development Programme	100,000	124,200	24,200
	Wealth Creation	723,861	668,400	-55,461
	Informatics and Technologies Theme	374,250	374,250	-0
	Patient and Public Engagement and Experience	106,210	106,210	0
	CIA support	200,000		-200,000
	Contingency for programmes	86,000	100,000	14,000
	Programmes and themes	**3,961,339**	**3,764,990**	**-196,349**
CORE TEAM AND OVERHEAD				
	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	100,000		-100,000
	Marketing	145,833	143,900	-1,933
	Total core team and overhead costs	**1,181,968**	**1,096,060**	**-85,908**
INCOME AND EXPENDITURE				
	NHS England funding	3,586,000	3,824,783	-238,783
	Membership contributions	459,809	420,000	39,809
	HETV income for continuous learning	637,000	637,000	0
	Other income	420,750	0	420,750
	Total income	**5,103,559**	**4,881,783**	**221,776**
	Programmes and themes	3,961,339	3,764,990	-196,349
	Total core team and overhead costs	1,181,968	1,096,060	-85,908
	Total expenditure	**5,143,307**	**4,861,050**	**-282,257**
	Surplus/(deficit)	**-39,748**	**20,733**	**-60,481**

Appendix B – Matrix of Metrics

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)	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. • 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	- Number of local priorities addressed - Number of patients positively impacted through the introduction of best practice ('reduction in unwarranted variation')	*Best Care Programme (Clinical Networks)* Establishment of the Best Care Oversight Group Open publication of Annual Report for each Clinical Network: • Anxiety & Depression – Prof David Clark • Children – Prof Andrew Pollard • Dementia – Dr Rupert McShane • Diabetes – Prof Stephen Gough • Early intervention in mental health – Dr Belinda Lennox • Imaging - Prof Fergus Gleeson • Maternity –Mr Lawrence Impey • Medicines optimisation – Mr Boo Vadher • Co–morbidity in mental and physical health – Prof Mike Sharpe • Out of Hospital – Dr Daniel Lasserson	1,2,3,4,5	£1,145,200	All ten Clinical Networks now formally established and beginning to build. Formal performance reviews held with all Clinical Networks. Exception review process now in place with 1 Network (Dementia) Oversight Group established & quarterly sessions held (see “Best Care” section of report). Update for Clinical Networks included under “Best Care” section of report. Annual Report publication will follow at Year End.

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
				Population Healthcare Theme This work is being delivered within the Best Care Programme		£54,830	Activities subsumed within Best Care Programme
				Sustainability Theme Establishment of Integration & Sustainability Oversight Group by Q1 Year 2. One high visibility demonstration project showcasing radical sustainability redesign of healthcare service delivery		£50,000	Work plans have been agreed with three clinical networks – these are now being reviewed to assess impact and any refinement to approach required.
2	Speed up innovation in to practice (B)	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	- Number of innovations adopted (of the 10) - Average time to introduce the 10 innovations (from the start of Oxford AHSN involvement)	*Clinical Innovation Adoption Programme* Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations Establish full process for Clinical Innovation Adoption (CIA) Collaborative and its Board (Providers, Commissioners) to include PPIEE Adopt 5-10 innovations per annum Identification of potential funding sources for innovation initiatives (cf RIF, SBR, Grand Challenges etc.)	1,2,3,4,5	£400,900	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. Oversight Group established and first meeting held. Workshop reviewing innovation candidate selection process (for 2014/15) and to confirm / improve the process for 15/16 held.

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
				Creation of an innovation dashboard (including uptake)			Lay members included in review of Innovations
				Continuous Learning Programme Establish Patient Safety Academy and Patient Safety Collaborative Dementia staff training –strategy development and rollout of staff training Health and Well Being - develop engagement plan with HETV for Health and Well Being Boards – link to Sustainability Continuous Improvement – develop and rollout techniques to broad range of staff to support Innovation Adoption programme.		£1,294,532[2]	Fellowships launch event took place in September (immediately prior to the start of the academic year) at Kellogg College. Seven Fellows were formally enrolled into the University of Oxford Masters programmes for Evidence Based HealthCare. Discussions with HETV and University are at an advanced stage regarding repeat funding for a second cohort of fellows. HETV continues to be engaged regarding Dementia Carer support and support for CIA. PSC Proposal submitted to NHSIQ. Formal launch scheduled for 14th October. Engagement events scheduled for Q3 to ratify approach & priorities. Charles Vincent leading.

