

Oxford Academic Health Science Network Report to NHS England

For the period ending 31 December 2014 (Q3)

Professor Gary A Ford CBE

30 January 2015

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Chief Executive's Review

I am pleased to present our Q3 2014/15 report outlining the progress made by the Oxford Academic Health Science Network.

Highlights in the last three months include:

- Partner case studies – Training Patient Leaders and SBRI winning University of Reading spinout for rapid heart failure test.
- The launches of the Maternity, Children's and Anxiety and Depression Clinical Networks with well over 250 participants and speakers drawn from local Trusts and Universities and national leaders. Dr Craig McDonald of the Children's Clinical Network has published a report on "Variation in Paediatric Care in the Thames Valley".
- The Patient Safety Collaborative (PSC) published its prospectus and I am delighted to report that Professor Charles Vincent will lead the PSC supported by Jill Bailey who is joining the AHSN from Oxford Health. We have received funding from NHS England.
- HETV and the University of Oxford have agreed to fund the 2015/16 tranche of Fellowships in Evidence Based Medicine.
- The Early Intervention in Mental Health Clinical Network has been asked by NHS England to lead on work across the South of England to improve the region's capacity and capability to deliver Early Intervention in Psychosis.
- Clinical Innovation Adoption – The CIA programme plans to support ten innovations during 2015/16, four innovations selected from submissions, five being developed with our networks (diabetes, dementia, out of hospital, meds optimisations and Patient Safety Collaborative) – and one further innovation will be selected during Q2 2015/16 after further engagement with NHS organisations.
- The second meeting of the R & D Oversight Group and the establishment of a group to encourage and enhance nursing, AHP and other areas of non-medical research activities between the Universities and the NHS Trusts.
- Wealth Creation – engagement in Berkshire and Buckinghamshire has been strengthened since Hugh Penfold and Nicki Bromwich joined the Oxford AHSN in September.
- Nick Scott-Ram and Julie Hart are leading the region's bid for the Innovate UK's Precision Medicines Catapult working also with the Oxford AHSC Board members.
- The first meeting of the Chief Information officers from across the Oxford AHSN region.
- The Informatics team have worked with local senior IT and IG managers to find solutions for data sharing for the Maternity clinical network.
- The move of the core team to new offices in the Magdalen Centre on the Oxford Science Park went very smoothly thanks to Megan Turmezei. We now have much more meeting space available to partners and stakeholders.
- Levels of engagement have stepped up again this quarter – we can always do more and we will be strengthening our communication efforts.

Looking forward:

- In response to the Five Year Forward View, we are developing the Oxford AHSN strategy – this process will involve all our partners.

- In March we will hold a workshop to further develop the four initial themes with their clinical leaders on Acute Kidney Injury (Emma Vaux from RBH), Pressure Ulcers (Ria Betteridge from OUH), Medicines Safety (Bhulesh Vadher from OUH) and Mental Health (Jill Bailey, Oxford Health and Oxford AHSN).
- We will be recruiting up to seven Fellows for the MSc Evidence Based Medicine – this will be open to all clinicians, healthcare scientists and managers across the Oxford AHSN region.
- Working up the detailed cases for the new clinical innovations for adoption during 2015/16.
- Delivery of the feasibility studies for six Trusts/Universities for carbon and costs savings.
- We may hear the outcome of the NHS England review of the NHS improvement architecture.
- The fourth meeting of the Oxford AHSN Partnership Board which will review proposals for the Network's Strategy and ratify the Business Plan for 2015/16.

Gary Ford

Professor Gary Ford CBE, FMedSci

Chief Executive Officer, Oxford AHSN

Case Studies

Case Study 1: Training patient leaders

<p>Key points at a glance - A new course is encouraging a cultural shift in the NHS by giving patients the tools to operate as equal partners in decision-making - helping to make genuinely patient-centred care a reality. Patient representatives are now working with senior NHS leaders in a number of key areas including recruitment, reviewing patient pathways, revalidating doctors and in the assurance process for Clinical Commissioning Groups.</p>
<p>Background Summary - The Oxford AHSN, Thames Valley Strategic Clinical Network, NHS England Thames Valley and Thames Valley and Wessex Leadership Academy worked together to develop a Patient Leaders programme to give patients a stronger voice in decision-making with NHS staff.</p>
<p>Challenge identified and actions taken - Key organisations identified that more needs to be done to put patients at the centre of health service decision-making. They came together to create a special Patient Leaders programme which was tested in a successful pilot workshop in 2014.</p>
<p>Outcomes - Patient representatives are now working with senior NHS leaders in a number of key areas including recruitment, reviewing patient pathways, revalidating doctors and in the assurance process for Clinical Commissioning Groups.</p> <hr/> <p style="text-align: center;"><i>Mark Stone, Patient Experience Strategy Group Patient Representative said</i></p> <p style="text-align: center;"><i>"I saw a patient with personal experience of head and neck cancer noticeably increase in confidence and competence during the course of the programme. He was keen to improve community services for head & neck cancer based on personal experience and those of other patients – he had clear ideas but didn't know who to contact, where to begin or what to do to get these to happen.</i></p> <p style="text-align: center;"><i>By the end of the programme, he understood how to find out who the key stakeholders and decision-makers were, what information they would need, and had the confidence to take forward his ideas. He has since worked with Macmillan Charity and NHS commissioners to help develop the specialist service he had envisaged."</i></p> <hr/>
<p>Plans for the future- The Patient Leaders programme is being adapted and extended with three more workshops for a total of 60 people running in 2015. Crucial is the pairing of patient and NHS staff member.</p>
<p>Contact for further information Patient Leaders: mark_stone@mac.com and munt12@aol.com Oxford Academic Health Science Network: sian.rees@phc.ox.ac.uk Clinical Commissioning Group Assurance Kathryn.davies13@nhs.net NHS England Thames Valley Area Team: juliekerry@nhs.net Thames Valley Strategic Clinical Network: scandler@nhs.net</p>
<p>AHSN core objectives A and C - focus on the needs of patients and local populations and building a culture of partnership and collaboration</p>
<p>Clinical priority or enabling theme/s PPIEE theme</p>

Case Study 2: Spreading the word about new rapid heart attack test 2014 ongoing (CFT)

<p>Key points at a glance - The Oxford AHSN acted as ‘matchmaker’ bringing together innovative clinicians working on a rapid test to diagnose heart attack which went on to win over £1m in SBRI Healthcare funding in 2014. This will be used to turn cutting-edge research, developed at the University of Reading, into a product which could save lives and make a big difference to hard-pressed A&E departments. The new product is due to enter clinical testing in hospitals in the Oxford AHSN region in 2016, with a launch expected at the end of 2017.</p>
<p>Lead AHSN and joint partners - Oxford AHSN and the University of Reading (Department of Pharmacy)</p>
<p>Background summary - The Oxford AHSN Wealth Creation team helped Capillary Film Technology (CFT) – a new company linked to University of Reading – make the right connections with the NHS including Bucks Cardiologist Dr Piers Clifford – identified by the HSJ as a top NHS innovator in 2014. The relationships developed over a series of events organised or sponsored by the Oxford AHSN.</p>
<p style="text-align: center;"><i>“This is a great example of how NHS clinicians, universities and emerging UK health tech SMEs can be connected by an Academic Health Science Network.”</i></p> <p style="text-align: center;"><i>Oxford AHSN Chief Operating Officer Dr Paul Durrands.</i></p> <p style="text-align: center;"><i>“This is a fantastic example of university research and innovation being transferred into industry to help solve real-world problems.”</i></p> <p style="text-align: center;"><i>Dr Al Edwards, co-founder of Capillary Film Technology (CFT).</i></p>
<p>Challenge identified and actions taken - CFT has been developing a cost-effective, sensitive point-of-care microfluidic testing technology to diagnose acute coronary syndrome.</p> <p>CFT promoted this technology in a poster showcase hosted by the Oxford AHSN at the BioTrinity life sciences event in May 2014. The following month CFT exhibited at the Oxford AHSN annual general meeting where they had initial discussions with cardiologist Dr Piers Clifford who works in Buckinghamshire hospitals. They have gone on to develop an effective working partnership.</p>
<p>Outcomes - CFT received funding totalling over £1m through SBRI Healthcare – a £100,000 phase 1 feasibility fund (April 2014) and £1m phase 2 fund (December 2014) to develop a test for use in NHS A&E departments to diagnose myocardial infarction. CFT was also shortlisted in the inaugural Oxford AHSN Public-Private Collaboration awards in August 2014.</p>
<p>Plans for the future - CFT is now working with partners in the NHS, pharmacy and industry to develop a prototype to be clinically validated in preparation for regulatory approval.</p>
<p>AHSN Core objectives - B – Speed up adoption of innovation into practice to improve clinical outcomes; C – Build a culture of partnership and collaboration; D – Create wealth through co-development, testing, evaluation and early adoption and spread of new products and services.</p>
<p>Clinical priority of enabling theme/s - 1 – reducing premature mortality; 3 – helping people recover from episodes of ill-health or following injury - 4 – positive experience of treatment and care; 5 – treating people in a safe environment and protecting them from avoidable harm.</p>
<p>Other themes - Cardiac, heart attack, wealth creation, technology</p>
<p>Contact for further information - Dr Nick Scott-Ram Director of Commercial Development E-mail: Nick.Scott-ram@oxfordahsn.org</p>

Operational overview

1. In January 2014 there were just eight people working in the Oxford AHSN core team. There were no clinical networks, no Clinical Innovation Adoption programme and no commercial or informatics teams. By April we had recruited all the senior team. By September all the programmes and themes had started. At the end of December we had launched most of the clinical networks, launched the Patient Safety Academy, which is delivering across all NHS providers in the region, and established the Patient Safety Collaborative with new funding from NHS England.
2. The Best Care programme is starting to deliver. The Children's network launch in December was attended by about 100 clinicians and managers and featured the publication of Dr Craig McDonald's report on "Variation in Paediatric Care in the Thames Valley" – this shows wide variation in admissions for common presentations such as gastroenteritis and sepsis.
3. Around 100 clinicians and managers attended the Maternity network launch – impressive on a cold wet Friday evening! The Anxiety and Depression (IAPT) clinical network launch attracted more than 100 participants with contributions from clinicians from across the Oxford AHSN and national leaders.

"I congratulate the Oxford AHSN for prioritising mental health."

