Oxford Academic Health Science Network

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Oxford AHSN 2015/16 Business Plan

For the year ending 31 March 2016

Prof Gary A Ford CBE, FMedSci CEO, Oxford AHSN

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Chief Executive's Review

I am pleased to present our Business Plan for 2015/16.

During 2014/15, year 2 of our 5 year NHS England licence, we have made progress across all our programmes and themes. A full review of 2014/15 will be presented in our Annual Report which will be published at the end of May 2015 and presented to our Partnership Council in June. Our Business Plan is focused on the year ahead.

In developing this plan we have taken account of our Vision - Best health for our population and prosperity for our region and our Mission - Bringing together universities, industry and the NHS to improve the health and wealth of the Oxford region through clinical innovation adoption.

Our Strategy is to achieve the four objectives set out in the contract between the Oxford AHSN and NHS England, supported by aims developed by the AHSN, reflecting local conditions, existing initiatives and strengths. In 2014/15 NHS England contracted AHSNs to deliver the Patient Safety Collaboratives. The four licence objectives are:

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

This strategy is aligned to the four licence objectives as reflected by our four Programmes and three cross-cutting Themes:

- Best Care
- Clinical Innovation Adoption
- Research and Development
- Wealth Creation
- Informatics
- Patient and Public Involvement, Engagement and Experience
- Patient Safety

Patient Safety has been an important component of the Oxford AHSN's activities since the very start of the AHSN. As Patient Safety has more national focus and NHS England has contracted each AHSN to create a Patient Safety Collaborative, the AHSN Board decided to make Patient Safety into a distinct Theme under its own Oversight Group that will be chaired by a member of the AHSN Board.

"Our values haven't changed but our world has. So the NHS needs to adapt to take advantage of the opportunities that technology and science give to patients, carers and those who serve them. But it also needs to evolve to meet new challenges: we live longer, with complex health issues, sometimes of our own making. One in five adults still smoke. A third of us drink too much alcohol. Just under two thirds of us are overweight or obese."

Five Year Forward View, Simon Stevens

In November, the Oxford AHSN Partnership Board agreed that we should develop a 5 year strategy for the Oxford AHSN. We have made a start on this process and during 2015/16 we will refine the strategy through an engagement process with our partners. Our aim is to publish the strategy towards the end of Q2.

In developing this Business Plan and the Strategy we are taking account of the Five Year Forward View and how the work of the Oxford AHSN supports its aims. We also keep the clinical networks and Programme and Theme projects under review and we are mindful of not adding too much to the portfolio.

This is our third Business Plan but it is only 18 months since the AHSN was funded. In 2014/15 we built capacity in the Programme, Theme and Clinical Network teams and by the end of 2014/15 we are delivering our objectives. This has been only been possible through the engagement and work of our stakeholders; NHS providers and commissioners, Universities and Industry. Patients and the public have had an important role in shaping our work. In 2015/16 we will continue with a full range of activities comprising over 100 work streams. This is a key year for the AHSN as we must demonstrate to NHS England and our partners that working collaboratively is an essential part of improving health outcomes, adding value and improving the region's prosperity.

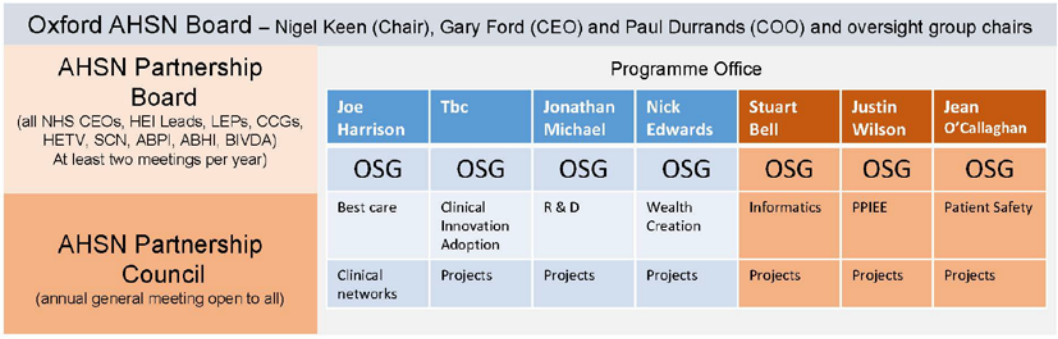
We will see a temporary fall in central funding in year 3 as NHS England adjusts funding for the first and second tranche AHSNs. We will make up the shortfall through utilising previously committed funds and through a review of Partner contributions. We have received assurance from NHS England that it is their intention that AHSN core funding will be maintained for Years 4 and 5 of the licence and we have reflected this in our forward planning.

Professor Gary A Ford CBE

Chief Executive Officer, Oxford AHSN

Business Plan Summary

The following sections summarise our governance structure, the work of each of the four programmes and three themes and our plans for stakeholder engagement and communications. The key deliverables align closely to the indicative Business Plan presented to the Oxford AHSN Partnership Board in November 2014. Each of our four programmes and three themes are overseen by an Oversight Group whose chair serves on the AHSN Board.[1]



The table below shows how the various Programmes and Themes are contributing towards the four NHS England Licence objectives.

Programme / Theme	Improving Outcomes	Innovation adoption	Partnership & Collaboration	Create Prosperity
Best Care				
- Anxiety & Depression Clinical Network	✓	✓	✓	✓
- Children's Clinical Network	✓	✓	✓	
- Co-morbidity in Mental & Physical Health Clinical Network	✓	✓	✓	
- Dementia Clinical Network	✓	✓	✓	✓
- Diabetes Clinical Network	✓	✓	✓	✓
- Early Intervention in Mental Health Clinical Network	✓	✓	✓	✓
- Imaging Clinical Network	✓	✓	✓	✓

[1] Jean O'Callaghan, CEO Royal Berkshire Hospital NHS FT has agreed to chair the Oversight Group for Patient Safety

Anne Eden is on secondment to the TDA

Programme / Theme	Improving Outcomes	Innovation adoption	Partnership & Collaboration	Create Prosperity
- Maternity Clinical Network	✓	✓	✓	✓
- Medicines Optimisation Clinical Network	✓	✓	✓	✓
- Out of Hospital Clinical Network	✓	✓	✓	✓
Clinical Innovation Adoption	✓	✓	✓	✓
Research & Development		✓	✓	✓
Wealth Creation		✓	✓	✓
Informatics	✓	✓	✓	✓
PPIEE	✓	✓	✓	
Patient Safety	✓	✓	✓	✓

In developing the Business Plan we have taken account of important policy developments and in particular the Five Year Forward View (please see table below). We are supporting the Personalised Healthcare 2020 agenda through the work of the Informatics theme to develop Personal Health Records; Clinical Innovation Adoption and Wealth Creation are working with University and Industry partners to support development and adoption of new Digital Healthcare applications.

The work of the Clinical Innovation Adoption and Wealth Creation programmes are supporting the growth of the Life Science and Medical Technology Industries and the policies of the Office of Life Sciences. Through Clinical Innovation Adoption and R&D we are also supporting the translation of research into adopted products –a key NIHR policy objective.

Key Point from Five Year Forward View	Oxford AHSN Contribution
NHS needs to form new partnerships with local communities	All our work involves forging partnership and collaboration between the NHS, Universities and Industry in accordance with Licence Objective 3. Supporting Vanguard bids from our partners. Creation of a family of Clinical Networks working with a common purpose, vision and strategy to scale the concept of partnership formation with local communities
Radical upgrade in prevention and public health (obesity, smoking, alcohol)	Clinical Innovation Adoption programme working on Alcohol team rollout. Clinical Networks increasing prevention medicine as a priority in Years 3-5: Diabetes and HealthChecks, Children's and vaccination etc.
Greater control of personal budgets including shared budgets with social care	
Integrated Care – breakdown barriers between primary and secondary care and between physical and mental health services **Local solutions (integrated services) BUT within national prescribed options** **Integrated out of hospital care and Primary and Acute care Systems** **More investment in Primary Care**	Anxiety & Depression: Extending IAPT services into diabetes, heart failure, etc.; Extending IAPT services to children and young adults Children's: Working with primary care to increase vaccination rates Diabetes: Integrated care model; Young Adult service Dementia: Connecting carers to clinicians through mobile platforms; Extending dementia care to younger adults Early Intervention in Mental Health: Integrating care between children and young adults with the adult service

Key Point from Five Year Forward View	Oxford AHSN Contribution
	Medicines Optimisation: Redesigning post-discharge pharmacy services with community pharmacy Mental-Physical Comorbidity: Designing a liaison psychiatry service Out of Hospital: Working in partnership with all care sectors to deliver increased ambulatory care; Assessment of models of out of hospital care Out of Hospital Clinical Network is working with local partners to identify the most effective models of care and to implement these in collaboration with the Clinical Innovation Adoption team. Mental & Physical Comorbidity Clinical Network is working to showcase the significant healthcare benefits and efficiencies that can be made through integrating these two pathways of care. Clinical Innovation Adoption is supporting adoption of technologies in primary care to reduce demand on emergency services, e.g. by improving control of anticoagulation and ECG monitoring in the community. Uptake will be monitored to ensure the impact of adoption is realised Informatics is supporting Best Care and Patient Safety to determine unwarranted variation, e.g. in admissions and outcomes
Redesign urgent and emergency care	Out of Hospital Clinical Network plans to bring A&E departments together to share innovation, best practice and develop innovative care and pathway models

Key Point from Five Year Forward View	Oxford AHSN Contribution
More engagement with patients, carers and citizens to promote well-being and prevent ill health **Real time digital information on a patient's health and care**	Oxford AHSN's Personal Health Record programme sets out a design pathway towards empowering patients to have a more active role in service redesign and self-care Gestational Diabetes project to improve antenatal health Dementia engaging carers in capturing clinical data PPIEE plans across the 10 Clinical Networks
More flexible payment regime	Clinical Innovation Adoption is working with providers and commissioners to develop incentives to support uptake of new technologies to improve outcomes e.g. best practice tariff and CQUIN
Raise the game in health technology	This is core AHSN business (Licence Objective 2). Best Care and Clinical Innovation Adoption programmes are facilitating adoption at scale of new technology (10 such projects in Best Care). Wealth Creation working with the Clinical Networks is supporting development of new products from Universities and Industry
Test bed sites for innovation	Clinical Innovation Adoption supporting roll out of innovations at pace and scale. Out of Hospital Network supporting development of new models of integrated care.