[2] Includes the additional £553,532 for the Patient Safety Collaborative as per NHS England Contract Variation Letter September 2014

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
							The PSA formal launch took place in Q2, shortly followed by specific training days. These have been a great success, and Board training is soon to commence.
				Informatics Theme Baseline survey of information systems and databases in use completed Informatics strategy agreed Framework for information governance in place		£374,250	Recruitment to the core team has completed (remaining staff members joined in Q2). Good engagement with stakeholders across the region and leaders of all Clinical Networks as part of completing the baseline survey and commencing informatics strategy development.
3	Build a culture of partnership and collaboration (C)	To 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,	- Network activity - Network breadth / depth	*Central Team / Support* First Partnership Council Meeting and presentation of communications strategy and plan to first Partnership Council Meeting Delivery of the Annual Report	1,2,3,4,5	£1,296,060[3]	(Partnership Council held 18 June) Second AHSN Partnership Board met 16 July– presentations and discussions on Best Care, Clinical Innovation Adoption and PPIEE

[3] Includes an additional £100,000 as per NHS England Contract Variation Letter September 2014

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
		sharing and common purpose, which breaks down organisational boundaries to deliver transformational change		IT infrastructure for Oxford AHSN implemented Presentation of communications strategy and plan to first Partnership Council Meeting			Annual Report well received and widely circulated – CEO presented to OUH Board Collaborative IT in process of being rolled out across the core team – linked into move of offices planned for end of Q3 Communications and Branding work underway in alignment with developing marketing plans in Wealth Creation. Websites updated regularly and newsletters issued on monthly basis with significant rise in number of subscribers linked into move of offices planned for end of Q3 First Stakeholder survey undertaken and analysed – to be repeated 6/12

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
				Patient & Public Involvement, Engagement and Experience Establishment of PPIEE Oversight Group 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		£106,210	Patient Experience Strategy Group established between the Oxford AHSN, Thames Valley Area Team and Thames Valley Strategic Clinical Networks (SCNs). A Lay panel has also been established to support the work of the joint Strategy Group. PPIEE plans are being developed with all Clinical Networks within Best Care. Similar plans have also been developed to support the 10 CIA innovation candidates. A pilot Patient Leadership Training Programme has been developed, and run (10 NHS Leaders + 10 Patient Leaders), with a second event held in Q2. A PPIEE component module has been developed to be delivered as part of the Evidence Based Fellowship Programme.

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
							A PPIEE Implementation Manager, to support the programme, has been appointed (started during Q2).
4	Create wealth (D)	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	- Number of jobs - Value of commercial research income in NHS providers	*Research & Development Programme* 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 Establishment of baseline from NHS partners for commercial research activity Establish network of R&D Directors in NHS providers Strategy for the development of commercial research agreed	1,2,3,4,5	£124,200	First Oversight Group held in July 2014 with good attendance from HEIs. Second meeting planned for November. Highlights included importance of developing research networks for nurses and AHPs. Discussions are continuing with Local CRN and the CLAHRC. Synopsis of R & D activities relating to health and life sciences being prepared as part of joint work with Wealth Creation.

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
				Develop commercial research plan in each NHS provider			
				Wealth Creation Programme Develop detailed implementation plans for strategy with LEPS, Universities and NHS for inward investment 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 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		£668,400	Database of organisations, contacts and opportunities covering in-bound and outbound innovations established Terms of Reference for the Wealth Creation Oversight Group have been drawn up, along with potential participants. The proposal approved in July, – discussions with LEPs and other stakeholders being finalised Development of internal account management system in progress, along with strategies for sharing information and contacts with LEPs in progress. The AHSN Marketing Plan approved by July AHSN Board. Scoping of commercial support to R&D and Best Care (Innovation Adoption) in progress. The AHSN sponsored and exhibited at VentureFest on 8 July in Oxford.