Lord Layard, Director of the Wellbeing programme of the London School of Economics, at the launch of the Oxford AHSN Anxiety and Depression Clinical Network:

4. I would also like to highlight the launch of the Patient Safety Collaborative prospectus, the appointment of Professor Charles Vincent as the lead and Jill Bailey as the Head of Patient Safety.
5. The Early Intervention in Mental Health Clinical Network has been asked by NHS England to lead on work across the South of England.
6. This week Nick Scott-Ram and his commercial team, Tracey Marriott and I met the UK Managing Director of Janssen Healthcare, Mark Hicken, and colleagues at their Head Office in High Wycombe. A year ago the Clinical Innovation Adoption programme and Wealth Creation programme were just ideas – now both programmes are up and running with 60 work streams between them.
7. The Clinical Innovation Adoption (CIA) programme 2014/15 ten innovations are progressing well towards adoption – as expected the majority will complete in 2015/16. The CIA programme is engaged right across the health system including three innovations (anti-coagulants, ECG monitoring and memory drugs) in primary care.
8. The Wealth Creation programme is managing 45 work streams, ten of which will deliver by March 2015. Hugh Penfold and Nicki Bromwich, who joined us in September, have made great strides in engaging the community in Berkshire and Buckinghamshire. Julie Hart is working hard with Nick and colleagues to develop the bid for the Innovate UK Precision Medicine Catapult – up to £200m for the Oxford AHSN region over ten years; this process

has galvanised support from our Universities, NHS providers, commissioners and from very strong life science industrial base we have in the region.

9. Looking forward to the year end, Clinical Innovation Adoption will have facilitated the uptake of the Intermittent Pneumatic Compression Stockings (to reduce mortality after stroke) and Intra Operative Fluid Management benchmarking. In addition rollout of the Gestational Diabetes Monitoring system will have reached Oxford University Hospitals, the Royal Berkshire Hospital and Milton Keynes Hospital.
10. Through a robust process engaging commissioners, providers, patients and industry we have now identified four projects and two topic areas (diabetes and dementia) of the ten innovations for 2015/16.
11. Engagement with the life science industry continues to be strong with interactions with more than 100 companies. An early success has been achieved with Capillary Film Technology, led by Dr Al Edwards from the University of Reading, in collaboration with Dr Piers Clifford from Buckinghamshire Healthcare NHS Trust, securing £1 million SBRI funding to develop diagnostics for heart failure (see Case Study 2). With the relationships and connections we are fostering across the system we can quickly link companies to clinical groups – an example is linking, just before Christmas, Isansys (led by Keith Errey), another a local SBRI winning company specialising in remote monitoring of high risk patients (see <http://www.sbrihealthcare.co.uk/news/isansys-lifecare-wins-1million-sbri-healthcare-contract-to-support-nhs-objectives/>), with the Out of Hospital Network (led by Dan Lasserson) – a clinical validation trial will be underway soon.
12. We also have a developing relationship with Cranfield University and Bedford Hospital – winners of the inaugural Oxford AHSN and OBN Award for the best public-private collaboration for a device to measure bone density in the community using acoustics. This and other collaborations will be followed up in Q4 with a visit to Cranfield.
13. During the quarter, a successful workshop on carbon savings from energy and sustainability projects was held with participating Trusts and Universities. By March 2015, six Trusts/Universities will have completed feasibility studies for substantial carbon and cost savings.
14. HETV has agreed to support a Boot Camp for clinical entrepreneurs which will support innovation development and uptake in the NHS.
15. We have added additional interim resource to Informatics to ensure delivery of our key milestones by March 2015. Informatics held its first meeting with the CIOs from across the region. Working with local senior IT and IG managers, the Informatics team has found solutions to data sharing for the Maternity Clinical Network which will enable improved decision support for patient care across the region.
16. The Oxford AHSN core team has now moved to new accommodation on the Oxford Science Park in the Magdalen Centre. The new office has three meeting rooms that are being used flexibly, break out space and a number of hot desks that can be used by visiting partners.
17. We are recruiting permanent staff for Informatics and for the Patient Safety Collaborative. We are also adding resource to the Clinical Innovation Adoption programme to support the adoption of the next wave of innovations.

18. The financial forecast remains largely unchanged.
19. Oversight Group meetings for the Programme and Themes, including the PPIEE group that is working in partnership with the NHS England Area Team and the Thames Valley Strategic Clinical Networks, have been held including the first meeting of the Wealth Creation Groups in December 2014. The first meeting of the Informatics Oversight Group will be held early in Q4.
20. The well-attended third Oxford AHSN Partnership Board meeting held on 27 November reviewed the Wealth Creation Strategy and proposals for clinical outcome measures for the clinical networks. There was also a good debate on the ways in which the Oxford AHSN can add value, particularly to the deliberations of commissioners.
21. The Oxford AHSN has taken part in the national review of the NHS improvement architecture led by NHS England.
22. Oxford AHSN website hits have doubled year on year to 171,453 hits in December. Subscribers to the newsletter increased to 885 (726 September) and we continue to add Twitter followers - over 600 at the end of September. The Oxford AHSN has over 100 work streams/projects. We need to ensure that our partners are aware of the work and that they are engaged where they feel they would benefit from collaboration. We are undertaking more work to strengthen our communications – this has been added to the Issues Log.

Best Care programme

23. All ten Clinical Networks now have key personnel in post to support their administration, their activities and growth. Q3 has seen the expansion of the roles of many networks, whilst others have focused on strengthening their regional engagement.

Best Care programme - Clinical Networks

24. Three further launch events have taken place this quarter – Maternity, Children’s and Anxiety and Depression (IAPT) Clinical Networks.

“Well done with the Oxford AHSN Maternity Network Launch – it shows great promise for Thames Valley maternity services “

Consultant Obstetrician – Royal Berkshire Hospital NHS FT

25. All these launches benefited from working closely with the other networks, and learning from the reviews of previous launches. Each launch was attended by round 80-100 clinicians and managers and received positive feedback. They featured talks from local clinicians, university researchers, patients and private enterprises, as well as talks from national policy leaders. They focused on creating a shared sense of purpose and encouraging engagement and involvement in the work of the networks.

“Dear Julie & Liz¹

Good afternoon. I would like to acknowledge your excellent outreach work on flu at the Slough children’s centres on behalf of the Slough public health team, children’s services (SBC) and the Slough CCG. Please find attached a letter of appreciation. I hope that you could find some time in 2015 to carry on this work more widely in the Slough community/primary care to increase Flu as well as the general Imms uptake.”

Dr Onteeru Buchi B Reddy

Public Health Programme Manager, Public Health & Wellbeing, Slough Borough Council

26. The Early Intervention Clinical Network has taken on national work for NHS England in addition to its Oxford AHSN regional work, and this has required additional scoping exercises and negotiations over funding. Nonetheless, projected delays to the original plans remain minimal.
27. The Best Care Oversight Group, which meets quarterly, scrutinised network membership in its November meeting, and highlighted the need for better and stronger communications and stakeholder engagement. Steps are being taken to support better engagement across the Oxford AHSN between the clinical networks and the healthcare providers and commissioners, building on the contacts and links already established and being developed by the Network Managers and the Network Clinical Leads.
28. The Oxford AHSN has stressed the importance of recording and sharing contacts, meetings and engagement; a software system (Microsoft Dynamics, Customer Relationship Management) is currently being tested for this purpose. At the same time an exercise in stakeholder engagement planning is underway which will be reviewed and refined over Q4 and Q1 2015/16.
29. A few of the projects in the Dementia network plans have been delayed by the availability of key staff; the Oxford AHSN core team has put in place a recovery plan, including the dedication of central resources to the network with a twin focus on membership recruitment and engagement, and on project plan delivery (recruitment for a Network Manager was successful in January 2015).

	Quarterly Review	Manager appointed	Launch arranged	Milestones on track
Anxiety & Depression				
Children’s				
Comorbidity				
Dementia				
Diabetes				
Early Intervention				

¹ Julie Wild and Liz Davis are two of the Children’s Network Nurses supporting the deliver of the flu immunisation programme

Imaging				
Maternity				
Medicines Optimisation				
Out of Hospital				

30. There have been delays to the Imaging and Maternity networks as a result of information governance issues. These issues have been resolved with the assistance of the central Oxford AHSN Informatics team, and lessons have been learned, primarily that large-scale regional data sharing must be achieved incrementally, rather than in one sweeping step. The delays are estimated to be two to three months, but recoverable, and all teams are now focused on said recovery.

“ The Oxford AHSN Maternity Network should help us share data and best practice with more confidence “ – Dame Fiona Caldicott, Chairman, Oxford University Hospitals and National Data Guardian

31. An important presentation at the launch of the Children’s Clinical Network was on the variations in admission rates across the Network for initially the top 20 primary diagnoses and subsequently on the following conditions: gastroenteritis, acute bronchiolitis, fever/sepsis, asthma and pneumonia. This is an important piece of work, intended to address a key objective for the best care programme: the reduction in variation. Work is now continuing within the Children’s Clinical Network to address the issues raised.

- **Report** : “Variation in Paediatric Care in the Thames Valley”, Dr Craig McDonald.
- Compared admission rates, day case rates and mean length of stay for 5 common paediatric conditions and revealed significant variation within the Oxford AHSN region.
- **Admission rates:** between 2.9 and 7.6 fold variation differences in admission rates across the region.
 - CCGs with significantly (>2SD) above the national average in **red**
 - CCGs **within 2 SD** of the national average are highlighted in **amber**
 - CCGs (<2SD) below the national average are marked in **green**

	Gastroenteritis	Bronchiolitis	Asthma	Pneumonia	Fever / Sepsis (0-4)	Fever / Sepsis (5-17)
Aylesbury Vale						
Bracknell and Ascot						
Chiltern						
Milton Keynes						
Newbury and District						
North & West Reading						
Oxfordshire						
Slough						
Reading						
Windsor, Ascot & Maidenhead						
Wokingham						

Key Clinical Outcome Objectives for Clinical Networks

32. The clinical networks were challenged while they were forming to identify a key 'Outcome Objective' which focused on the three components of quality of care. The three components that make up NHS England's high quality care are effective clinical care, safe care and care that provides a positive patient experience.
33. In discussions with the Clinical Networks the three criteria by which the outcomes have been assessed are:
34. **Relevance** (to the general public – i.e. does it address a key, common issue, such as mortality, or length of stay, or length of treatment, or quality of outcome?)
35. **Measurable** (will the stated outcome objective be measurable, and will we therefore be able to prove that the network has made a positive impact?)
36. **Achievable** (is the stated outcome objective realistic? Will it be possible to achieve it, given the time and resource available?)
37. This challenge has been largely met, as confirmed by the Oxford AHSN Partnership Board's review of the objectives in November. The Partnership Board did stress the importance of engagement with commissioners in order to ensure that outcomes had impact across the population. In addition, it was agreed that NHS trusts might suggest outcomes for consideration that reflected internal service issues; for example, care for diabetes within the general services. This is to be explored further.
38. The intention is that the Networks and the outcomes would, over a short period of time, become a valuable resource for commissioners, providers and researchers. The links with informatics are extending with the development of data analysis capability. Further progress is expected in Q4 on this important area.
39. The Informatics team, led by Mike Denis with Katie James as Clinical Engagement Manager, has continued to support the clinical networks regarding Information Governance (IG).
40. The team has now engaged an IG consultant, Clare Sanderson, who is highly regarded in the field. Clare will support in three ways: provide expert advice to ensure the clinical networks have gained appropriate IG permissions, provide reactive support to short IG queries, but mainly to support the creation of the overarching IG arrangement that will engage senior IG figures across the Oxford AHSN network.
41. Overarching IG Arrangement – Caldicott Guardians and IG leads have been engaged regarding the plans to create the IG arrangement to support projects across the Oxford AHSN and have been invited to participate in a forum aimed at creating an agreed IG position.