Key Point from Five Year Forward View	Oxford AHSN Contribution
Improve NHS ability to undertake research	Informatics is working to improve data sharing across the AHSN (Interoperability and Information Governance) – this will improve patient care and be a platform for more efficient research. Our R&D programme is working to support Trusts in developing R&D and commercial R&D plans, and to support the development of research opportunities for nurses, midwives, the allied healthcare professionals and healthcare scientists Three Clinical Networks have projects to increase clinical research activity: Children's, Early Intervention and Imaging
£30bn gap - £8bn new money and £22bn through efficiency, prevention and demand management	Best Care, Clinical Innovation Adoption, Informatics and Patient Safety are all supporting improvements in efficiency and effectiveness. Wealth Creation's Sustainability work stream is supporting six Trusts to develop carbon reducing and cost savings schemes (£30m) which will free cash for front line services and improve the environment

The following table summarises the key milestones in 15/16 (Details of the milestones for each Programme/Theme can be found in Appendix E)

Programme/Theme	Key Milestone
Corporate	Oxford AHSN 5 Year Strategy
Best Care	Delivery of first tranche of networks PIDs Variation reports produced
Clinical Innovation Adoption	First tranche of innovations adopted
R&D	Trust R&D plans developed
Wealth	Alumni International Conference Regional diagnostics council for industry
Informatics	Information Governance Framework
PPIEE	Provider engagement
Patient Safety	Programmes mobilised Measurement regime in place
Stakeholder engagement and communications	Raising awareness and profile of AHSN's work, activities, events and partners

We have developed a number of high level KPIs to measure the AHSN's performance against the four license objectives. The KPIs are strategic, measurable and practical. The Best Care Clinical Network KPIs are the most developed; the other networks are further refining their outcome measures.

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

Programme	High level KPI (measured annually unless otherwise stated)	Licence Objective
Best Care	Improve the recovery rate of patients suffering from anxiety and depression	1,3,4
Best Care	Improving access, including waiting time standards for Early Intervention in Psychoses	1,3
Best Care	Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients	1,3
Best Care	Establish common protocols for radiology diagnosis across the geography	1,3
Clinical Innovation Adoption	Average number of Trusts adopting each innovation	1,2,3,4
R&D	Commercial R&D income increase	4
Wealth Creation	Number of health and life science companies in region	4
Wealth Creation	Number of people employed in life science industry	4
Informatics	Interoperability – number of Trust CIOs signed up to strategic outline case	1,3
Informatics	Information Governance – regional consultation and sign up to the AHSN IG sharing framework.	1,3
Stakeholder engagement	Number of subscribers to the Oxford AHSN Newsletter	3
Stakeholder engagement	Number of hits on the Oxford AHSN website per month	3
Stakeholder engagement	Number of attendees at all AHSN events per annum	3

Developing Patient Safety KPIs is part of the 15/16 work plan.

The budget aligns closely to the indicative budget presented to the Partnership Board in November. NHS England is reducing funding to Tranche 1 AHSNs in 2015/16 to complete the alignment of funding between the later (Tranche 2) AHSNs and the Tranche 1 AHSNs. The effect of this is to reduce our core funding by an estimated £1.1m. We will make up this shortfall by utilising previously committed funds. NHS England is expected to fund the Patient Safety Collaborative at circa £650k. Health Education Thames Valley (HETV) has agreed an indicative budget to fund continuous learning projects – sustaining the Patient Safety Academy (which HET provided initial funding for in 13/14) and a second tranche of funding for the Clinical Entrepreneurs Boot Camp.

In 2014/15 the Early Intervention Clinical Network was asked by NHS England to manage the EIP Preparedness programme across the South of England. £1.2m was received in 2014/15 and this has been accrued in the balance sheet to be utilised in 2015/16.

We are seeking an increase of 50% in contributions from the Partners to support the AHSN's activities – this will mitigate some of the risk in future funding from NHS England and mitigate the risk of failing to generate other sources of income (we have assumed £250k in years 4 and 5).

OXFORD AHSN FINANCE PLAN			
Model Period Beginning	01-Apr-14	01-Apr-14	01-Apr-15
Model Period Ending	31-Mar-15	31-Mar-15	31-Mar-16
Financial Year Ending	**2015**	**2015**	**2016**
Year of the 5 Year Licence Agreement	**2**	**2**	**3**
INCOME AND EXPENDITURE	Budget	Outturn	Budget
NHS England funding	3,824,783	3,453,218	3,081,728
NHS England funding Tier 1/Tier 2 adj	0	0	-1,093,000
Partner contributions	420,000	479,809	852,000
HETV income for continuous learning	637,000	487,000	200,000
NHS England funding - PSC income	0	2,001,999	641,500
Total income	4,881,783	6,422,026	3,682,228
Programmes and themes	3,764,990	5,041,484	3,362,215
Total core team and overhead costs	1,096,060	1,418,885	1,323,949
Programme funding previously committed			-1,003,935
Total expenditure	4,861,050	6,460,368	3,682,228
Surplus/(deficit)	**20,733**	**-38,342**	**-0**

Governance

The AHSN remains hosted by the Oxford University Hospitals NHS Trust and thanks Sir Jonathan Michael and his senior management team for their continued support. The governance arrangements for the AHSN have been in place since their endorsement by the AHSN Partnership Board in March 2014. The Partnership Board comprises the core institutions in Oxford AHSN region; NHS Providers, CCGs, Universities, Industry (as represented by Trade Bodies), NIHR funded bodies, the Strategic Clinical Networks, Health Education Thames Valley and the Local Enterprise Partnerships. The AHSN Board will be meeting quarterly during the year and the AHSN Partnership Board twice a year. The timing of meetings takes into account our quarterly reporting timetable to our Partners and to NHS England. The Partnership Council will meet in June 2015 for the second time.

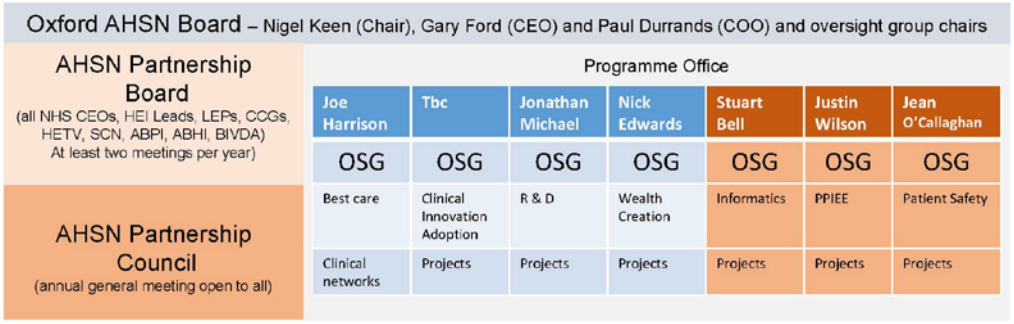
The AHSN Partnership Board received an update on the governance arrangements at its March 2015 meeting. The only significant change in the governance of the AHSN and its activities has been the establishment of a third theme, Patient Safety, highlighting the importance of the activities of the Patient Safety Collaborative and the Patient Safety Academy. As a result of this, a seventh Oversight Group is being established and the Chair will join the AHSN Board. In addition, the Standing Orders were updated during 2014 in line with changes agreed by the Board of the Oxford University Hospitals NHS Trust, the host organisation for the AHSN.

The Oxford AHSN is subject to a quarterly assurance meeting with the NHS England Regional Medical Director.

Details of the Oxford AHSN's governance arrangements can be found on our website.

The most recent appointments have been in the Patient Safety and Informatics Themes and details are included in Appendix C, the AHSN Core Team.

The outline governance arrangements are show below.



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

We have introduced Microsoft SharePoint and CRM (contact management system) to allow cross-Network working and document management. This system encourages the sharing of information and key documents across the core team and the wider AHSN. The CRM system is now being used by the wealth creation team and the clinical network managers to document their activities, contacts and meetings.

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

Best Care

The Best Care Programme is designed to deliver AHSN license objective 1: focus on the needs of patients and the local populations.

Ten clinical networks were established at the start of 2014/15 and the subsequent year has seen a great deal of effort ensuring the collaboration of relevant stakeholders. This has ensured that the work of the networks addresses pertinent areas of interest. This in turn will ensure that there is ongoing engagement and support from the NHS, the academic and the industry sectors as the plans are implemented.

2015/16 is a key year for the clinical networks as they deliver their planned projects and increase the breadth and depth of their engagement across the region.

The Best Care Programme consists of 10 Clinical Networks and an MSc programme of Evidence Based Medicine. Each Clinical Network is working to deliver a number of measurable improvement projects and reports to the Best Care Programme Board. The Programme management team monitors and supports progress against agreed plans, and reports quarterly to AHSN Board.

The Best Care Programme is given advice and non-executive direction by the Best Care Oversight Group. Both of these bodies meet quarterly. The Programme Board comprises the Clinical Leads of each network, the Best Care Programme Management team, and the AHSN CEO and COO. It governs the tactical direction of the networks, including risks and issues, and works to ensure synergy between the networks and with other themes and programmes of the AHSN.

The network projects, numbering 35, are detailed in the individual clinical network business plans, and form a key part of the overall focus of the networks.

In addition to the project-focused plans of each clinical network, there is also the common thread of *engagement*. As the AHSN and the networks develop, there is increasing emphasis on being more sophisticated in engagement activities. This means analysing and understanding who the enablers and who the 'hard to reach' groups are, and structuring communications accordingly. The Best Care Programme Management Team will work with the clinical networks to identify and address weaknesses in their engagement activities. Improving engagement is a major objective for the year.

The engagement plan has three elements:

1. the analysis of existing contacts and their nature:
    a. by position within the organisation (e.g. CEO, Nurse, Doctor, clinical scientist etc.)
    b. by organisation (e.g. NHS providers, CCGs, Councils, Universities and Industry)
    c. by relationship (Responsible, Accountable, Consulted, Informed)
2. analysis of the key stakeholders and target audience for each network, in order to work out the frequency, nature (media) and with whom the network will engagement with
3. An action plan

Another focus for the networks is the development of a *longer-term strategy*. This will be developed with guidance from the Best Care Programme Management Team, and will be informed by local NHS Trust and CCG strategies, Better Care Fund plans, Forward View Into Action, Improvement Architecture review, Personalised Health and Care 2020, and other policies. The networks will need to demonstrate an awareness of the regional health needs, the national direction of travel, and their role in facilitating these.

The relationships with the local Strategic Clinical Networks (SCNs) will be key in addressing much of this national policy and regional strategy. In some areas there are already strong links and collaborative working between Best Care Clinical Networks and the SCNs. Maternity and Children's networks sit on each other's steering groups and input into plans. This ensures that the engagement of the networks reaches as far as possible without need for duplication and that work can be directed so as to be mutually supportive. Other networks are in the process of developing their collaborative working, this will continue to improve throughout 2015. In doing this they will also need to develop funding streams which are decreasingly reliant on central AHSN funding.

These network strategies will be discussed in Quarter 1 and will be ratified in Quarter 2 by the Best Care Oversight Group.

Over the course of 2014 the networks have developed a *single outcome objective* which addresses improvements in care and reduction in variation across the region. These were presented to the AHSN Partnership Board who were broadly supportive. These outcome objectives (see table below) have endeavoured to be realistic, measurable and focused on the three elements of quality of care, defined by NHS England as effective clinical care, safe care and care that provides a positive patient experience. The AHSN Informatics team is currently collating data which will enable each network to demonstrate its progress against these.