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 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)			AHSN also attended and exhibited at the Isis Innovation Showcase in September Analysis of Universities research strengths in preparation for circulation to potential partners
						£4,861,050	

Appendix C - Risks Register & Issues Log

Issues

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
18	Oxford AHSN Corporate	**Whilst funding for 14/15 is now clear funding over the remaining years of the licence is still unclear.** **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. £2m in 16/17 and £3m in 17/18.**	Significant	Financial	No funds, except for the permanent AHSN staff, are committed beyond 30th June 2015 (except for Continuous Learning where the first cadre have been committed to for the full three years - until 2017). Between June and September 2014 we are discussing 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. A fully revised cash flow forecast is prepared every quarter and presented to the Oxford AHSN Board as part of the Quarterly reports. This forecast includes both a 'best case' and 'worst case' scenario. 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, payments are now being collected and fully expect to achieve this figure for 14/15. For 15/16 and beyond it is likely that this level of contribution will need to double to ca. £1m The Commercial Development Team are identifying other income sources for the AHSN	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28/11/2013	Action - 60% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
19	Oxford AHSN Corporate	**The interface with, and respective roles of, the Strategic Clinical Networks (SCN) and the Senate remain unclear.** **There may also be elements of duplication e.g. there is an SCN Dementia Network**	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. Cardiac and Diabetes networks now attend the Best Care Programme Board, whilst plans and progress is now being made with the others. The AHSNs have been invited by NHS England to contribute to a review on SCNs, clinical senates and AHSNs which will report to NHS England in Q3.	AHSN Chief Executive	Best Care SRO	03/06/2014	Action - 60% Complete	
20	Oxford AHSN Corporate	**Improve clarity across the team with regards our strategic purpose** **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**	Minor	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. Have established a monthly Strategy (Programme & Theme Leads) meeting to air, discuss and resolve cross programme strategic issues Need to establish local team working e.g. Clinical Networks and steps 4-10 of the Clinical Innovation Adoption Process - clinical network managers now appointed for all networks which will support this process	AHSN Chief Operating Officer	AHSN Chief Operating Officer	03/06/2014	Action - 20% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
21	Oxford AHSN Corporate	**Improve understanding of inter-dependencies between the Themes and Programmes** **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**	Major	Process	Joint bi-weekly review meetings for Best Care and Clinical Innovation Adoption with Informatics in attendance Monthly progress reporting at Management Meeting Visibility of Programme & Theme activities via the SharePoint infrastructure CRM system for contact tracking and management being implemented to ensure knowledge of activities is widened	AHSN Chief Operating Officer	AHSN Chief Operating Officer	03/06/2014	Action - 40% Complete	
22	Best Care (Clinical Networks)	**Patient Safety Collaborative development and mobilisation between 15th July and 1st October**	Minor	Strategy	Our Patient Safety Academy is now launched and active. Professor Charles Vincent to lead the Patient Safety Collaborative The Patient Safety Federation and the South of England Mental Health Collaborative are fully engaged in the developing plans Additional funding to support PSC has been confirmed by the NHS Patient Safety Lead, Mike Durkin (£5m in year 1 and £10m in years 2-5 across all 15 AHSNs) Bid submitted for launch to NHS England on time by 14th October 2014.	AHSN Chief Operating Officer	Best Care SRO	24/07/2014	Resolved	