Network		Relevant	Measurable	Achievable	Accepted
Anxiety & Depression	Improve the recovery rate of patients suffering from Anxiety or Depression	✓	✓	✓	✓
Children	To improve the health of children by providing better quality prevention and treatment of the leading causes of hospital admission.	✓	✓	✓	✓
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	Improve the patient experience associated with diabetes care, reduce the variation and absolute levels of diabetes complication risk attributable to elevated blood glucose and thereby reduce the incidence of diabetes related complications	✓	✓	✓	✓
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	We will streamline the diagnostic pathways so that patients can decide on their best treatment options more quickly	✓	✓	✓	✓
Maternity	Reduce the number of pre-term births occurring outside the Tier 3 Hospital environment	✓	✓	✓	✓
Medicines Optimisation	Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients	✓	✓	✓	✓
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.	✓	✓	✓	✓



Prof Neena Modi, President of the Academic Paediatrics Association, at Oxford AHSN Children's Clinical Network launch: "You are trailblazers."

Best Care programme- Continuous Learning

42. Funding for a second cohort of MSc Fellowships has been agreed with University of Oxford and Health Education Thames Valley, with both parties providing funds. The marketing campaign for year 2 cohort intake has started and great interest is being shown. The course is open to all those working in healthcare.
43. The year 1 cohort of the MSc in Evidence-Based Healthcare has now begun the course and the Fellows explained their proposals very enthusiastically at the launch held in Q2. Two modules have been run as scheduled: *The Practice of Evidence-Based Health Care* (October 2014) and *Introduction to Study design & Research Methods* (December 2014)

@OxfordAHSN great so far, very steep learning curve! It completely changes the way you view research and how you use it in practice.

(Tweet from Joseph Korge, physiotherapist in mental health)

44. The Patient Safety Academy has made progress in all three project areas:
 - Surgical training: All trusts engaged & champions identified, with training begun at four out of five acute trusts.
 - Board training: All trust boards engaged and positive. Board-specific training courses have now been agreed in a number of trusts.
 - Primary Care & Mental Health training: Pilot projects scoped with a view to launching in Q4.

	Quarterly Review	Manager appointed	Launch arranged	Milestones on track
Patient Safety Academy			Held in Q2	
Evidence Based Healthcare			Held in Q2	

Best Care programme - Patient Safety Collaborative (PSC)

45. 15 Patient Safety Collaboratives have now been established by NHS England in each of the 15 AHSNs. The successful national launch was held on October 14th and the proposals for Oxford AHSN's PSC work was detailed in the [prospectus](#). In particular, the early priorities are:

- The active engagement of patients and carers
 - The development of a safety information system for the PSC (see also informatics theme)
 - The establishment and support of four key programmes; and
 - The development of capacity and capability in leadership for safety improvement.
46. The PSC will also act as an umbrella and coordinating centre for the many important patient safety initiatives – both practice and research – within the Network’s four counties.
47. The PSC has now appointed a Head of Patient Safety, Jill Bailey, who will act as the senior manager for the Collaborative, working closely with the Lead, Professor Charles Vincent. Advertisements are now being placed for the next tier of staffing who will support clinicians to take forward the four initial areas of focus:
- Acute kidney injury - led by Dr Emma Vaux, Royal Berkshire Hospital NHS FT
 - Medication safety - led by Boo Vadher, Oxford University Hospitals NHS Trust
 - Pressure ulcers - led by Ria Betteridge, Oxford University Hospitals NHS Trust
 - Safety in mental health; led by Jill Bailey, Oxford Health NHS FT and the Oxford AHSN.
48. A second area of work for the PSC is the engagement of local stakeholders in the planning of four workshops. For this reason, a workshop is being held in early March to build on survey work undertaken in Q3 which gathered views on proposals and suggestions on other areas to be looked at. The workshop will aim to expand on this and develop proposals for further discussions.
49. Thirdly, information management and the measurement of improvement is recognised as key. To this end, a dedicated data analyst function has been recruited to so that effective new methods can be demonstrated as such. (see also below in Informatics).

Best Care programme - Sustainability

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

50. The Sustainability theme has continued to deliver its Oxford-based training programme with well attended half-day seminars. However, whilst this has been in line with its remit, there are concerns that it may not deliver any improvement outcomes other than raising awareness. We were pleased to provide initial funding for the work which enables the partners to determine whether they would like to fund further work themselves after April 2015.
51. Under Wealth Creation a parallel focused piece of work to analyse and reduce the carbon output of six NHS Trusts/Universities in the region has progressed very well – see Wealth Creation section. This will continue in 2015/16 with the support of the Carbon Energy Trust.

Clinical Innovation Adoption (CIA)

Overview

52. The Clinical Innovation Adoption programme initiates ten Innovation Projects per year based on clinical needs for the region and best evidenced innovations that meet these needs.
53. During Q3 CIA has focused on meeting roll out objectives with NHS organisations. Four of the ten projects would have completed implementation with a number of NHS organisations (please see table below) from within the region. Whilst the CIA programme is on track it should be noted that some of these projects will extend beyond 2014/15 as they are large and complex requiring significant time to implement locally.
54. By the end of 2014, all acute providers would have participated in at least one of the ten projects. Whilst access to commissioners at CCGs remains challenging, seven out of 12 are working with the programme and the other five are aware of what can be done and will get involved over the coming year. The executive team is building a portfolio of activities that demonstrate added value to the CCGs to entice them to engage. As an example of the growing interest, the CIA Director has been invited to attend Commissioning Priority Committees and planning events to aid with the thinking and share how the CIA innovation projects lend themselves to Best Care tariffs, local and nation CQUIN opportunities and inclusion in annual contract arrangements.
55. As innovation implementation has to be owned by the NHS and used/experienced by our patients, the CIA programme has paid particular attention to engagement and communication with these key stakeholders. All NHS organisations were invited to participate in the selection process as this is seen as key to gaining commitments to adopt innovations during the coming year. Patient representatives sat on the selection panels and have agreed to be involved in the operational roll-out of innovations during 2015/16. The focus remains on resolving the challenge of how to provide better quality outcomes for patients with tight and reducing budgets and with this in mind, many of the projects address this challenge.
56. The CIA programme has a high degree of collaborative working with both the Best Care and the Wealth Creation programmes. The CIA programme plans to implement ten innovations during 2015-16. Of these ten, four were identified through the Call to Innovation Process that requested submissions from industry and the wider NHS during July – Sept 2014. A further five innovations will be developed with the Oxford AHSN's Out of Hospital, Medicine Optimisation, Dementia, Patient Safety Collaborative and Diabetes Networks. These networks offer an in-house source of clinical expertise and regional understanding of variability within services, also insight into emerging best practice that can be harnessed to address this. The remaining one innovation will be selected during Q2 2015/16, following engagement with NHS organisations.

		Strategic Needs & Priorisation			Local Planning				Local Implementation		
		1	2	3	4	5	6	7	8	9	10
Projects	No of Planned Implementations 2014/15	Needs Assessment and horizon scanning	Innovation Assessment & PPIEE	Sign off priority Innovations	Product/Service Specifications written & agreed	Local Project Initiation Plan agreed	Project initiated	Implementation Planning	Trust Board Approved	Implement Change	Measure & Manage
Bladder Scan(CAUTI)	OxH, Great Western, Bucks HFT, OxHealth								At this stage by Mar15 (4 Trusts)	2015/16 - Complete and roll out over other counties	
Ambulatory ECG Monitor	Bucks GPs/Public Health						At this stage by Mar15		2015/16 - Complete and roll out over other counties		
SHaRON	BHFT/OxHealth/CNWL				1 Trust at this stage by Mar15						1 Trust using/1 not adopting
Electronic Blood Transfusion	BHT/Bedford						At this stage by Mar15 (2 Trusts)		2015/16 - Complete and roll out over other counties		
Intermittent Pneumatic Compression Management	All regional Stroke Units										Completed all Stroke Units Mar15
Warfarin & Anticoagulants TA	Berks, Aylesbury & Chiltern, OxfordCCG/GPs							1 County at this stage by Mar15	2015/16 - Complete and roll out over other counties		
Renal Cancer TAs	OxH, MK, RBH, BHT				At this stage by Mar15				2015/16 - Complete and roll out over other counties		
Monoclonal Antibodies for Rheumatoid Arthritis TAs	Providers/CCGs/GPs				At this stage for other Trusts by Mar15						1 Trust complete Mar15
Dementia (Alzheimers Disease TA)	BHFT/OxHealth/CNWL				At this stage by Mar15				2015/16 - Complete and roll out over other counties		
Gestational Diabetes	OxH, MK, RBH										3 Trusts complete Mar15

57. The Intra-Operative Fluidity Management project received funding from the Regional Innovation Fund in March 2014 and is being delivered through joint working with NHS Benchmarking and Oxford AHSN. All supplier interviews and site visits explaining how to complete the online datasets and survey have been completed.