Network	Outcome Objective	Metric to be Measured
Anxiety & Depression	Improve the recovery rate of patients suffering from Anxiety or Depression	The % of people that are recovered out of all the people within the service
Children	To improve the health of children by providing better quality prevention and treatment of the leading causes of hospital admission.	The number of hospital admissions of children for these 5 disease areas (bronchiolitis, pneumonia, asthma, fever/sepsis and gastroenteritis)
Comorbidity	To produce evidence-based guidance for commissioners on inpatient psychological medicine service evaluation and development	TBC
Dementia	Improve the patient and carer experience in memory assessment pathway	TBC
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	3 combined measurables (blood-sugar / blood pressure / cholesterol - connected with the most complications) to see how many people out of the total number of people diagnosed with diabetes have these 3 tests done
Early Intervention in Mental Health	Improving health and social outcomes for patients with first episode psychosis, including duration of untreated symptoms, symptom reduction, and engagement with education and employment.	Specifically looking at NEETs - the % of people in EIP and the % of this that NEETs vs the % of NEETs not in EIP
Imaging	We will streamline the diagnostic pathways so that patients can decide on their best treatment options more quickly	With a focus on lung cancer, the time between the date first seen to the date of the PET / PET CT scan. NB not date of diagnosis as this decision is made by an oncologist
Maternity	Reduce the number of pre-term births occurring outside the Tier 3 Hospital environment	The number of pre-term births that happen in each district general hospital that should have happened at the JR
Medicines Optimisation	Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients	The number of A and E presentations due to asthma
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.	The % of admissions with ambulatory care sensitive conditions (frailty code) out of all admissions of people over the age of 65

Clinical Network Specific Projects

Network Name Anxiety & Depression

Clinical Lead Prof David Clark

Network Manager Ineke Wolsey

Reduction in unwarranted variation of outcomes from IAPT services – demonstrate improvement against a baseline to be agreed by all NHS Trusts by April 2015. Improvement report due March 2016.

Support and expand local service innovation – work with pioneering teams to market work to other providers/commissioners in the region, and improve speed of uptake. Report on outcomes achieved through new innovations October 2015.

Network Name Children

Clinical Lead Prof Andrew Pollard

Network Manager Tim Gustafson

Reduction in unwarranted variation of outcomes for children attending hospital for the most common paediatric conditions – following production of an initial regional variation report, audit current practice, agree and implement training package (March – May 2015), repeat audit to measure improvement (March – May 2016).

Increase research activities – following appointment of research nurses at Milton Keynes, Wexham Park & Stoke Mandeville, monitor number of children enrolled in studies every 6-12 months. Aim to show steady increase.

Improvement of immunisation coverage and uptake (flu) – following first season of activity, produce report analysing successful and unsuccessful methods and uptake rates (Feb 2015). Build public health awareness campaign (website, apps, education) during spring and summer 2015. Measure effectiveness of 2015/16 season campaign (Feb 2016).

Network Name Physical & Mental Comorbidity

Clinical Lead Prof Mike Sharpe

Network Manager Jane Walker

Identify & implement best care model for mental and physical comorbidity services – following baselining of existing services and outcomes in region (August 2014), repeat analysis (August 2015) and identify factors for change. Build case for investment (including commissioning guidance document) in mental and physical comorbidity services (July 2015).

Network Name Dementia

Clinical Lead Dr Rupert McShane

Network Manager Mike Maynard

Ongoing series of monthly webinars established which engage clinicians at all levels across the region, building the network and reducing variation in practice. A minimum of 5 webinars will tackle regional variation by July 2015 (4 held to date), with attendance remaining at or above current level.

Improve the standard of memory clinics in the region by gaining accreditation from the Memory Services National Accreditation Programme (MSNAP). Target 8 of 13 regional clinics accredited by November 2015. All 8 clinics currently enrolled in process.

Rollout a platform which allows carers to feed into and access patient notes in real-time, recording PROMs. Test & pilot platform through February 2015, with full rollout incrementally through 2015.

Work closely with commissioners across the region to build the business case for funding a Young People with Dementia (YPWD) service. Quantify patient outcomes from pilot service (June 15) and develop funding plan with commissioners (June 15).

Network Name Diabetes

Clinical Lead Dr Katharine Owen

Network Manager Christopher Hille

Roll out innovative self-care/monitoring system incrementally across region. OUH, RBH and Milton Keynes to be offering service by April 2015. Frimley Park and Bucks to follow in 2015. Analyse outcome improvements (patient & clinician satisfaction, compliance rate, cost analysis) due to system December 2015.

Trial and show benefits of Young Adult service. Train specialist nurses throughout region (February 2015) and agree and implement specific care pathway for all Young Adults (December 2015). Show compliance and referral rates data benefits by December 2016.

Establish regional model for Islet cell transplantation – following a report (March 2015) on current transplantation arrangements, agree joint protocols and increase throughput (April 2016) including setup of clinics in peripheral centres.

Identify and address variation in monitoring of diabetes - Report on baseline variation in 8 essential health checks (September 2014). Produce region-wide dashboard (April 2015) and use this to drive change in CCGs over 2015, with regular analysis to show anticipated improvement.

Encourage the accurate self-management of young people with type 1 diabetes through gamification of measurement. App launched (March 2014), with final data-set to show compliance rate due April 2015.

Other areas currently being developed include a project to build a ‘commissioning toolkit’ for the whole diabetes pathway, and a project to reduce obesity in the region. PIDs will be brought to the Best Care Programme Board in spring 2015.

Network Name Early Intervention in Mental Illness

Clinical Lead Professor Dr Belinda Lennox / Dr Mark Allsopp

Network Manager Sarah Amani

Implement a standardised clinical assessment for psychosis on every young person presenting to mental health services with psychosis, agree baseline data metrics and collection methods on young people entering Early Intervention in Psychosis (EIPS) (June 15), 90% completion of baseline data on new assessments (Oct 15), new patients entering EIPS fulfilling criteria on standardised clinical assessment (Oct 15).

Improved transition between child and adult mental health teams and to extend early intervention and improved transition for young people with other conditions, Trust level action plans for improving care continuity to be agreed (Mar 15), Improved care continuity in young people with psychosis in a single NHS Trust (Jun 15), Improved care continuity in young people with a mental illness other than psychosis, in a single NHS Trust (Apr 16).

Increase research activity and recruitment to research amongst young people experiencing a first episode of psychosis, provide database of research ready participants in EIP (Jul 15), 50% increase of accruals to portfolio research studies (Apr 16).

Reduce variation in quality of care for young people with psychosis across the AHSN, produce action plan for improving care quality in each mental health trust (Apr 16), re-measure care quality (Oct 15), 90% of young people in employment or education after 3 years EIP, compared to peers (Apr 16).

Early Intervention in Psychosis (EIP) National Work 15/16

Following the successful delivery of EIP Access and Waiting Time Standards on behalf of NHS England (NHSE) to ensure 'that >50% of people experiencing first episode psychoses commence a NICE-concordant package of care within a maximum of two weeks' and the significant role of members of the Oxford AHSN Early Intervention in Mental Health clinical network in delivering the standards, the team will lead the NHSE South Region £1.2m EIP Preparedness Programme in support of the access and waiting time standards to be introduced in 2015/16. The programme will include the 15 mental health trusts in the South region, CCGs and third sector organisations.

The South Region EIP Preparedness programme will deliver the following:

1. Establishment of a regional Expert Reference Group with a broad range of expertise and regional and local experience (Mar 15);
2. A report on current EIP staff provision and training gap analysis against the new EIP access standards (Apr 15);
3. A proposal detailing an EIP capacity building programme, funding allocation, monitoring and reporting arrangements; to establish the current status regarding specifications and implementation of the patient record systems and associated supplier capability and to facilitate, as deemed appropriate (Apr 15);
4. A South region EIP community of practice with three regional diagnostic events (Feb 16);

Network Name Imaging

Clinical Lead Prof Fergus Gleeson

Network Manager Jenni Lee

Identify variation in MRI prostate reporting across region (April 2015), agree standardised protocols (June 2015), analyse impact of standardised protocols on reporting times, waiting times and number of errors (from Dec 2015).

Create specialist opinion network across region, utilising image data transfer to reduce errors and waiting times. Image sharing protocols to be agreed across network (June 2015), with agreement on specialist-sharing across region following. Review of efficacy by March 2016.

Implement PET-CT scanning without prior CT scan, to speed diagnosis and onward referral. Following pilot of new referral criteria for lung PET-CT (April 2015), roll out protocol across region (Sept 2015) with quarterly reports against baseline to show time from OP to PET-CT.

Network Name Maternity

Clinical Lead Mr Lawrence Impey

Network Manager Katherine Edwards

Develop, agree (April 2015) and implement guidelines to standardise treatment of key Foetal Medicine areas across region. Measure compliance and outcomes against these areas for improvement (October 2015 onwards).

Increase the data available for and recruitment to research through the incremental establishment of a data sharing network. Improved ultrasound and foetal medicine reporting, and data collection at referring hospitals. Initial data link live by April 2015, with quarterly data collection on key outcome measures and increase in regional research projects by August 2015.

Network Name Medicines Optimisation

Clinical Lead Mr Bhulesh Vadher

Network Manager David Tutcher

Reduce medicines wastage. Following the procurement of the National Medicines Reconciliation Database (Jan 2015), work across the network to ensure fidelity of use, and establish baseline use/wastage by September 2015. Agree and implement change plan by December 2015.

Reduce inappropriate use of asthma inhalers. Introduce Smartphone app and deliver training for pharmacists (April 2015). Review A&E attendance (for asthma) pre and post introduction.

Increase Medicine Use Reviews (MURs) occurring in community settings. Introduce new referral service and train hospital pharmacists (April 2015). Review MURs pre and post introduction.

Network Name Out of Hospital

Clinical Lead Dr Dan Lasserson

Network Manager Damian Haywood

Review pathway models of care provided across the network and provide initial analysis and proposals for discussion (May 2015). Aim to engage commissioners in analysis and discussion and work collaboratively to agree best future model.

Focused review of use of Community Hospitals in region, including cash flow, again working closely with commissioners.

Bring A&E clinicians together to share best practice, to improve pathways and reducing waits of greater than four hours.

Fellowships in Evidence Based Medicine

We will continue to work with Heath Education Thames Valley and the University of Oxford to support a further seven fellowships in Evidence Based Medicine. These fellows will research and deliver projects which complement the aims of the clinical networks, and as such will act as additional resources.

Funding

The clinical networks are being funded at an average of £234k (varies from £163k to £330k) each to March 2016. Funding arrangements including project plans, deliverables, KPIs, plans for patient and public involvement, engagement and experience and budgets have been agreed with the clinical network leads.

Formal quarterly reviews, plus monthly highlight reporting, ensure any risks and issues are escalated and dealt with as swiftly as possible.

The funding of all of these networks has now been extended to allow them to operate at current levels until March 2016. It is considered that, with a total initial funding period of 24 months, this now allows each network sufficient time to establish themselves and deliver some measurable improvements.

Clinical Innovation Adoption

Summary

The Clinical Innovation Adoption (CIA) Programme aims to improve significantly the speed at which quality clinical innovation is adopted and to improve process of adoption – improve clinical pathways and outcomes for patients.