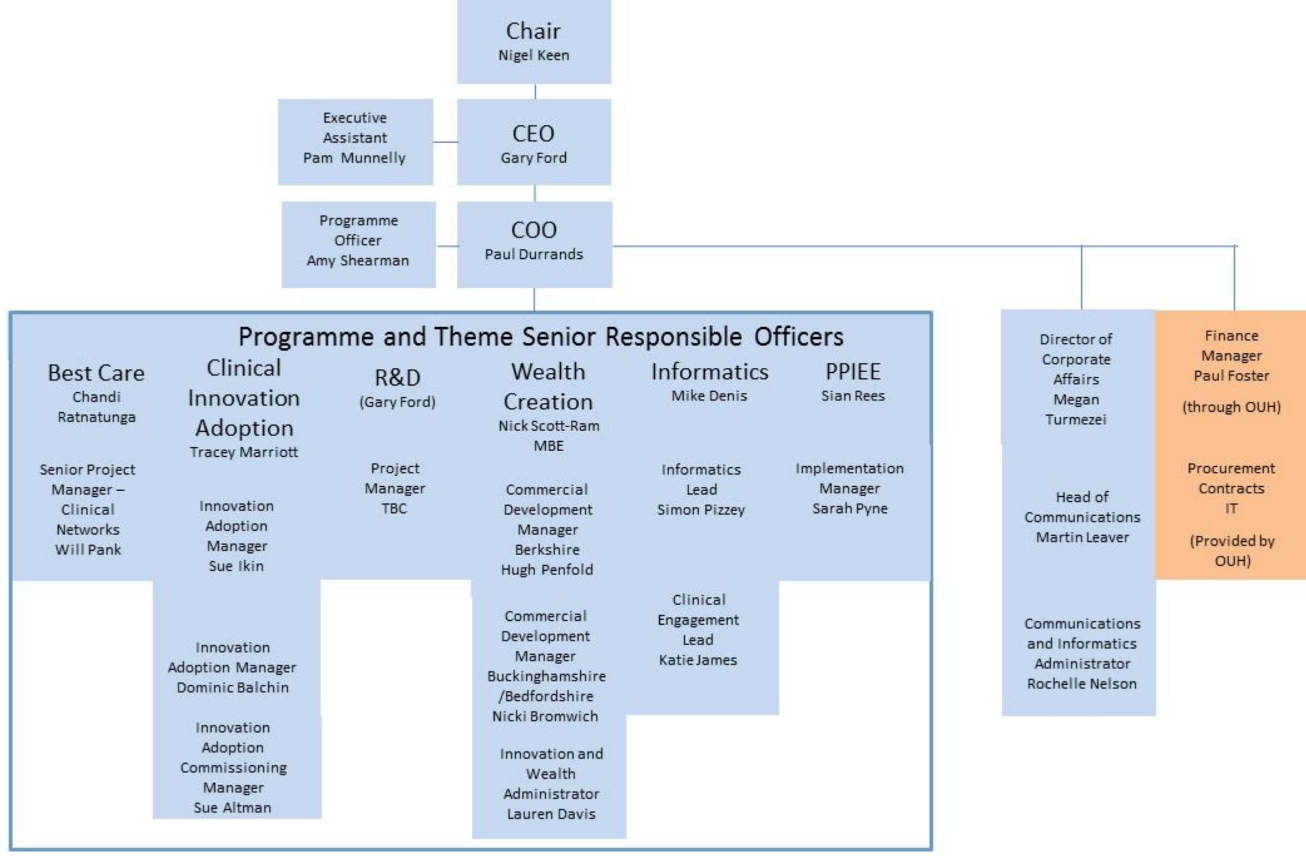
#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
23	Best Care (Clinical Networks)	**Failure of the Dementia Clinical Network to deliver fully**	Major	Product / Service	Best Care SRO & Programme Manager to work with the Dementia Network Clinical Lead and Manager to ensure the network has realistic objectives, in terms of both quantity of plans and their timeframes. Look in to the possibility of re-assigning the Clinical Leadership of this Network Two AHSN Board members are reviewing the role and deliverables of the Network	AHSN Chief Operating Officer	Best Care SRO	31/07/2014	Action - 80% Complete	
24	Oxford AHSN Corporate	**Need to identify on-going ownership of, and support for, Oxford AHSN IT and to ensure roll-out, training and on-going support**	Minor	Technology	Discussions nearing completion and plans being developed to ensure proper management and roll out of core team IT collaborative tools. Discussions have been held with potential support teams. The Core Team owner has been identified (Director of Corporate Affairs) Plans in place for migration to single email system and use of Sharepoint to tie into office move and to provide training and resources to support this	AHSN Chief Operating Officer	AHSN Chief Operating Officer	10/09/2014	Action - 20% Complete	