Intra Operative Fluid Management Oxford Academic Health Science Network

Clinical Leader – Dr Emmanuel Umerah, Frimley Health

April 14	May	June	Sept	Oct	Nov -Dec	March	April 15
•Project Selected and supported by RIF Fund	•Set up collaboration with NHS Benchmarking Network to deliver the project	•Project launch across the Oxford AHSN region. NHS England agree to participate in project.	•Clinical Regional Workshop hosted to design benchmarking dataset	•Suppliers engaged to understand barriers to adoption	•IOFM Benchmarking Dataset launched with qualitative survey	•Presenting initial findings at the National Theatre Benchmarking Conference in London	•National rollout of IOFM project as part of the National Theatre Benchmarking Project

Expected Patient Outcomes:

Providing senior doctors and nurses information to assist clinical practice and departmental management, based on robust evidence. The expected patient outcomes are:

- Reduce rate of re-admission and re-operation
- Fewer post operative complications
- Reduce emergency admissions into intensive care after surgery
- Low risk of cardiac complications minimally or non-invasive monitoring
- Reduce risk of catheter (CVP, arterial, PAC) related infection
- Reduce length of hospital stay, patients are 'fit for discharge sooner'


Project Objectives:

1. Increase the relevant adoption of Intra Operative Fluid Management Technology across the region
2. Understand the barriers to adoption from perspective of NHS Providers, NHS Commissioners, Industry
3. Design and Develop a useful tool that providers and commissioners can use for business planning, service development and contract management
4. Provide feedback to NHS England to inform national Policy

Participating Hospitals:
Royal Berkshire Hospital, Frimley Health, Buckinghamshire Healthcare, Milton Keynes Hospital, Bedford Hospital, Oxford University Hospitals, Great Western Hospitals, Central Manchester Hospitals

Estimated 47,000 people in Oxford AHSN region could benefit from full implementation of IOFM technology

Potential savings to the NHS in Oxford AHSN region of £24.3M full adoption of technology

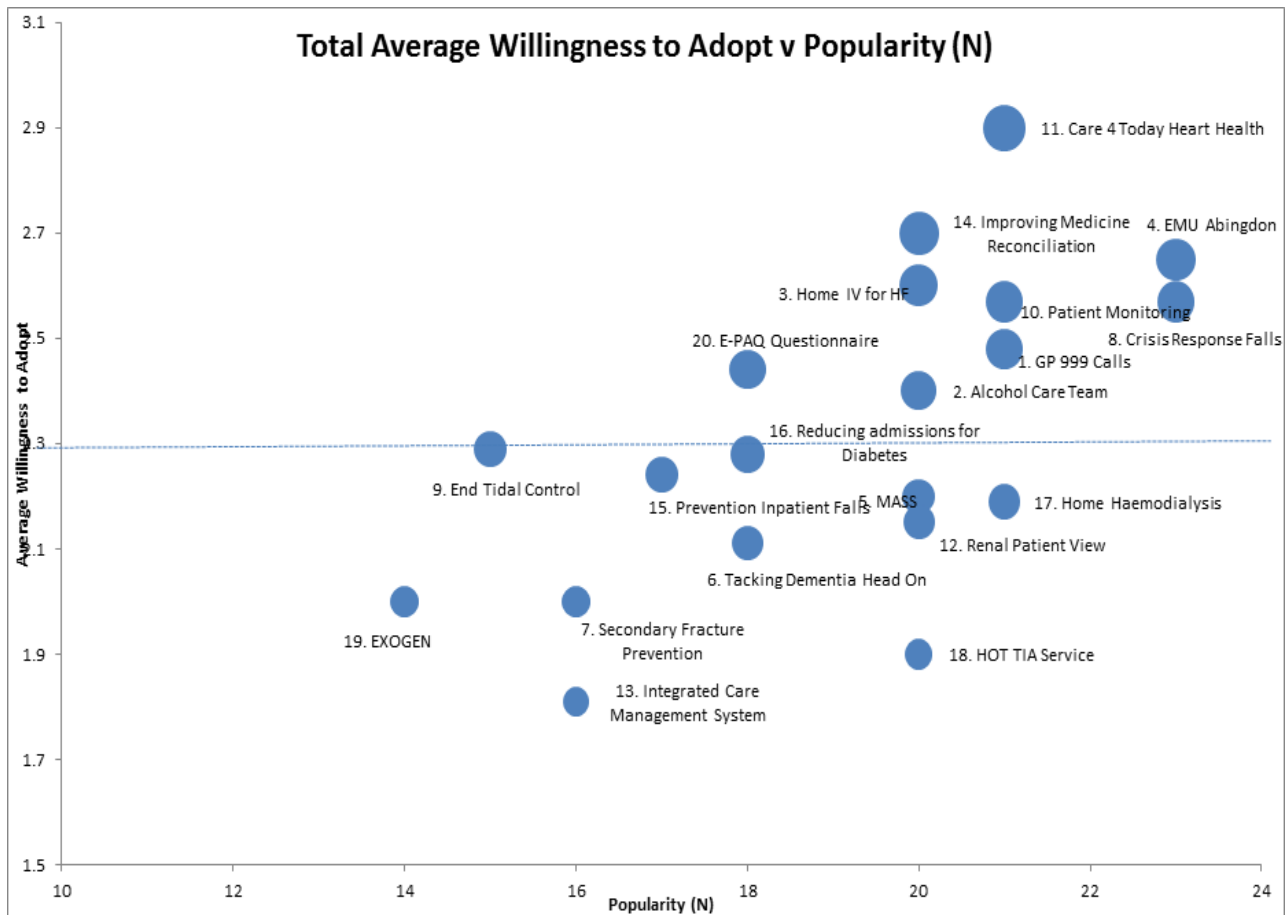


58. Data and information play an important part in setting out the case for addressing unwarranted variations across our region. During Q4 the CIA team will continue to work with informatics colleagues and other available sources to obtain useful data.

Call to Innovation 2015/16 Update

59. The CIA programme put out the Call to Innovation 2015/16 and received a number of innovations from Providers, Commissioners and Industry. Other innovations were researched by the CIA team and included for consideration.
60. 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.

61. The chart below shows the level of interest in the innovation and potential willingness to adopt by Commissioners and Providers. The perceived size of the benefit is depicted by the size of the bubble.



62. Detailed proposals have been worked by the team to determine their feasibility. It was decided that six innovations would be selected from the 20 and that four would be agreed with the Clinical Networks to address high health needs within Diabetes, Dementia, Out of Hospital and Medicine Optimisation. The final list for 2015/16 will be published by the end of January following a further review with the Oversight Group.

63. Creating a Sustainable Innovation: The CIA Programme is in the process of creating a Sustainable innovation Programme that will be taken forward with funding and assistance from HETV.

Q4 Plans

64. During Q4 the CIA programme will attend a number of meetings with both Providers and CCGs to discuss which of the projects the NHS organisations will choose to adopt during 2015/16. The choice will also extend to projects selected in 2014/15 and not selected last year.

Research & Development (R&D)

65. Q3 has seen a great deal of activity and the programme lead, Professor Gary Ford has:
- spoken at Association Medical Research Charities meeting in London on "Funding Research that will be Adopted by the NHS" Session 4 - Overcoming the barriers to adoption and implementation in the NHS;
 - attended national NIHR Local Clinical Research Networks Leadership Programme meeting, Birmingham;
 - met with Bayer staff and the Clinical Research Team in Newbury to discuss research opportunities; and
 - met Professor Protheroe, Co-Clinical Director Thames Valley and South Midlands NIHR Local Clinical Research Network and discussed commercial research collaboration and coordination; the coordination of communications between the LCRN, the CLAHRC and the AHSN and the potential use of the Oxford AHSN Partnership Board by the LCRN.
66. Professor Protheroe subsequently attended the November meeting of the Oxford AHSN Partnership Board and it was agreed that plans would be developed to further these areas for collaboration and coordination.
67. The Oversight Group endorsed the proposals for ways in which additional NIHR Research Capability Funding might be attracted into the Network region, the development of research for all healthcare professionals and joint working with the NIHR Thames Valley and South Midlands Clinical Research Network, particularly in relation to research in primary care. In addition, Professor Ford will be meeting with the University of Reading to help support the development of its strategy for health-related activities and research building on its strong nutrition, pharmacy and other life sciences strengths.
68. Professor Ford attended the CLAHRC Management Board and held discussions subsequently with the Chair, Mr Stuart Bell, and the Director, Professor Richard Hobbs, about aligning communications.
69. Discussions continue with the University of West London, Oxford Brookes University, and Bucks New University about the creation of an AHSN Nursing/AHPs research group and the importance of engaging this group of staff in research. This group met in December following the second R&D Oversight Group held on 20th November and has now plans to take forward research linked to NHS Trusts' quality objectives. Patient safety is expected to be a focus so liaison with the Patient Safety Collaborative will be important.
70. Discussions are also continuing to support the development of an academic post in A&E between Buckinghamshire Healthcare NHS Trust and Bucks New University. Exploring potential links with Oxford University.
71. Discussions have been held with the University of Oxford and Oxford University Hospitals NHS Trust on the development of a Clinical Research Facility at the John Radcliffe Hospital.
72. Professor Ford attended the NIHR Strategy Board meeting on 18/19th November.

73. Professor Ford met Sir David Cooksey and members of the Aegate Senior Management Team to develop a potential project evaluating the use of their technology to improve patient safety and medication adherence.
74. A meeting was held with Professor David Evans and Oxford Brookes colleagues to discuss research opportunities and plans are being considered with Professor Chas Bountra and Chris Schofield to consider an Oxford Antimicrobial Resistance workshop/meeting.
75. In December Professor Ford attended the Research Awareness Day at Milton Keynes NHS Trust and the first meeting of the Nursing/AHP Research Group was held. Other topics/projects being developed include an NHS Regional Industry Forum meeting and the development of Patient Reported Outcome Measures with Professor FitzPatrick.
76. Discussions are also being held to support the development of plans for a Clinical Trials Unit at the University of Reading with the two Berkshire NHS Trusts.

Wealth Creation

77. Wealth creation activities are running at pace led by Nick Scott-Ram, Director of Commercial Development, and his team (Nicki Bromwich, Hugh Penfold, Julie Hart and Sonya Farooq). The job specification for a joint post with the University of Reading and Royal Berkshire NHS Foundation Trust (RBH) has been finalised and advertising for the position will commence in January 2015. The main purpose of the role will be to develop collaborative initiatives between the University and RBH. An additional post for the position of Strategy and Commercial Manager has been created and it will be filled during Q4.
78. The first Wealth Creation Oversight Group meeting was held on December 3rd 2014. This is chaired by Dr Nick Edwards, a local entrepreneur. The input from the Group was constructive and provided a platform for further developing the regional strategy. Work has also started in developing a life sciences strategy for Buckinghamshire, developing the strong relationships now being developed with the Bucks LEP, Bucks County Council and the universities.
79. During this quarter we established a pipeline of innovations for commercialisation. Opportunities have been identified in four main categories of activity:
 - Helping industry and other organisations work with the NHS around adoption of innovation. A total of 14 projects have been identified across diagnostics, medtech, digital and PROMS
 - Building investment opportunities across the region. Four projects have been identified where additional investment will support further commercialisation of products and services
 - Building a culture of innovation in the NHS. A further four projects are under review based on opportunities identified within the NHS
 - Building long-term partnerships with businesses and other organisations. One project has been identified which could lead to potential cost savings across the region.