The goals of the programme are to;

- Support adoption of innovations at scale across the region to improve patient outcomes, safety, experience and cost effectiveness

The programme has had a number of successes in 2014/15. These include:

- High level of take-up for innovation roll out across the region (see Innovation Adoption Project Uptake Dashboard;
- High level of engagement with our partners (Providers, Commissioners, Industry and Universities);
- Systematic assessment of the clinical needs and priorities with engagement of partners and patient input;
- Where applicable, local projects aligned to national goals (NHS Health and Wealth, High Impact Innovations e.g. Intra Operative Fluid Management Policy Reform)
- Identification of innovations that are of interest to our partners, that contribute to the resolution of their priorities, patient safety, high quality care, patient experience and efficiency
- Established feasibility studies for projects prior to full scale roll out
- A well-developed deployment approach underway for innovations (CIA 10 Step Process)
- Commenced work on a training programme for the adoption of innovations by working with Health Education Thames Valley , partners and university to develop training programmes
- Co-ordinated approach with Wealth Creation to deliver a module on innovation adoption as part of the Entrepreneurs boot camp at Henley Business School
- Working closely with Wealth Creation team, support industry partners to access and provide solutions to the NHS
- Working with other AHSNs and SCNs to share learning and collaborate on common projects; e.g. Atrial Fibrillation, Intermittent Pneumatic Compression Devices, Intra Operative Fluid Management
- Working more closely with the Best Care Programme teams, as a way to speed up innovation adoption in the region.
- Drafted Best Care Tariff and CQUINS being prepared with providers
- Participated in presenting at conferences and national meetings as well as contributing to articles in the Pharma Times and HSJ

The objectives of the CIA Programme for 2015/16 are to:

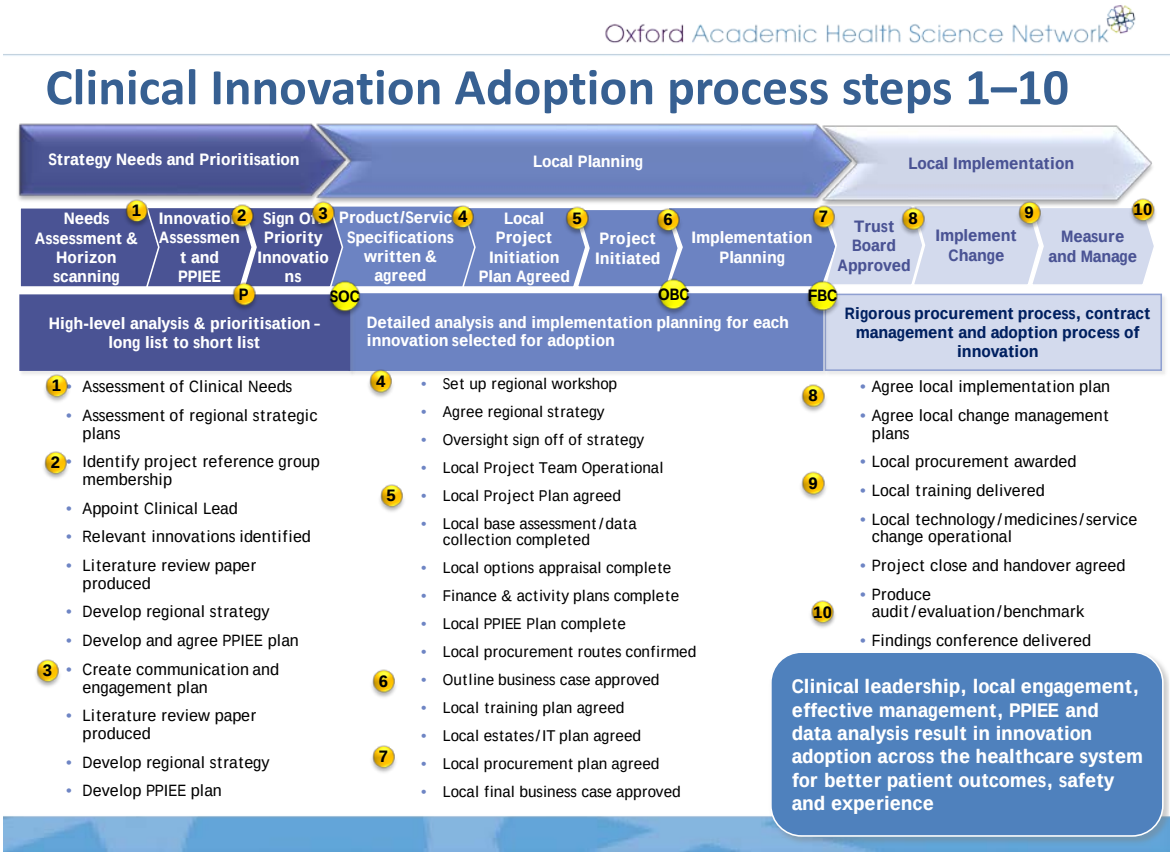
- Assess the strategic priorities and clinical needs of the population;
- Identify best innovations that contribute to the resolution of the priorities;
- Embed innovation adoption in local NHS planning and contracting so that projects provide maximum quality impact and cost savings;
- Continue roll out of projects across the region;
- Continuous horizon scanning including paying attention to CLAHRC, SBRI;
- Increase work with the AHSN Best Care Clinical Networks – 5 out of 10 2015/16 innovation adoption projects are collaborations with the networks;
- Working closely with Wealth Creation to develop meaningful engagement with Industry and to respond to their needs; i.e. develop a 'how to access the NHS' road map for Industry;
- Continue to incorporate PPIEE into the Programme;
- Undertake a review of the programme to support the strategic development of the CIA programme into 2016/17 and beyond.

In 2015/16 the Clinical Innovation Adoption business plan priorities are:

	Business Plan Priorities 2015/16	What this means is	Reference
1	Instigate 10 new innovation adoption projects across the region	CIA Programme has committed to select 10 innovations per annum. The 2015/16 innovations have been selected and roll out will commence the 1st April 2015. 4 projects will commence April 2015 with 6 being phased in between June 2015 and December 2015.	Diagram 2 shows the process to agree annual projects.
2	Implement a Clinical Innovation Adoption Course, to be delivered by a local University, to support continuously learning and effective adoption of innovations across the region	The CIA Programme is working in conjunction with HETV, to establish an innovation sustainability programme. This will involve setting a programme with a local university to develop and train NHS staff within the projects.	
3	Develop and implement an online platform tool for identifying, selecting, managing and evaluating innovation adoption within the region	The main purpose of the online tool will be to automate the process currently undertaken by the CIA team. This will increase capacity, efficiency and enable more real time feedback and involvement from our partners.	Ref section 4
4	Develop and publish a 'how to access the NHS' road map for Industry	Work with the Wealth Creation Team to develop a plan to grow locally focused innovations for adoption.	
5	Continuing to further develop the cases for innovation by focusing on commissioning aspects of innovation projects that provide maximum quality impact and cost savings.	Mapping of commissioning aspects to Innovations has been done for 2014/15 projects and work is underway for 2015/16 innovations. During 2015/16 the CIA programme will share innovations with the NHS including commissioning opportunities.	
6	Continue to deliver the 2014/15 projects	Innovations are in the process of being adopted by providers and commissioners. The CIA programme will complete roll out with those already engaged and engage with those that waiting to adopt.	See Innovation Adoption Project Uptake Dashboard (see metrics)
7	Interdependencies with other AHSN programmes and themes under constant review	Working closely with the best care programme, wealth creation, PPIEE and informatics on AHSN strategy and further development of shared work plans	
8	Horizon Scanning	Engagement with organisations e.g. CLAHRC and entrepreneurial organisations to identify innovations based on good evidence. Lessons learnt from 2014/15 have shown that it can be difficult to find innovations with a strong evidence base to support the case for adoption.	

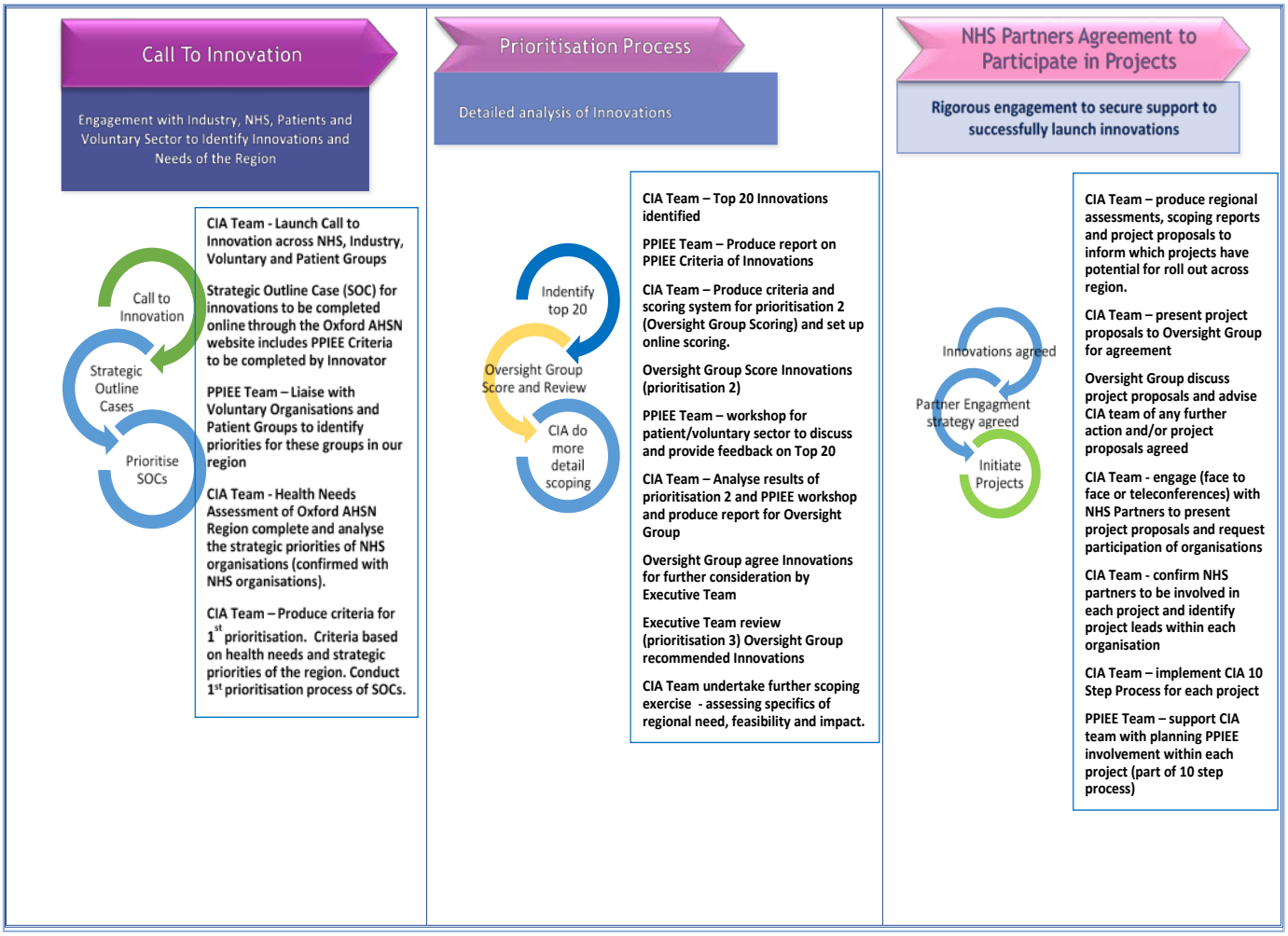
Detailed CIA Programme Plan for 2015/16

The table below demonstrates the CIA 10 Step Process for Innovation Adoption. The programme will continue to use this method for the 2015/16 Clinical Innovation Adoption projects.