Risks Register

#	Programme / Theme	Risk	Description of Impact	L	I	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
1	Oxford AHSN Corporate	**Failure to establish culture of cross-organisation working between our partners**	Absence of common culture and presence of hostility and suspicion Scarcity of integrated care Absence of leadership Lack of progress Insufficient depth of network in our Partners, staff and structures	Medium	Medium	> 6 months	Leadership supporting a culture of collaboration, transparency & sharing Agreed Vision, Mission and Values. Ensuring a culture of inclusivity & sharing Stakeholder analysis of our Clinical Networks to ensure geographic spread and multi-disciplinary representation. Funding Agreement contains explicit requirements to share and collaborate Partnership Board from across the geography and key stakeholders. Oversight Groups for each Programme, broadening representation from across our stakeholders. In Wealth Creation Programme local working groups have been established with each of the 4 LEPs. In addition we have two members of the team who are each focused upon a specific geography and are based out in the geography Celebrate early successes through Case Studies & Events Regular monthly newsletter. Documented Marketing and Communications strategy Establishment of shared working for programmes e.g. using SharePoint Keep reviewing depth of engagement with Clinical Networks and all programmes and events	AHSN Chief Executive	Programme SROs	06-Sep-13		AMBER

#	Programme / Theme	Risk	Description of Impact	L	I	Timeliness	Mitigating Action	Owner	Actioner	Date Added	Date Mitigated	RAG Status
6	Oxford AHSN Corporate	**Failure to increase innovation and grow the local life science cluster**	Absence of change in clinical care Outward migration of life science industry Increased local unemployment	Medium	Medium	> 6 months	Have established a Clinical Innovation Adoption Programme focusing upon 10 innovations a year. Established a Commercial Development Team - including joint posts with OBN and the University of Reading. Promoting, and supporting, SBRI calls / events and supporting other key investor events e.g. BioTrinity and VentureFest. Hosting an Inward Investment Conference. Host quarterly Healthcare App Development networking events	AHSN Chief Operating Officer		06-Sep-13		AMBER
9	Oxford AHSN Corporate	**Failure to establish a sustainable infrastructure to continue Programme / Theme delivery without Oxford AHSN support**	Programme activities cease Silo working re-emerges to the detriment of patients	Medium	Medium	> 6 months	Successful delivery of all Programmes as per the Business Plan will strengthen Partner support Establishment of collaborative working across, and between, Partners as the 'normal' way of working We will commit to fund the clinical networks until March 2016 but need to review future funding beyond March 2016 in September 2015/16.	AHSN Chief Operating Officer	AHSN Chief Operatin g Officer	31-Jul-14		AMBER

Appendix D – Oxford AHSN Core Team



Appendix E – List of Key Events held during Q2 and forward plan

Best Care	Innovation Adoption	Wealth Creation	R & D	Informatics	PPIEE	Corporate Network wide

Month	Week 1	Week 2	Week 3	Week 4	Week 5
July 2014	3rd SBRI meeting for AHSN/LEPs	7th R & D Oversight Group meeting	16th AHSN Board and AHSN Partnership Board	22nd Patient Safety Academic launch	29th Senate Council meeting
		8th Oxford VentureFest	18th Best Care Oversight Group		
August 2014					
September 2014		8th Cabinet Office review/deep dive			
	4th Diabetes Clinical Network meeting	10th Horizon 2020 breakfast	18th Isis Showcase AHSN stand	24th Co-morbidity Clinical Network Launch 25th MSc Fellowship Launch	
		17th Map the App meeting, Reading		25th Visit of John Stewart, NHS England 25th AHSN Board	
				25th National AHSN PPIEE meeting	

Month	Week 1	Week 2	Week 3	Week 4	Week 5
October 2014	2nd OUH AGM AHSN stand		14th National launch for Patient Safety Collaboratives 14th HETV Autumn Conference 15th Imaging Clinical Network Launch		30th SBRI Briefing event, Green Park, Reading to include update from Innovate UK (formerly TSB)
	2nd OBN Annual Awards Dinner - Oxford AHSN Sponsoring new award		15th Thames Valley and Milton Keynes Patient Experience Strategy Group		
	2nd National AHSN PPI Network meeting		20th R & D Oversight Group meeting	27th AHSN Board and AHSN Partnership Board meeting	
November 2014			21st Maternity Clinical Network Launch	24th Visit to core team of Will Cavendish Director General of Innovation Growth & Technology DoH	
December 2014	1st R & D meeting, Milton Keynes NHS FT		15th Children's Clinical Network Launch		
January 2015				22nd AHSN Board meeting	
February 2015					
March 2015				26th March AHSN Partnership Board meeting	