80. The Wealth Creation portfolio now has a total of 43 ongoing projects with ten of these scheduled to deliver outputs by the end of March 2015.
81. The Wealth Creation team has built up a strong network of NHS clinicians across the region, and in co-operation with the other Oxford AHSN programmes, including Best Care, Clinical Innovation Adoption and R&D. This network forms the basis for ensuring that industry and universities can access NHS clinicians to work on concepts and pilots of new products and services.
82. Strong links have been established with Isis Innovation (the technology transfer company of the University of Oxford) to ensure that commercialisation is more effective and efficient. This has included the Oxford AHSN providing expertise around the commercialisation of diagnostic tests and around the relevant adoption pathways into the NHS. The Oxford AHSN is also working with other knowledge transfer offices (for example the University of Reading) to ensure that the commercialisation process can become more effective.
83. A successful SBRI seminar was held on the 30th October 2014 at Green Park Reading. The Oxford AHSN was also represented at the SBRI Spark conference in London on the 10th December 2014 and presented on how the Oxford AHSN engages with SMEs in the SBRI process.

Keith Errey of Isansys Lifecare:

"The Oxford Academic Health Science Network has helped Isansys in several different ways. One of them has been the interface with SBRI Healthcare and the projects that we have been working on."

84. The Oxford AHSN is leading the review process for the Oxford region to be selected as a potential site for the Innovate UK Precision Medicine Catapult. Oxford is one of six national sites under review by Innovate UK and a decision on the final site is expected in March 2015. The national team will be visiting in late January 2015.
85. The Oxford AHSN is forming a Diagnostics Industry Advisory Council comprised of large and SME diagnostic companies. One of the objectives of this Council will be to provide a focus for industry interactions with the NHS. The inaugural meeting is scheduled to take place in January 2015.
86. Solid progress has been made in the planning for an Oxford Region Alumni Summit in July 2015. International senior executives who are alumni of the Oxford AHSN region HEIs will be invited to attend a senior two day conference which will showcase the Oxford AHSN region, as well as highlighting the inward investment opportunities in the UK. Work on the programme, invitation lists and conference support is well underway.
87. The Oxford AHSN and other key stakeholders are reviewing proposals for an Innovation and Assessment System developed by GE Healthcare Fimmamore. A decision on whether to progress with this regional investment opportunity will be made in January.

88. Several initiatives for fostering innovation in NHS Trusts are ongoing. The first, the annual innovation competition Challenge 2023, in partnership with HETV, will be launched in January 2015 with the final results of the competition to be announced in May 2015. The second is the creation of an “entrepreneurs boot camp” which will be offered to healthcare workers that wish to learn more about the skills required to become an entrepreneur. HETV has agreed to provide funding over a two-year period for around 50 healthcare workers from across the region to attend the course.
89. The Oxford AHSN has been in discussion with the Structural Genomics Consortium (University of Oxford) to help identify spin-out companies in the drug discovery arena. The Oxford AHSN is also supporting an analysis of the IP environment around open access research in drug discovery and development.
90. The Oxford AHSN is continuing to work closely with Isis Innovation to develop the Oxford e-health lab. This will include the identification of digital innovations within the community and the Oxford AHSC partners. The Oxford AHSN is also planning to jointly run an innovation showcase for the region in June 2015.
91. SME engagement continues to be broad and diverse. An early success has been achieved with Capillary Film Technology with the announcement of a £1 million SBRI award. The Oxford AHSN was instrumental in developing the SBRI proposal (see Case Study 2).
92. During the quarter a successful workshop on carbon savings from energy and sustainability projects was held, with participating Trusts and Universities. This meeting is part of the performance benchmarking exercise for the Oxford AHSN region and the outputs of this review will be available in March 2015.
93. Oxford City Council is developing a proposal for a SMART City, which will utilise developments in digital technology and data management to support advances and improvements in a number of areas including healthcare. The Oxford AHSN is collaborating with the Council in formulating a strategy.

Informatics Theme

94. The informatics team led by Mike Denis has continued to consolidate its activities and resources, particularly in terms of developing engagement with the clinical networks and in terms of developing the data visualisation and hybrid data model (see also below).
95. The informatics team developments are as follows:
 - The informatics team is fully focused on the delivery of initiatives to support current Oxford AHSN projects now whilst building a sustainable data platform on which the informatics service will develop.
 - The staff composition with the informatics team has changed during the quarter. The information lead, resigned and after interviews a replacement has been identified to start in the next quarter. Two interim data analysts and one interim project manager have joined the team. One data analyst has a particular focus on patient safety and will be working closely with the PSC.

- Engagement has continued with all Oxford AHSN clinical networks and themes to manage their data needs in addition to coordination of work commissioned from internal and external organisations.

Work with Programmes

Best care

96. Regular meetings have been held between Informatics team members and the programmes and themes. Meetings of the Network Clinical Managers are attended which has been very helpful in extending engagement with the clinical networks and developing collaborative working with the best care team. Meetings have also been held with individual Clinical Networks to address specific issues, for example in maternity and imaging.
97. Team members have attended network board and business meetings which has enabled discussions of informatics needs with wider network teams with representatives from the whole region.
98. The team has been supporting the clinical networks develop their clinical outcome objectives. Data to enable this have been sourced in cases through the clinical networks and in other areas via the Central Southern Commissioning Support Unit and Quality Observatory.
99. The informatics team have continued to advise on information governance requirements for the networks and are able to utilise the recently identified IG consultant who can support networks with more complex scenarios.
100. Support has been provided across Maternity and Imaging around the separate forms of infrastructure needed for image sharing projects underway.

“It was great to see the speakers so inspired by the ideas of progressing services through networking and sharing. It is clear that in the changing environment of healthcare using networks to improve and coordinate care for patients will be future. ”

Maternity Risk Co-ordinator – Oxford University Hospitals

101. The Informatics team is also now focused on the linking of data collected by the Support Heart Failure Project study, led by Professor Kazem Rahimi. The team has been investigating and advising on options available to enable such a link.
102. Working to identify how the informatics teams can support Gestational Diabetes, Intelligent Ultrasound and Falsified Medicines initiatives within the AHSN region – Q4 2014/2015.

Clinical Innovation Adoption

103. The informatics team have sourced data to support particular CIA projects including Urinary Tract Infections to support Bladder Scan, Eating disorders to support 'Sharon' and Atrial fibrillation in relation to anti-coagulants. The team is also planning to extend collection to enhance existing data and provide further support for current 2014/15

projects. A planned assessment of the baseline data needed to support the projects being launched in 2015/16 will take place next quarter.

104. The next quarter will see a continuation of the data collected for the 2015/16 projects in addition to an initial assessment of the data requirements for the 2015/16 projects and an informatics plan depicting how these will be serviced.

Wealth Creation

105. Mike Denis has extended the collaboration between informatics and wealth creation, particularly concerning big data and technology and participating in wealth creation events across the region.

Patient Safety Collaborative

106. One of the newly recruited data analysts has been allocated to source and analyse data to support the four elements of patient safety the Oxford AHSN will focus on. Interviews for the permanent post are due to be held at the end of January.

Data Visualisation and Hybrid data model

107. The construction of the data visualisation model has progressed well during Q3. The external company Fosse Games regularly communicates developments with the model and has asked for the team's guidance and feedback on certain aspects of the process.
108. The Oxford AHSN clinical networks are required to demonstrate their impact against one core clinical data metric. It is therefore important to show change in clinical outcomes over time and reflect variation geographically. Spatial data representation will take the form of an interactive map. The collection of the data supporting the objectives will be fed into the model to enable a visual understanding of baseline and variation. The model will be scalable meaning the objectives can be continually monitored going forward.
109. The data analysts provide a key element of the hybrid data model as they are central to both the collection and analysis of data needed to provide informatics support across the AHSN.
110. Data acquisition – the team are working towards a formal agreement between the AHSN, the CSU and the Quality Observatory to act a primary source for data sourcing and collaborative working arrangements are being developed.

Mobilising Partners/Initiating Collaborations

111. Partnership working with external companies identified as being able to complement our work programme has continued. In the last quarter, Jansen Healthcare Innovations have delivered a comprehensive data extraction and analysis piece for the Early Intervention network, which will now be reviewed internally then shared with partners. As discussed in relation to the data visualisation model, the team are pleased with the progress being made by Fosse Games.

AHSN CIO Forum

112. First Chief Information Officers' meeting was held in December 2014 and representation across the Oxford AHSN's organisations and geography was good with CIOs present from acute trusts, community and mental health trusts and the universities. Mike Denis set out the Oxford AHSN informatics plans and how as a forum we could collaborate to ensure best informatics practice across the region. Professor Ford also attended to update on the objectives and activities of the AHSN.
113. Each CIO was invited to share current informatics projects underway in their organisation - this initiated a thought-provoking discussion and highlighted potential for joined up working across the Network and across sectors.

Informatics Oversight Group

114. Wide engagement across the region to source suitable candidates has taken place who will be able to make a significant contribution to the informatics planning in the Oxford AHSN and will themselves draw benefit from participation. The Informatics Team has worked with PPIEE to ensure lay representation on this group, chaired by Stuart Bell, Chief Executive of Oxford Health NHS FT.
115. Members from sport, pharmaceutical, technology, higher education and patient groups have been invited to take part and have been sent the terms of reference. A date for the first meeting has been set for the end of February.

Digital Strategy – Oxford University Hospitals (OUH)

116. Mike Denis was asked to complete a review of the digital services at OUH by Sir Jonathan Michael, CEO of the Oxford University Hospitals NHS Trust. This involved wide engagement across the trust, including interviews, to understand the current digital infrastructure and what changes employees would like to see going forward. The report will be discussed at an OUH Board seminar on IM&T strategy in February (Q4).

Activities outlook for remainder of 2014/15

117. Work continues on the development of the Informatics Strategy and it is anticipated that this will be discussed by the Oxford AHSN Board at the end of Q1 in 2015/16. Similarly the development of the information governance arrangements should be completed by the end of this quarter.
118. The establishment of Data Analytics service, drawn from, and delivered by, partner resources, designed to be flexible in servicing the informatics requirements of the clinical networks and the clinical innovation projects should be completed by the end of Q4 2014/15. The development of contractual relationships with commercial entities/CSU to support the data analytics service will also be completed by this time.

Patient and Public Involvement, Engagement & Experience (PPIEE)

Governance and Strategy

119. The Thames Valley and Milton Keynes Patient Experience Strategy Group, continues to meet six-weekly. We are planning a joint event for March to bring together local Healthwatch and Patient Participation Groups (PPGs) to consider how we can work together to develop person-centred care and research.
120. The Lay Advisory Panel has been set up with nine initial members from across the Thames Valley and will be meeting with them in the New Year.
121. We are in the process of agreeing our payment policy and hope to have this as a shared policy across organisations.
122. We have invited Simon Denegri to the next AHSNs Involvement Leads Network of Networks meeting and will be chairing this in the New Year.