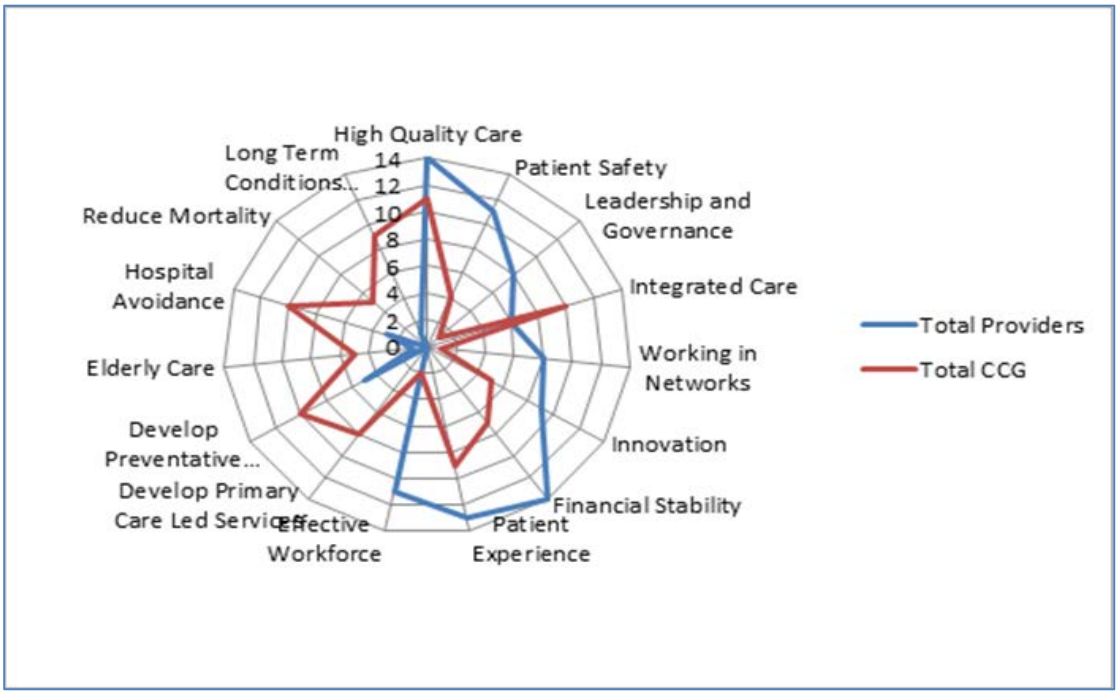


Instigate 10 new innovation adoption projects across the region

A 'call to innovation' was launched July 2014 to the NHS and Industry for innovation candidates to be considered for the 2015/16 programme. To shortlist the candidates, each was reviewed against the strategic priorities of NHS providers and commissioners within the region, and the health needs of the region.



The chart below highlights the strategic priorities of NHS organisations within the region, and the difference between the strategic priorities of commissioners and providers.



For NHS providers the top shared strategic priorities for 2015/16 are high quality care, organisational finance stability and patient experience.

For NHS commissioners the top shared strategic priorities for 2015/16 are high quality care, developing integrated care and developing preventative community care.

An analysis of the health needs of the population across the Oxford AHSN region was completed. The analysis showed potential priorities based on levels of variation across the patch and performance against national and regional benchmarks.

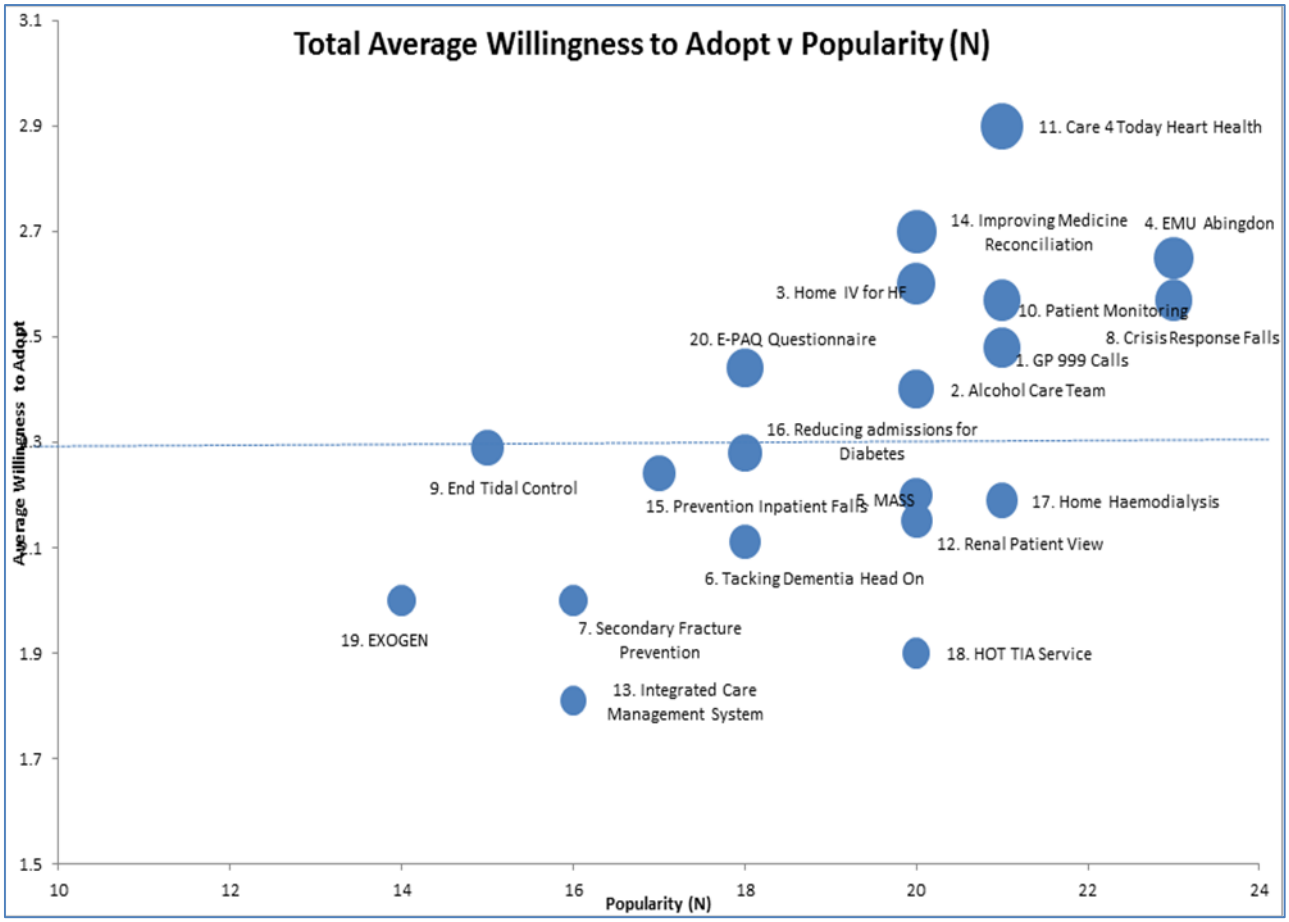
A deep dive was conducted to identify specific clinical conditions. Potential priority conditions were based on levels of variation across each area within the Oxford AHSN region, performance against national and regional benchmarks and long term trends. When developing the prioritisation tool for 2015/16, these clinical conditions were used for for consideration when identifying potential innovation candidates for the 2015/16 programme.

Priority clinical conditions, for example, where there was a high level of emergency admission activity, were conditions such as chest pain (in Berkshire, Bedfordshire and Swindon) and fractured neck of femur (in Oxfordshire, Buckinghamshire and Frimley area).

The analysis also highlighted areas with good performance against national and regional benchmarks and long term trends. For example Buckinghamshire performed well for chest pain emergency admissions, there is potential for further research into the reasons for this, and sharing best practice across the whole of the Oxford AHSN region.

The top 20 innovation submissions most aligned to the NHS strategic priorities and health needs 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, and lay representatives.

The results of scoring panel were reviewed, and analysis of willingness to adopt against popularity of innovations resulted in a number of innovations being considered above the line for final consideration. The chart below demonstrates the innovations that scored above the line for consideration. The size of the bubble represents the potential benefits for adopting the innovation, the bigger the bubble the more benefits identified by the scoring panel.



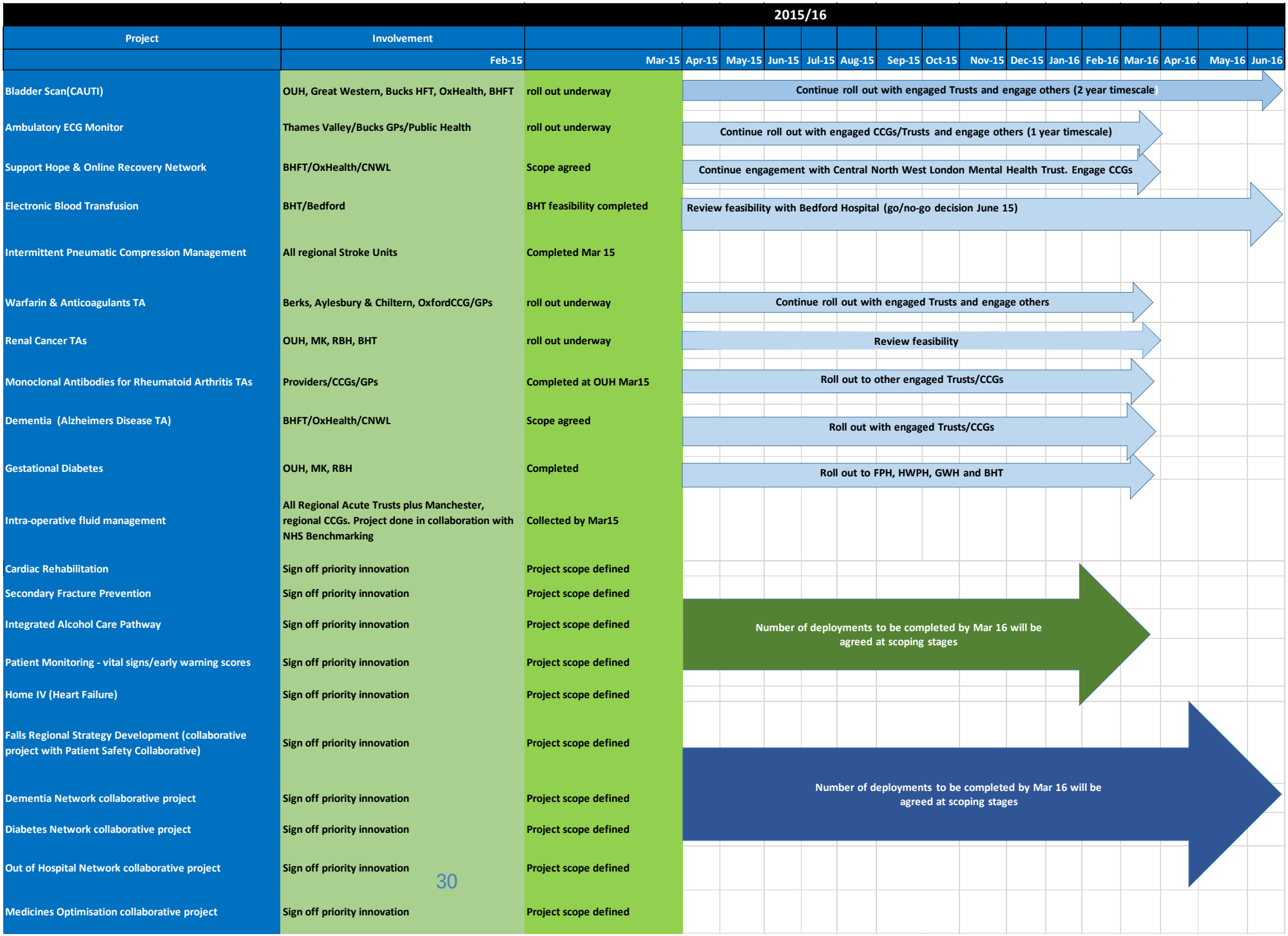
Following an in-depth assessment of potential to roll out of the Innovations identified by the Oversight Group. The innovations shortlised by the Oversight Group were reviewed by the CIA team, and a regional assessment of potential adoption and project proposals were produced. For each project senior clinicians were identified to consult with when developing the regional assessment and the project proposals. Five Innovation Candidates have been selected for the 2015/16 programme and the Clinical Innovation Adoption Programme has agreed to work with the Best Care Programme in five Networks to jointly instigate five projects related to Best Care in 2015/16.

The projects for 2015/16 are;

- Home IV
- Care4Today Heart Health
- Alcohol Care Teams
- Patient Monitoring
- Fragility Fracture Prevention
- Development of a regional Falls Prevention Strategy (a joint project with the Patient Safety Collaborative)
- A joint project with the Diabetes Network (TBC June 2015)
- A joint project with the Dementia Network (TBC June 2015)

- A joint project with the Medicines Optimisation Network (TBC June 2015)
- A joint project with the Out of Hospital Network (TBC June 2015)

In March 2015 engagement with NHS organisations will take place to identify those organisations that will participate in the projects from 2015/16. Project planning will commence April 2015.


2015/16
Project
Involvement
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Bladder Scan(CAUTI)
OUH, Great Western, Bucks HFT, OxHealth, BHFT
roll out underway
Continue roll out with engaged Trusts and engage others (2 year timescale)
Ambulatory ECG Monitor
Thames Valley/Bucks GPs/Public Health
roll out underway
Continue roll out with engaged CCGs/Trusts and engage others (1 year timescale)
Support Hope & Online Recovery Network
BHFT/OxHealth/CNWL
Scope agreed
Continue engagement with Central North West London Mental Health Trust. Engage CCGs
Electronic Blood Transfusion
BHT/Bedford
BHT feasibility completed
Review feasibility with Bedford Hospital (go/no-go decision June 15)
Intermittent Pneumatic Compression Management
All regional Stroke Units
Completed Mar 15
Warfarin & Anticoagulants TA
Berks, Aylesbury & Chiltern, OxfordCCG/GPs
roll out underway
Continue roll out with engaged Trusts and engage others
Renal Cancer TAs
OUH, MK, RBH, BHT
roll out underway
Review feasibility
Monoclonal Antibodies for Rheumatoid Arthritis TAs
Providers/CCGs/GPs
Completed at OUH Mar15
Roll out to other engaged Trusts/CCGs
Dementia (Alzheimers Disease TA)
BHFT/OxHealth/CNWL
Scope agreed
Roll out with engaged Trusts/CCGs
Gestational Diabetes
OUH, MK, RBH
Completed
Roll out to FPH, HWPH, GWH and BHT
Intra-operative fluid management
All Regional Acute Trusts plus Manchester, regional CCGs. Project done in collaboration with NHS Benchmarking
Collected by Mar15
Cardiac Rehabilitation
Sign off priority innovation
Project scope defined
Secondary Fracture Prevention
Sign off priority innovation
Project scope defined
Integrated Alcohol Care Pathway
Sign off priority innovation
Project scope defined
Number of deployments to be completed by Mar 16 will be agreed at scoping stages
Patient Monitoring - vital signs/early warning scores
Sign off priority innovation
Project scope defined
Home IV (Heart Failure)
Sign off priority innovation
Project scope defined
Falls Regional Strategy Development (collaborative project with Patient Safety Collaborative)
Sign off priority innovation
Project scope defined
Number of deployments to be completed by Mar 16 will be agreed at scoping stages
Dementia Network collaborative project
Sign off priority innovation
Project scope defined
Diabetes Network collaborative project
Sign off priority innovation
Project scope defined
Out of Hospital Network collaborative project
Sign off priority innovation
Project scope defined
Medicines Optimisation collaborative project
Sign off priority innovation
Project scope defined

Development of the CIA Education Project (Continuously Learning)

In 2015/16 a Clinical Innovation Adoption Course based on the CIA 10 Step Process will be implemented. The course has been developed to provide practical advice and guidance for colleagues within NHS organisations, to support improving the effectiveness and efficiency of adopting innovations in the NHS.

The course will be delivered by a local University and appropriately CPD accredited. Applicants to the course will be selected from organisations who are participating in one of the clinical innovation adoption projects (either 2014/15 or 2015/16 instigated projects).

The course will include an element of theory and practical work, with all course participants producing case studies of how they implemented principles learnt on the course and the outcomes for them and the organisation.

An evaluation of the course will be undertaken and a report provided to Health Education Thames Valley (HETV) outlining successes and lessons learnt to help inform future collaborations.

Development of a online platform to manage innovations from identication to implementation

In 2014/15 the Innovation Candidate selection process was reviewed and further developed to support the identification of the 2015/16 Innovation Adoption projects. In 2015/16 the CIA process will be further developed and the programme will work on the development of an online platform that enables organisations to create, manage, track and measure the innovation process from idea creation through to final implementation and impact reporting.

Working with INDUCT, a proven online platform tool, it is intended that the Innovation Adoption Programme will manage all Innovation projects through the INDUCT system, which will be tailored for Oxford AHSN.

The main purpose of the online tool will be to automate the process currently undertaken by the CIA team and will allow:

- Innovators to suggest innovations all year round and not just at the 'call to innovation';
- Automate the process of selection against regional NHS strategic priorities and health needs;
- Streamline the communication and engagement with innovations, the oversight group and participating NHS organisations.

Develop a 'how to access the NHS' road map for Industry

In 2015/16 the Clinical Innovation Adoption Programme will work with the **Wealth Creation Programme** to develop a plan to grow locally focused innovations for adoption. This will be a key component of the 2015/16 programme and will shape the focus of the programme into 2016/17.

Lessons learnt during 2014/15 Programme through engagement with Industry has highlighted a need to support businesses understanding of how to communicate and engage with the NHS.

Feedback from Industry, through the projects, has been that it is difficult to access the NHS locally mainly due to the complexity of NHS organisational structures.

There have been a number of requests for information as to how best to obtain access. Analysis of the reasons for barriers to adoption include;

- Suppliers – cannot speak to the right clinical teams to showcase innovations, due to procurement routes within NHS organisations.

- Suppliers – the Oxford AHSN has observed that the positioning of products may often be flawed; for example, suppliers attempt to focus on engagement with commissioners for a specific product rather than as part of addressing the local health need within a clinical pathway.
- Suppliers – Lack of understanding within Industry of the planning cycle and governance arrangements within the NHS, as well as the priorities for specific regions.
- Association of Medical Research Charities – Charities fund research into innovations, which are then developed and commercialised. However at the point of commercialisation, the charities have found it difficult to engage with the NHS, as the innovation does not match local health need priorities, NHS commissioners and providers focus funding on areas of greatest health need.

These comments relate to engaging with both NHS providers and commissioners of services.

In 2015/16 the CIA Programme will work with Wealth Creation to develop a 'how to access the NHS' road map for Industry to address the above.

Continuing to further develop the cases for innovation by focusing on commissioning aspects of innovation projects that provide maximum quality impact and cost savings.

During the strategic needs and prioritisation phase of the ten step process, the CIA team develops initial strategic outline cases for the innovations. An important part of explaining the benefits of the innovation has been to ensure that we collate information on the clinical, patient and corporate benefits. During 2014/15 the focus was initially on the clinical and patient benefits and required further research on the corporate benefits, such as the benefits realised through levers within commissioning and demonstration of cost savings.

POSSIBLE LINKS TO COMMISSIONING & CONTRACTING OPTIONS						
Health Need	**Project**	**Projects**	**CQUIN**	**Best Care Tariff**	**Quality Accounts**	**Standard Contract**
Hospital Acquired Infection	2014/15	Catheter Acquired Urinary Tract Infections	✓			
Enhanced Recovery	2014/15	Intra Operative Fluid Management				✓
Eating Disorders	2014/15	SHARON			✓	
Patient Safety	2014/15	Electronic Blood Transfusion System			✓	
Stroke	2014/15	Intermittent Pneumatic Compression Devices				✓
Atrial Fibrillation	2014/15	Ambulatory ECG	✓			
Gestational Diabetes	2014/15	m-Health technology			✓	
Atrial Fibrillation	2014/15	Reducing variability NICE guidance (Warfarin/NOACs)	✓			
Renal Cancer	2014/15	Reducing variability NICE Guidance (Renal Cancer)				
Rheumatoid Arthritis	2014/15	Reducing variability NICE guidance (Rheumatoid Arthritis)		✓		
Dementia	2014/15	Reducing variability NICE guidance (Dementia)	✓			
Cardiac Rehabilitation	2015/16	Heart Health Care 4 Today	✓			
Frail Elderly Care	2015/16	Secondary Fracture Prevention Service	✓			
Alcohol Care	2015/16	Integrated Alcohol Care Pathway		✓		
Patient monitoring – ED and wards	2015/16	Patient Monitoring - vital signs/early warning scores			✓	
Heart Failure	2015/16	Home IV (Heart Failure)	✓			
Patient Safety Collaborative	2015/16	Falls Regional Strategy Development	✓			
Dementia Network	2015/16	Dementia (project TBC)		✓		
Diabetes Network	2015/16	Diabetes (project TBC)	✓			
Out of Hospital Network	2015/16	Out of Hospital (project TBC)				
Medicines Optimisation	2015/16	Medicines Reconciliation (project TBC)				