Patient Leadership

123. We are in the process of agreeing the tender documentation to allow us to run three programme cohorts in 2015. This would allow thirty professionals and thirty members of the public/patients/carers to take part in what has proved to be an innovative approach to developing skills in both lay people and professionals alike.
124. We helped to run a stall with our lay members at the Thames Valley and Wessex Leadership Academy's awards day in the autumn.

Public Engagement

125. We are working with Science Oxford, the University of Oxford and Brookes University to establish a set of public engagement activities and events for 2015/16. We have secured an initial £30,000 funding and are awaiting the results of further bids for additional money.
126. We will again run a stall at the Oxfordshire Science Fair in the Spring.

Clinical networks

127. The PPIEE plans for each clinical network are in the process of being reviewed by our Lay Advisory Panel, and will be amended in the light of the comments received. Where possible these plans will be developed in conjunction with the relevant strategic clinical network, for example in diabetes and maternity.
128. Lay members have been appointed to support network development in some of the networks, for example comorbidities and depression and anxiety. Those without lay members currently are in the process of agreeing role descriptions and a process for appointment.
129. A first PPIEE workshop for network managers was run in December. It was very positively received with talks from patients and carers from Berkshire early onset dementia service and Michael Seres. We will be planning and running more.

130. We are working with the Imaging Network to run focus groups to evaluate their MRI patient information video so that we can co-design a process for the production of further video.

Clinical innovation adoption

131. The PPIEE manager is now part of regular Clinical Innovation Adoption team meetings. Lay members have been included in the process for shortlisting and agreeing the ten innovations to be adopted in 2015/16 and in addition, we are working with the CIA team to identify patient champions for those innovations already chosen for adoption.
132. We attended the Lived Experience Network's annual meeting, held in Oxford this year. We are now starting to develop links to create a local network of practitioners and educators interested in PPI in education.

Stakeholder engagement roundup

133. The Chief Executive and Chief Operating Officer have continued to meet with partners during the Q3; meetings included Chiltern CCG, Berkshire Public Health, University of West London, GE Healthcare, Roche Diagnostics and Isansys. The Chief Executive of Isansys, Keith Errey, has provided a video for the Oxford AHSN's website. (<https://www.youtube.com/watch?v=4Mz-A1EPxrU>) Similarly, the former Chief Executive of Intelligent Ultrasound recorded a video describing the work of the company with the Oxford AHSN.
134. News was announced on 26 January 2015 that Isansys Lifecare Limited has been awarded a substantial Phase 2 contract worth £1 million by the Small Business Research Initiative (SBRI). (see <http://www.sbrihealthcare.co.uk/news/isansys-lifecare-wins-1million-sbri-healthcare-contract-to-support-nhs-objectives/>)
135. Partner and stakeholder activities across the Network have been numerous and varied through a number of means including the four programmes and the two themes. The first meeting of the Oxford AHSN's Chief Information Officers was held in December and Oversight Group meetings were also held (Best Care, R&D, Clinical Innovation and the first meeting for the Wealth Creation Group). These Groups include stakeholders and partners from across the Network and are providing a successful means of engagement. This will be developed in Wealth Creation with oversight groups for both Buckinghamshire and Berkshire drawing on the strong engagement created to date.
136. The third meeting of the Oxford AHSN Partnership Council was held on 27 November in Aylesbury and the agenda included updates on Wealth Creation and an update on outcome measures for the ten clinical networks.
137. The Partnership Board has representatives from a number of industry groups including OBN, the ABHI and the ABPI. It was decided to seek a nomination from BIVDA, the British In Vitro Diagnostics Association. In addition, the Clinical Co-Chairs of the South Midlands and Thames Valley Local Clinical Research Network have also been invited to join this Board.

138. However, the Oxford AHSN has recognised the importance of developing its strategic communications using the huge resources available across the geography and within its own activities. It will be focusing on this in the coming months, ensuring that all activities can be interlinked (in terms of communications) and that all stakeholders, partners and the public are kept well informed on activities, how they can get involved, and on what is happening in their local areas. A series of events and meetings are being planned within individual organisations so that the objectives of the AHSN can be brought to a wider audience. For example, it is proposed to introduce Q&A sessions for provider Trusts and CCGs. The first of these meetings will be held in Q4.
139. Gary Ford and Paul Durrands will also be looking to meet with the NHS Trusts' Executive Teams in the first few months of 2015.
140. The Oxford AHSN will again be a cornerstone patron for BioTrinity in 2015 and it is intended to use the opportunities provided to increase engagement across the Universities, NHS Trusts and Life Sciences through the poster opportunities. Previous poster sessions proved very successful and we expect the same in 2015. Planning for this event has already started and enthusiasm is being shown by the universities; this work is being led by Nick Scott-Ram.
141. Paul Durrands is a member of the 2023 Innovation Challenge Programme Board and plans are well underway for the programme in 2015, building on the success of the 2014 Challenge, and aimed at all healthcare staff.
142. The 15 AHSNs Managing Directors/Chief Executives and COOs have continued to meet monthly and a support secretariat has been established to enable these meetings. Weekly updates are provided with information on events and national/AHSN wide activities. Recently, the AHSNs have signed off their core narrative and details can be seen here <http://www.ahsnnetwork.com/about-ahsns/>
143. The AHSNs Communications Network group remains active and the Commercial Directors have also continued to meet.
144. The second SBRI meeting was held on 30 October 2014 and is described elsewhere in the Wealth Creation section. The success of the Network's partners in the most recent round was significant: (<http://www.sbrihealthcare.co.uk/news/over-20-million-awarded-to-companies-who-have-found-solutions-to-nhs-challenges/>). A number of SBRI award winning businesses from the Oxford AHSN region also took part in a special showcase on 10 December - SPARK. They included Fuel 3D, Halliday James, ICNH, Isansys Lifecare, Message Dynamics, OBS Medical, Oxford Medical Diagnostics, P1vital and ProReal. The AHSN's Director of Commercial Development took part in a well-received workshop; the keynote speaker was George Freeman MP, Life Sciences Minister.
145. Three successful launch events took place during the Quarter and full information is available on our website:
 - The launch of the Maternity Network on 21 November 2014
 - The launch of the Children's Network on 15 December 2014
 - The launch of the Anxiety and Depression (IAPT) Network on 17 December 2014

146. Further information on all these events is available on www.oxfordahsn.org
147. Work has continued to extend engagement across the Network and 2015 will see a number of events planned with CCGs and the NHS Trusts.
148. The subscribers to the Newsletters continue to increase with some 885 subscribers compared to 726 at the end of Q2. Newsletters are also being used as a means of both engagement and communication by the Clinical Networks and guidance has been provided.
149. The AHSN Branding guidelines have been updated for all the Clinical Networks and each has been provided with its own image. Similarly templates are being produced for their newsletters to ensure coordination of material and brand.
150. Twitter continues to be used to promote and share our activities, opinions and events; we also retweet relevant items from our followers and others. Twitter is becoming a very useful tool in increasing the depth of engagement within organisations and across the Network and beyond. Clinical Networks are now planning their own Twitter accounts linked to the @OxfordAHSN account.
151. Events that have taken place during the quarter are shown in the Appendix and further information and access to all newsletters is available on www.oxfordahsn.org.
152. A key event for the Network and the core team has been the move to new accommodation on the Oxford Science Park in the Magdalen Centre. The previous accommodation had proved too small to allow all the team and staff from the clinical networks; the new accommodation also has the advantage of three meeting rooms that can be used flexibly, break out space and a large number of hot desks that can be used by visiting partners.

Financial review

153. Overall the forecast remains largely unchanged from Q2 which is a breakeven position. We have received 100k more from NHS England for general funding and we will receive £150k less from HETV. We have received £388k of new funds from NHS England for the Patient Safety Collaborative.

OXFORD AHSN FINANCE PLAN		NHS England		
		14/15	14/15	14/15
	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	4,073,417	3,824,783	248,634
	Membership contributions	479,809	420,000	59,809
	HETV income for continuous learning programme	487,000	637,000	-150,000
	Other income	86,800	0	86,800
	Total income	5,127,026	4,881,783	245,243
	Programmes and themes	3,988,256	3,764,990	-223,266
	Total core team and overhead costs	1,182,970	1,096,060	-86,910
	Total expenditure	5,171,227	4,861,050	-310,177
	Surplus/(deficit)	-44,201	20,733	-64,933

Top level KPIs

154. We said in our Business Plan² 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 Annual	Each clinical network is agreeing a single outcome measure for improvements it is contributing to
	Number of patients positively impacted through reducing unwarranted variation Annual	This will need to be estimated based on the Best Care clinical networks
Speed of innovation adoption into practice	Number of innovations adopted out of the 5-10 each year Annual	Goal is the innovation is used in care for 80% of eligible patients
	Average time to adoption Annual	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 Quarterly	Subscribers to e-newsletter 885 (726 September). Twitter followers 885 (453 September)
	Network breadth/depth Quarterly	Oxford AHSN website – 171,453 hits in December 2014 (96,904 December 2013)
Create wealth	Number of jobs created	The 15 AHSNs are agreeing a set of metrics and the information will probably be sourced from OLS
	Value of commercial research	Seeking baseline information

² http://www.oxfordahsn.org/wp-content/uploads/2014/04/140401_14-15-Business-Plan-ratified.pdf

Licensed Objective	KPI	Stage of development
	income in NHS providers	

Review against Business Plan milestones


Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
Establishment of core team and infrastructure	Designation in May 2013	✓						
	Licence in place with NHS England (contract variations agreed in Q2 and Q3 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		✓			→ ◆		
	Delivery of the Annual Report		✓				◆	◆
	IT infrastructure for Oxford AHSN implemented (to be completed Q3, linked to the office move – further development in Q4)					→ ◆		
Best Care	Establishment of 9 Clinical Networks	✓						
	10 th clinical network introduced – Out of Hospital		✓					
	Establishment of the Best Care Oversight Group			✓				

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	Open publication of Annual Report for each Clinical Network (1 st 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 Programme	✓						
	Appoint Director for Innovation Adoption and Innovation Adoption Manager 2 nd Innovation Adoption Manager appointed in Q1		✓					
	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	✓				◆	◆	◆

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	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 – launched 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 – agreed with HETV that this would not proceed			X				

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	Dementia staff training –strategy development and rollout of staff training agreed with HETV that this would not proceed			X				
	Skills for the Future – explore development careers event with HETV and LEPs aimed at attracting 5 th and 6 th 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. NOT to be progressed			X				
	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 CIA has secured funding			✓				
	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 – no response from industry via ABPI – NOT to be progressed			X				

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
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	Establishment of R & D Oversight Group (2 nd meeting in Q3)			✓	✓			
	Establishment of the LCRN with AHSN support			◆				
	Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics			→			◆	
	Support LCRN 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	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 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	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 <ul style="list-style-type: none"> • 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 				✓ ✓		◆	◆