✓	2014/15 projects
✓	2015/16 projects

	METRICS FOR PROJECTS	
	Innovation	Impact on Patients
2014/15	IPC	Estimate of up to 85 fewer deaths per year from Stroke in Oxford AHSN region.
2014/15	Electronic Blood Transfusion Management	Estimated reduction in blood errors from 180 errors per year to 20 errors per year across region.
2014/15	Bladder Scan	Estimated 2000 CAUTI per year in region. Estimated reduction of 600 CAUTI per year in Oxford AHSN region.
2014/15	Support Hope and Online Network (for eating disorders)	Estimated reduction relapses by 2900 patients per year in region (excluding-Berks).
2014/15	Gestational Diabetes	Estimate 4000 visits (and increasing) by patients per year per Trust (8 in the region) for monitoring gestational diabetes.
2014/15	Dementia	Estimated 24,000 people with Dementia in Oxford AHSN region would benefits from implementation.
2014/15	Renal Cancer	Estimated 600 cases per year of renal cancer in Oxford AHSN region would benefit from implementation i.e. not currently receiving the therapy.
2014/15	Rheumatoid Arthritis	Estimated 23,000 people with Rheumatoid Arthritis in Oxford AHSN region would benefit from implementation.
2014/15	AF (NICE TAs) and Ambulatory ECG	Estimated 21,000 people with AF in Oxford AHSN region. Reduction of 3000 cardiology outpatient appointments per year. Estimated 5900 sudden cardiac deaths in Oxfordshire AHSN region per year. 80% (4,720) could be avoided through better diagnosis. 5% of people with AF have a stroke (this equates to 1,050 patients per year in Oxford AHSN region. Managing AF effectively can reduce risk of stroke by 80%. This would equate to 840 patients per year.
	IOFM	Patient benefits hard to quantify; however, best practice guidance will be published in April. NHS benchmarking in Oxford AHSN providing feedback to NHS England to inform national policy on May 2015.
2015/16	Care4Today Heart Health	It has been estimated that this service would provide a reduction in mortality between 13% and 26% across the Oxford AHSN region which would equate to between 1203 and 2407 lives being saved per annum
2015/16	Home IV diuretics to heart failure patients	It is estimated that there are 260 patients with heart failure in the Oxford AHSN region (based on national prevalence of 8.3 per 100,000).
2015/16	Patient Monitoring	To be determined
2015/16	Frailty Fractures	Awaiting information

	METRICS FOR PROJECTS	
	Innovation	Impact on Patients
	Alcohol Care Teams	Estimated reduction of 36,000 alcohol related admissions across AHSN region
2015/16	Improving medication reconciliation	Project TBC
2015/16	Dementia project	Estimated 24,000 people with Dementia in Oxford AHSN region would benefits from implementation.
2015/16	Diabetes project	Estimated 188,000 people in Oxford AHSN region have diabetes
2015/16	Patient Safety Collaborative Falls Project	Estimated number of falls in Oxford AHSN region is 171,000 per annum
2015/16	Out of Hospital	Project TBC

Interdependencies with other AHSN programmes and themes

Best Care Programme

The CIA programme will work with the Patient Safety Theme, the Diabetes Network, the Dementia Network, the Medicines Optimisation Network and the Out of Hospital Network in 2015/16.

The CIA programme and Patient Safety have agreed a project proposal for a Falls Prevention Strategy project to commence April 2015. This project will be jointly delivered with the Head of Patient Safety working closely with the CIA team to manage the project in line with the CIA 10 step proicess.

Conversations are taking place with the Diabetes Network, Dementia Network, Medicines Optimisation Network and the Out of Hospital Network to identify clinical innovation adoption projects by the end of June 2015. These projects will be jointly delivered with the relevant Network Managers working alongside the CIA team to develop, manage and deliver the project deliverables for 2015/16 in line with the CIA 10 step process.

PPIEE Theme

With the support of the PPIEE theme, guidance for developing a PPIEE plan within the 10 step process has been produced. The PPIEE theme leads and patient representatives will participate in the programme level management of projects in 2015/16. The role of PPIEE in the management of projects will be to;

- Provide expert advice and guidance in PPIEE planning for each project;
- Support engagement with voluntary sector and patients groups for each project;
- Support the delivery of PPIEE at a programme level.

Informatics Theme

The CIA team have identified measures and metrics to support the project planning in the programme for 2015/16. The CIA team and Informatics team have developed a process for the requesting and

identification of data sources and reporting to support the CIA programme in 2015/16. The informatics theme will support the CIA programme in 2015/16 in the following ways:

- Provide updated reports on the 2014/15 instigated project measures and metrics;
- Provide baseline assessment reports to support 2015/16 project planning;
- Be the link between the CIA team and other organisations (NHS and Industry) to source data and analytics;
- Provide updated reports on the 2015/16 instigated project measures and metrics.

Communications and Engagement Plan

A key component of the programme for 2015/16 will be to:

- **Proactively engagement with Industry** to address clinical needs in the NHS and identify solutions;
- **Bringing together industry and the local health economy** to drive improvements in Health Technology;
- **Working with our NHS partners** to ensure they build, maintain and effectively manage capacity to undertake research to improve the health of the local population.

Research and Development

The R&D Programme's aims are to improve R&D in the NHS through closer collaboration between the Universities, NHS and Industry. In 2014/15 the R&D Oversight group was established with Sir Jonathan Michael as Chair. Membership of the group comprises the R&D Directors/Leads from each NHS Trust, development leads from each University partner and representatives from the Oxfordshire CLAHRC, The NIHR Research Design Service and Thames Valley and South Midlands Clinical Research Network.

The Thames Valley and South Midlands Clinical Research Network is now well established following the restructuring of the NIHR Clinical Research Network. Discussions with Dr Belinda Lennox and Dr Andrew Protheroe, clinical co-Directors of the Thames Valley and South Midlands Local Clinical Research Network (LCRN) have identified the following key areas for development: the development of research in primary care, and increasing commercial research activity across the partners. The Oxford AHSN and LCRN teams are identifying areas of collaborative working to support delivery of both organisations' objectives, including joint activity in patient public involvement in research and joint communications.

At the first meeting of the R&D Oversight group it was agreed an academic research nursing group would be established involving interested University and R&D leads.

By April 2015 all Oxford AHSN partner Trusts will have R&D Directors or Leads in post who are members of the R&D Oversight group. Professor Ford is supporting R&D Directors and leads to develop research strategy and plans and sharing experience across partners.

The priorities for 15/16 are:

1. Agree key priorities for R&D oversight group member organisations to work collaboratively on.
2. Support NHS providers to develop strategic research plans including plans to develop commercial research.
3. Identify an Oxford AHSN R&D lead.

Wealth Creation

Summary

The Wealth Creation Strategy is to help the region become the favoured location for inward life science investment, life science business creation and growth, whilst helping the NHS to accelerate the adoption of medical innovations of significant benefit to patients.

The aims of the programme are to:

- Support companies along the adoption pathway, and provide a continuum with the Clinical Innovation Adoption Programme;
- Support investment into the region;
- Build a culture of innovation in the NHS;
- Form and sustain long-term partnerships with businesses.

The Wealth Creation programme has delivered against the 2014/15 business plan in all the key areas of its activities. These include:

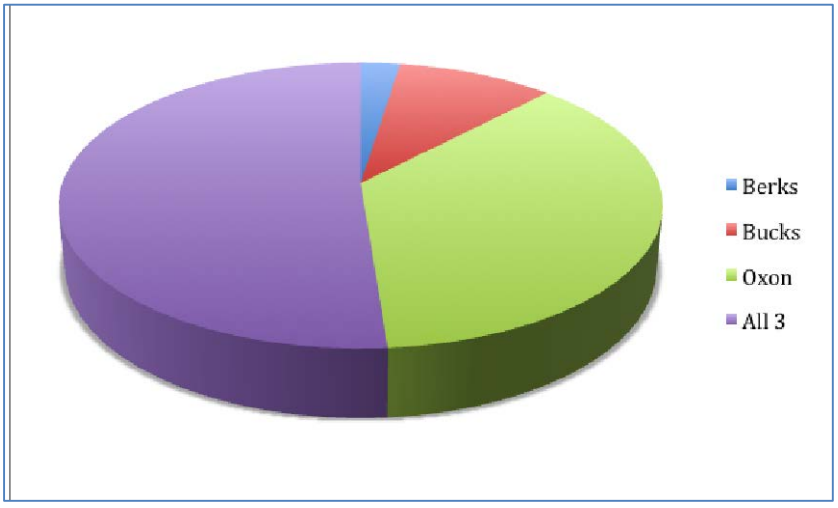
- The establishment of a Wealth Creation Oversight Group. A local working group has also been set up covering Oxfordshire, with another one in formation in Buckinghamshire and a further working group planned for Berkshire.
- The commercial development team has been put in place with the appointment of commercial development managers for Berkshire and Buckinghamshire, and a strategy and commercial manager to support Oxfordshire and the Oxford Academic Health Science Centre.
- A pipeline of innovations for commercialisation has been established, along with links to ensure that academics and industry can access NHS clinicians. Close working relationships have also been established with technology transfer offices to improve commercial delivery. The Wealth Creation team has over 40 projects divided across the four key aims.
- Clear working arrangements have been set up with Local Enterprise Partnerships for all aspects of wealth creation related to Life Sciences and healthcare.
- Working with LEPs, Universities and NHS partners, we have engaged across different stages of the product cycle with industry.

In addition, we have:

- Run regular events covering SBRI and Horizon 2020 funding pathways.
- Led the regional bid for the location of the Precision Medicine Catapult to the Oxford Thames Valley region.
- Undertaken an energy saving and cost improvement programme with universities and Trusts across the region. Six projects were recommended for immediate support in partnership with the Carbon Energy Fund.
- Hosted a Point of Care Working Group meeting on behalf of the British In-Vitro Diagnostics Association (BIVDA) where the opportunities for engagement within the region were highlighted to the diagnostics industry.
- Played an instrumental role in scoping and supporting the successful application by Capillary Film Technology for a SBRI grant, which resulted in a £1 million award.
- Initiated the first Entrepreneurs Programme for NHS staff at Henley Business School, as part of a two year package of funding from HETV.

- In collaboration with the Structural Genomics Consortium, ran a seminar on open access innovation and the opportunities for downstream intellectual property protection at the Said Business School.
- Scoped out new spin-out opportunities with the Structural Genomics Consortium and put in place a business plan and core management team for the creation of a company called KDM Pharmaceuticals. KDM is developing new therapeutic targets for the treatment of chronic inflammatory and autoimmune diseases.
- Organised and hosted a meeting for 30 global managers from UKTI on innovation and the NHS.
- Secured a $100,000 grant from AbbVie in the United States to collaborate with the International Consortium for Health Outcome Measurement on the development of global Performance Related Outcomes Measures for inflammatory Bowel Disease.
- Established a Diagnostics Industry Advisory Council across the region to support industry engagement with the NHS.
- Identified a site for piloting novel imaging technology for auditing ultrasound images in partnership with Intelligent Ultrasound.
- During the year the team has worked across the pharmaceutical, diagnostic, medtech and digital sectors of the life sciences industry to build relationships and provide active support where required at all stages of the innovation pathway.