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	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 (joint with TV LAT)	✓						
	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)		✓	✓				
	PPI/PPE reported on in each network annual report and reviewed by patient/public panel					◆	◆	◆

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	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 (To Yr 5)					→	◆	
	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		✓					
	CIO forum established and met in December 2014			✓				
	Oversight group established – meeting in Q4				◆			
	Informatics strategy agreed				→	◆		
	Framework for information governance in place				→	◆		

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	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

155. One new corporate issue has been identified (see also 137 above) (see Issues Log, issue 25)

Appendix A – Financial Review

OXFORD AHSN FINANCE PLAN		NHS England		
		14/15	14/15	14/15
	Model Period Beginning	Full year	Full year	Full year
	Model Period Ending	2015	2015	2015
	Financial Year Ending	2	2	2
	Year of the 5 Year Licence Agreement			
INCOME (REVENUE)		Fcast	Budget	Variance
	NHS England funding	3,453,218	3,824,783	-371,565
	Membership contributions	479,809	420,000	59,809
	HETV income for joint continuous learning programme	487,000	637,000	-150,000
	Other income	86,800		86,800
	PSC income	620,199		620,199
	Total income	5,127,026	4,881,783	245,243
AHSN FUNDING OF ACTIVITIES				
	Best Care Programme- Clinical Networks	1,087,000	1,145,200	58,200
	Best Care Programme- Continuous Learning Programme	591,000	741,000	150,000
	Best Care Programme- Patient safety collaborative	620,199		-620,199
	Best Care - Population Healthcare Theme		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		124,200	124,200
	Wealth Creation	721,197	668,400	-52,797
	Informatics and Technologies Theme	374,250	374,250	-0
	Patient and Public Engagement and Experience Theme	106,210	106,210	0
	CIA support			0
	<i>Contingency for programmes</i>		100,000	100,000
	Programmes and themes	3,988,256	3,764,990	-223,266
CORE TEAM AND OVERHEAD				
	Pay costs	607,141	658,640	51,499
	Non-pay costs	305,593	186,720	-118,873
	Depreciation	0	15,000	15,000
	Travel Costs	24,403	61,200	36,797
	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	1,182,970	1,096,060	-86,910
INCOME AND EXPENDITURE				
	NHS England funding	4,073,417	3,824,783	248,634
	Membership contributions	479,809	420,000	59,809
	HETV income for continuous learning programme	487,000	637,000	-150,000
	Other income	86,800	0	86,800
	Total income	5,127,026	4,881,783	245,243
	Programmes and themes	3,988,256	3,764,990	-223,266
	Total core team and overhead costs	1,182,970	1,096,060	-86,910
	Total expenditure	5,171,227	4,861,050	-310,177
	Surplus/(deficit)	-44,201	20,733	-64,933

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)	<p>To support and work in partnership with commissioners and public health bodies to identify and address unmet health and social care needs, whilst promoting health equality and best practice.</p> <ul style="list-style-type: none"> • 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 	<p>- Number of local priorities addressed</p> <p>- Number of patients positively impacted through the introduction of best practice ('reduction in unwarranted variation')</p>	<p><u>Best Care Programme (Clinical Networks)</u></p> <p>Establishment of the Best Care Oversight Group</p> <p>Open publication of Annual Report for each Clinical Network:</p> <ul style="list-style-type: none"> • 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 	1,2,3,4,5	£1,145,200	<p>All ten Clinical Networks now established and building well. Early deliverables to demonstrate impact due April 2015.</p> <p>Exception review process now in place with 1 Network (Dementia)</p> <p>Oversight Group established & quarterly sessions held (see “Best Care” section of report).</p> <p>Update for Clinical Networks included under “Best Care” section of report. Annual Report publication will follow at Year End.</p>

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				<p>Lawrence Impey</p> <ul style="list-style-type: none"> • Medicines optimisation – Mr Boo Vadher • Co-morbidity in mental and physical health – Prof Mike Sharpe • Out of Hospital – Dr Daniel Lasserson 			
				<p><u>Population Healthcare Theme</u></p> <p>This work is being delivered within the Best Care Programme</p>		£54,830	Activities subsumed within Best Care Programme
				<p><u>Sustainability Theme</u></p> <p>Establishment of Integration & Sustainability Oversight Group by Q1 Year 2. One high visibility demonstration project showcasing radical sustainability redesign of healthcare service delivery</p>		£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.

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
2	Speed up innovation in to practice (B)	<p>To improve clinical outcomes and patient experience - support the identification and more rapid uptake and spread of research evidence and innovation at pace and scale to improve patient care and local population health.</p> <ul style="list-style-type: none"> 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 	<p>- Number of innovations adopted (of the 10)</p> <p>- Average time to introduce the 10 innovations (from the start of Oxford AHSN involvement)</p>	<p><u>Clinical Innovation Adoption Programme</u></p> <p>Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations</p> <p>Establish full process for Clinical Innovation Adoption (CIA) Collaborative and its Board (Providers, Commissioners) to include PPIEE</p> <p>Adopt 5-10 innovations per annum</p> <p>Identification of potential funding sources for innovation initiatives (cf RIF, SBR, Grand Challenges etc.)</p> <p>Creation of an innovation dashboard (including uptake)</p>	1,2,3,4,5	£400,900	<p>Data is being collected linked to the selected innovations. Baseline data, metrics and monitors agreed for all projects.</p> <p>All business processes developed and in use. Next stage is to automate selection process enabling involvement from our partners and patients. PPIEE now embedded into the delivery of projects and governance.</p> <p>9 innovations agreed for 2015/16; 1 to be decided.</p> <p>Worked with a local trust on application for funding from Litigation Authority for 2 CIA Patient Safety Projects – Electronic Blood transfusion and Falls.</p> <p>Dashboard created (see CIA section above).</p>

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				<p><u>Continuous Learning Programme</u></p> <p>Establish Patient Safety Academy and Patient Safety Collaborative</p> <p>Health and Well Being - develop engagement plan with HETV for Health and Well Being Boards – link to Sustainability</p> <p>Continuous Improvement – develop and rollout techniques to broad range of staff to support Innovation Adoption programme.</p>		£1,361,199 ³	<p>Fellowship course has begun, and materials are being prepared for the recruitment of a second cohort of fellows in Evidence Based HealthCare.</p> <p>HETV continues to be engaged regarding support for CIA.</p> <p>PSC Engagement/ Steering Group events scheduled (major planning workshop due March 3rd) and key team now appointed including Head of Patient Safety.</p> <p>PSA activities continue</p>
				<p><u>Informatics Theme</u></p> <p>Baseline survey of information systems and</p>		£374,250	<p>Recruitment to the core team substantially complete and data analysts in place</p> <p>Good engagement with</p>

³ Includes the additional £553,532 for the Patient Safety Collaborative as per NHS England Contract Variation Letter September 2014 & the additional £66,667 for the Patient Safety Collaborative as per NHS England Contract Variation Letter December 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
				databases in use completed Informatics strategy agreed Framework for information governance in place			stakeholders across the region and leaders of all Clinical Networks as part of completion of 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. <ul style="list-style-type: none"> develop an effective continuous learning network create a genuine partnership that develops a culture of learning, sharing and common purpose, which breaks down organisational boundaries to deliver transformational change 	- Network activity - Network breadth / depth	<u>Central Team / Support</u> First Partnership Council Meeting and presentation of communications strategy and plan to first Partnership Council Meeting Delivery of the Annual Report IT infrastructure for Oxford AHSN implemented Presentation of communications strategy and plan to first Partnership Council Meeting	1,2,3,4,5	£1,296,060 ⁴	Third AHSN Partnership Board met 27 November – presentations and discussions on Wealth Creation, the Business Plan and clinical outcomes. Collaborative IT rolled out across the core team – and clinical networks. Office moved at the end of Q3 with space available for flexible use by partners Communications and branding work underway in alignment with developing

⁴ 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
							marketing plans in Wealth Creation. Guidelines provided for each clinical network and work being done for Patient Safety Collaborative Websites updated regularly and newsletters issued on monthly basis with significant rise in number of subscribers
				<p><u>Patient & Public Involvement, Engagement and Experience</u></p> <p>Establishment of PPIEE Oversight Group</p> <p>PPI/PPE reported on in each network annual report and reviewed by patient/public panel</p> <p>Common metrics for PPI agreed in use in local research</p> <p>Establishment of baseline for PPIEE across the geography</p> <p>Framework for supporting organisational and system-based patient centred care</p>		£106,210	<p>Patient Experience Strategy Group established between the Oxford AHSN, Thames Valley Area Team and Thames Valley Strategic Clinical Networks (SCNs).</p> <p>A Lay panel has also been established to support the work of the joint Strategy Group.</p> <p>PPIEE plans are being developed with all Clinical Networks within Best Care. Similar plans have also been developed to support the 10 CIA innovation candidates.</p>

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				developed and implemented across all partner organisations			<p>A pilot Patient Leadership Training Programme has run (10 NHS Leaders + 10 Patient Leaders), and plans in place for a series of programmes in 2015</p> <p>A PPIEE component module has been developed to be delivered as part of the Evidence Based Fellowship Programme.</p> <p>A PPIEE Implementation Manager, to support the programme in post since Q2</p>
4	Create wealth (D)	<p>Through co-development, testing, evaluation and early adoption and spread of new products and services.</p> <ul style="list-style-type: none"> 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, 	<p>- Number of jobs</p> <p>- Value of commercial research income in NHS providers</p>	<p><u>Research & Development Programme</u></p> <p>Establishment of R & D Oversight Group</p> <p>Establishment of the CRN with AHSN support</p> <p>Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics</p>	1,2,3,4,5	£124,200	<p>Second Oversight Group held in November 2014 with good attendance from HEIs and increased attendance from NHS including Local Clinical Research Network – joint work being planned – commercial research and developing research in primary care</p> <p>Group established to develop</p>

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
		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		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 Develop commercial research plan in each NHS provider			research and HEI/NHS engagement for research by nurses, scientists, pharmacists and AHPs. Synopsis of R & D activities relating to health and life sciences prepared as part of joint work with Wealth Creation and now being updated by Universities.
				<u>Wealth Creation Programme</u> 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		£668,400	Database of organisations, contacts and opportunities covering in-bound and outbound innovations established First Wealth Creation Oversight Group meeting held in December 2014. Development of internal account management system in progress, along with strategies for sharing information and contacts with LEPS in progress.

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				<p>new products and services</p> <p>-work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective</p> <p>Establish detailed working arrangements with Local Enterprise Partnerships for all aspects of wealth creation related to Life Sciences and healthcare</p> <p>Establish working arrangements with LEPs and other stakeholders for European funding</p> <p>Working with LEPs, Universities and NHS partners, clarify for industry the “go to” partners in the Oxford AHSN for different stages of the product cycle – establish account management approach for working with industry (local, national and international)</p>			<p>The AHSN Wealth Marketing Plan approved by July AHSN Board and strategy presented to AHSN Partnership Board in November. Scoping of commercial support to R&D and Best Care (Innovation Adoption) in progress.</p> <p>Analysis of Universities research strengths in preparation for circulation to potential partners (reviewed by R & D Oversight Group and being updated and extended)</p>

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
						£4,861,050	

Appendix C - Issues Log and Risks Register

Issues log

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
18	Oxford AHSN Corporate	Whilst funding for 2014/15 is now clear, funding over the remaining years of the licence is still unclear. To continue at 2014/15 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'	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
					and 'worst case' scenario. Following the agreement to a proposal for member contribution at the Partnership Board on 27 March, Partners have been approached to provide up to £520k in 2014/15, payments are now being collected and fully expect to achieve this figure for 2014/15. For 15/16 and beyond it is likely that this level of contribution will need to double to ca. £1m The Commercial Development Team is identifying other income sources for the AHSN					
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	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 Cancer networks now attend the Best Care Programme Board, whilst plans and	AHSN Chief Executive	Best Care SRO	03/06/2014	Action - 60% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		Dementia Network			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.					
20	Oxford AHSN Corporate	<p>Improve clarity across the team with regards our strategic purpose</p> <p>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</p>	Minor	Process	<p>Develop a clear statement of purpose, with high level objectives, deliverables and KPI for each Programme / Theme</p> <p>To also clarify how this purpose will be delivered in line with the issue listed at 21 below.</p> <p>Have established a monthly Strategy (Programme & Theme Leads) meeting to air, discuss and resolve cross programme strategic issues</p> <p>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</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	03/06/2014	Action - 60% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					process Plans underway for the development of and subsequent communication of AHSN Strategy – discussions to be in Jan, April with AHSN Board and Partnership Board					
21	Oxford AHSN Corporate	<p>Improve understanding of inter-dependencies between the Themes and Programmes</p> <p>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</p>	Major	Process	<p>Joint bi-weekly review meetings for Best Care and Clinical Innovation Adoption with Informatics in attendance</p> <p>Monthly progress reporting at Management Meeting</p> <p>Visibility of Programme & Theme activities via the SharePoint infrastructure</p> <p>CRM system for contact tracking and management being implemented to ensure knowledge of activities is widened and extended across the clinical networks</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	03/06/2014	Action - 60% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		programme								
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) Formal launch taken place as planned and key staff being appointed – funding notified through contract variation letters in September and December 2014	AHSN Chief Operating Officer	Best Care SRO	24/07/2014	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	AHSN Chief Operating Officer	Best Care SRO	31/07/2014	Action - 80% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					<p>network has realistic objectives, in terms of both quantity of plans and their timeframes.</p> <p>Central AHSN project manager assigned 50% to support Dementia network.</p> <p>Look in to the possibility of re-assigning the Clinical Leadership of this Network</p> <p>Two AHSN Board members are reviewing the role and deliverables of the Network</p>					
25	Oxford AHSN Corporate	Lack of awareness by local partners and national stakeholders of progress and achievements of the AHSN	Major	Culture	<p>Each clinical network and programme to develop a comms plan which will be combined in an overarching comms plan/grid</p> <p>Regular refresh of website and continued use of social media.</p> <p>Improve annual report.</p> <p>Events - improve marketing and evaluation of events.</p>	Director of Corporate Affairs	Director of Corporate Affairs	19/01/15	40% complete	

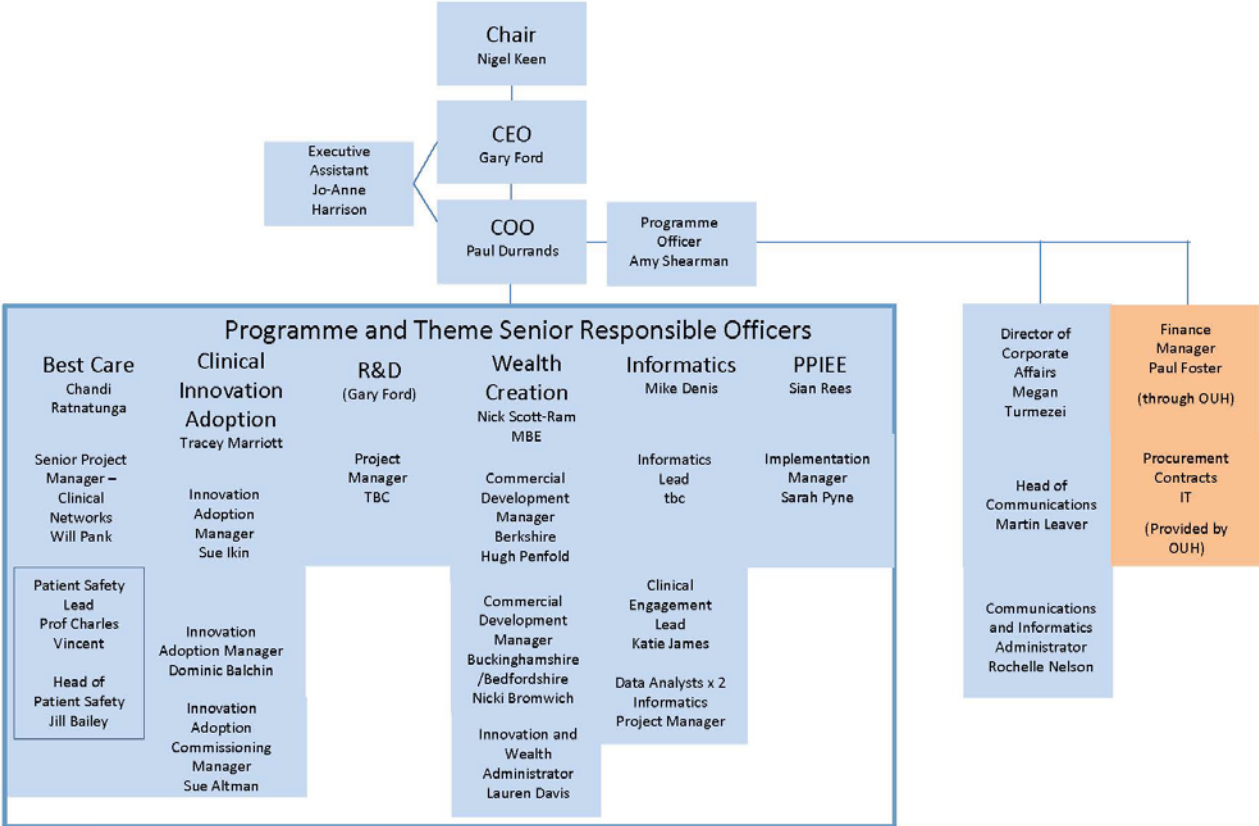
Risks Register

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of cross-organisation working between partners	<p>Absence of common culture and presence of hostility and suspicion</p> <p>Scarcity of integrated care</p> <p>Absence of leadership</p> <p>Insufficient depth of networking in partners, staff and structure</p>	Low	Med	> 6 / 12	<p>Leadership supporting a culture of collaboration, transparency and sharing</p> <p>Agreed organisational Vision, Mission and Values.</p> <p>Ensuring a culture of inclusivity and sharing, through, inter alia, the use of appraisals</p> <p>Stakeholder analysis of our Clinical Networks to ensure geographic spread and multi-disciplinary representation. Funding Agreement contains explicit requirements to share and collaborate</p> <p>Partnership Board representation drawn from across the geography and key stakeholders. Oversight Groups in place for each Programme, broadening representation across our</p>	AHSN Chief Executive	Programme SROs	06-Sep-13		AMBER

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG	
							<p>stakeholders.</p> <p>Within the 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 that geography (Buckinghamshire LEP and University of Reading)</p> <p>Celebrate early successes through Case Studies & Events</p> <p>Regular monthly newsletter. Documented Marketing and Communications strategy</p> <p>Establishment of shared working for programmes e.g. using SharePoint</p> <p>Keep reviewing depth of engagement with Clinical Networks and all programmes and events</p>						

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
6	Oxford AHSN Corporate	Failure to establish sustainable infrastructure to continue programme/theme delivery without AHSN support	<p>Programme activities cease</p> <p>Silo working re-emerges to detriment of patients</p>	Med	Med	> 6 / 12	<p>Successful delivery of all Programmes as per the Business Plan will strengthen Partner support</p> <p>Establishment of collaborative working across, and between, Partners as the 'normal' way of working</p> <p>We will commit to fund the clinical networks until March 2016 but need to review future funding beyond March 2016 in September 2015/16.</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31- Jul - 14		AMBER

Appendix D – Oxford AHSN Core Team



Appendix E – List of Key Events held during Q3⁵ 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	
					25 th National AHSN PPIEE meeting	
October 2014	2 nd OUH AGM AHSN stand		14 th National launch for Patient Safety Collaboratives 14 th HETV Autumn Conference 15 th Imaging Clinical Network Launch			30 th SBRI Briefing event, Green Park, Reading to include update from Innovate UK (formerly TSB)
	2 nd OBN Annual Awards Dinner – Oxford AHSN Sponsoring new award		15 th Thames Valley and Milton Keynes Patient Experience Strategy Group			
November 2014	2 nd National AHSN PPI Network meeting	10 th Best Care Oversight Group meeting	20 th R & D Oversight Group meeting			
			21 st Maternity Clinical Network Launch	27 th AHSN Partnership Board meeting		
December 2014	1 st R & D meeting, Milton Keynes NHS FT	16 th Best Care Programme Board meeting	15 th Children’s Clinical Network Launch 17 th Anxiety and Depression Clinical			

⁵ For further information see www.oxfordahsn.org

			Network launch		
	2 nd SPARK SBRI meeting				
January 2015				22 nd AHSN Board meeting	26 th AHSN Digital Health Workshop Missenden Abbey, Bucks
					28 th Biomedical Research Open Day Open University
					28 th Digital Oxford Launch
February 2015	3/4 th Biotech and Money conference ⁶	9 th Best Care Oversight Group meeting			
March 2015	3 rd Patient Safety Collaborative workshop Milton Hill House	AHSN stand Oxford Science Fair stand and events 10 th Patient Partnership Groups Workshops	AHSN stand and engagement in Oxford Science Fair stand and events	26 th March AHSN Partnership Board meeting	
	3 rd -4 th MEDTEC UK Healthcare Technologies		17 th Best Care Programme Board meeting	23 rd Oxford Literary Festival the power of evidence-based psychological therapies	31 st Early Intervention in mental health event

⁶ <http://biotechandmoney.com/london/>