The breakdown of projects across the AHSN region is shown below individually for the counties and also where projects span the whole region.



It is anticipated that during the year there will be an increase in the number of projects originating from Berkshire and Buckinghamshire.

In 2015/16 the Wealth Creation business plan priorities and deliverables are:

	Business Plan Priorities 2015/16	Rationale	Deliverables
	Objective 1 Support across the adoption pathway		
1	Develop an adoption engagement programme for industry (Five Year Forward Look)	To support industry in its planning, product development and engagement with the NHS	Clear plan and materials for engagement with industry
2	Establish 5 pilot projects with industry partners including combinatorial innovations (Five Year Forward Look)	To support industry through regional studies to determine benefit and impact	Case study for each pilot
3	Develop a development pathway into the NHS for non-commercial innovations	To support the development of innovations that will benefit the NHS specifically	Feasibility plan
	Objective 2 Supporting investment into the region		
4	Build a regional investment strategy with key stakeholders (Five Year Forward Look)	Support business growth in the region across the "valley of death"	Strategic plan
5	Develop a strategic plan for Buckinghamshire Life Sciences	To define and integrate key strengths across the county	Business strategy plan
6	Run the Alumni Summit with post event follow-up programme	Inward investment opportunity with potential for developing international partnerships	Conference Report and follow up engagement plan
7	Build an investment proposition around Open Access Innovation with the Structural Genomics Consortium	There is a need for new R&D models of investment to support disease-focused research	Investment proposition document
8	Run a joint showcase event with Isis Innovation	To support and demonstrate the quality of digital health research across the region	Showcase report
9	Either ensure that the region is engaged with the Precision Medicine Catapult or develop a regional diagnostics platform with industry that encompasses Precision Medicine	To capitalize on the academic and clinical strengths in precision medicine and to ensure that there is strong industry collaboration	To be defined
10	Run at least two seminars on funding opportunities (SBRI and others)	To provide support to businesses in access to grant funding	Two seminars

	Business Plan Priorities 2015/16	Rationale	Deliverables
11	Support the industry group to improve infrastructure across Oxfordshire	To develop a strong industry voice for strategic infrastructure support	Programme of defined actions
12	Support plans with key partners for developing a science park at Milton Keynes	Opportunity for inward investment and attracting new business growth into the region	Establishment of a business proposition
	Objective 3 Building a culture of innovation in the NHS		
13	Run two entrepreneurs boot camp events for healthcare workers	Educate healthcare workers across the region in the innovation process	Event report
14	Conduct a review of all IP and innovation policies in Trusts across the AHSN region	Ensure that Trust IP and innovation policies are aligned with the innovation agenda	IP and innovation report
15	Build partnerships with local stakeholders to help promote a culture of innovation in the NHS, including exploring with HETV and the Leadership Academy the opportunity to run Challenge 2023	Challenge 2023 is an innovation competition and supporting such programmes will build awareness and links around innovation and entrepreneurship	Increased support for Challenge 2023
	Objective 4 Forming long-term partnerships with industry		
16	Continue to strengthen and develop novel opportunities with the Oxford AHSC	The Oxford AHSC is a key stakeholder and it is essential that there deep connectivity between the AHSC and AHSN	Identification of new opportunities for wealth creation
17	Provide support in the establishment of Oxford E-health lab in partnership with Isis Innovation	The Oxford E-health lab offers a new approach to digital development with academia, industry, the NHS and the community	E-health Lab business plan
18	Provide support in the running and marketing of digital events across the region	To provide opportunities for developers to showcase their products and build engagement with clinicians and commissioners	Delivery of 3 digital events
19	Initiate two broad partnerships with corporates from across the region	Forming long-term and sustainable partnerships between industry and the NHS will support new innovations and strengthen cultural interchange	Initiation of a project within a strategic framework

	Business Plan Priorities 2015/16	Rationale	Deliverables
20	Complete audit of assets in the AHSN region and articulate Unique Selling Points (USP)	To form a clear picture of the strengths and opportunities across the region	Asset summary
21	Support and follow-up on the Energy and Sustainability programme	To support engagement across the region for identifying and implementing new energy saving opportunities	Establishment of Energy and Sustainability

Wealth Creation detailed 2015/16 Plan

Develop an adoption engagement programme for industry (Five Year Forward View). The Wealth Creation Programme will work with the Clinical Innovation Adoption Programme to develop a 'How to Access the NHS' road map for industry. This will be used to support industry in addressing the barriers to innovation adoption. In addition, the Wealth Creation team will engage directly with companies to provide assistance in understanding the adoption pathway, and in factoring in such considerations into the development of early stage product characteristics.

Establish five pilot projects with industry partners (Five Year Forward View). Typically, pilot projects will focus on delivering data around adoption, health economics and the impact of a new innovation in a care setting.

Design a development pathway into the NHS for non-commercial innovations. A number of innovations could significantly benefit the NHS in terms of improving service delivery or cost savings. Such innovations cannot be funded commercially. There are opportunities to explore novel ways to fund such innovations and establish a means to roll out successful regional innovations across the rest of the country.

Build a regional investment strategy with key stakeholders (Five Year Forward View). Work carried out during 2014/15 has established a funding gap across the "valley of death" and in funding innovations that could be adopted by the NHS on a commercial basis. An investment strategy to consider some of these issues will be developed.

Develop a strategic plan for Buckinghamshire Life Sciences. An important theme in the Wealth Creation programme is to further collaboration across academia, the NHS, industry and the Local Enterprise Partnerships. Work to date has identified a number of opportunities in Berkshire which can contribute to a life sciences business plan targeted at securing additional inward investment.

Run the Alumni Summit with post event follow-up programme. The Alumni Summit will showcase the region's research and clinical expertise to senior international executives who are alumni from the universities within the AHSN region. The Summit will build engagement with international life science companies and provide partnering opportunities.

Build an investment proposition around Open Access Innovation with the Structural Genomics Consortium (SGC). The open innovation model for drug discovery that is used by the SGC has the potential to speed up drug development and improve the route to early stage proof-of-concept clinical trials. There are opportunities to build an investment proposition that could be of interest to pharmaceutical companies.

Run a joint showcase event with Isis Innovation. The Oxford AHSN is collaborating with Isis Innovation to hold a digital showcase for innovations developed across the region. This builds on successful events held by Isis Innovation in previous years.

The location of the PMC will be announced before the start of the 2015/16 year. The Oxford AHSN has led on the Oxford - Thames Valley offering to Innovate UK and may seek to remain engaged with the development of the Catapult once the site is announced.

Ensure that the region is engaged with the Precision Medicine Catapult (PMC) or develop a regional diagnostics council for industry that encompasses Precision Medicine.

Run at least two seminars on funding opportunities (SBRI and others). Following on the events held in 2014/15, two industry seminars will be hosted across the region covering SBRI and any other relevant grant opportunities.

Support the industry group to improve infrastructure across Oxfordshire. This will be a broad grouping of major industry players within Oxfordshire and the surrounding region dedicated to improving key infrastructure and working with other partners to build a strong business for investment.

Support plans with key partners for developing a science park at Milton Keynes. An opportunity to develop a business case for a science park at Milton Keynes will be explored with partners.

Run two Entrepreneur Programme events for healthcare workers. HETV is funding two courses per year for entrepreneurs to receive training covering all aspects of developing a new innovation. The course is designed to attract healthcare workers with an interest in taking innovations form concept through to implementation.

Conduct a review of all IP and innovation policies in Trusts across the AHSN region. There is variability across Trusts in relation to Intellectual Property policy and in rewarding innovators, and it is important that both aspects are clearly articulated and well designed.

Build partnerships with local stakeholders to help promote a culture of innovation in the NHS, including the opportunity to run Challenge 2023, an innovation competition for healthcare workers. Building on the work in 2014/15 and collaboration with HETV on Challenge 2023, the 2015/16 business plan will explore with HETV the potential for the Oxford AHSN to provide greater support to the competition process. There could be opportunities for mentoring NHS innovators with experienced entrepreneurs form across the region.

Continue to strengthen and develop novel opportunities with the Oxford AHSC: The breadth and depth of the AHSC programmes are key components for the AHSN's pipeline of wealth creation opportunities and it will be a priority to support the commercial activities of the AHSC.

Provide support in the establishment of Oxford E-health lab in partnership with Isis Innovation. Significant engagement across a broad number of stakeholders has been undertaken during 2014/15, along with the development of a series of strategic activities that will be core to the Oxford E-health lab offering. The team will continue to work closely with Isis Innovation to form a clear proposition for funding and formation.

Provide support in the running and marketing of digital events across the region. Wealth Creation will support the development of App events across the region, including programme development and marketing.

Initiate two broad partnerships with corporates from across the region. During 2014/15, a number of broad based dialogues were initiated with large companies within the region. The team will continue to

develop opportunities with these organizations with a view to establishing specific programmes that could form part of a longer-term, strategic approach to partnering.

Complete audit of assets in the AHSN region and articulate USPs. By the end of 2015/16 the Wealth Creation team will have a detailed picture of the life sciences opportunity across the region and be able to articulate clear Unique Selling Points (USP) for inward investment.

Support and follow-up on the Energy and Sustainability programme. The success of the Energy and Sustainability programme will be used as a platform for the AHSN to support further engagement between NHS Trusts and Universities in the identification of additional projects that realise savings. The Oxford AHSN will act as co-ordinator for meetings.

Wealth Creation Metrics

The establishment of robust and measurable metrics for the outputs of the Wealth Creation programme are difficult for a number of reasons:

- Many projects and outputs relating to standard measures of economic success, such as number of new companies, number of jobs, inward investment income, are attributable to a range of factors, and determining a direct causal effect is usually very difficult.
- The impact of economic cycles can have a significant impact on economic measures which outweighs any intervention or economic plan geared to the creation of new jobs.

The AHSN Commercial Directors group has reviewed a range of potential metrics, and after much discussion, has concluded that more qualitative measures of impact are more realistic.

The approach to metrics in the 2015/16 Business Plan will focus on only two quantitative measures - number of new company formations and number of jobs. These are definable measures which can be easily accessed through the Office for Life Science database. Other metrics such as number of company interactions or number of business assists do not capture the full impact of an intervention and the approach taken will be to generate case studies demonstrating active engagement with partners across the broad spectrum of partners.

Communications and Engagement Plan

The Wealth Creation plan for 2015/16 will work closely with the Communications team to co-develop opportunities for highlighting the activities and strengths of the Oxford AHSN region. In the forthcoming years there will be a number of key opportunities including;

- Selective sponsorship events, including BioTrinity 2015 and VentureFest.
- The Alumni Summit will provide a strong platform for sponsorship opportunities with partners and for promoting the role of the AHSN across the region.
- Highlighting successes across the region and communicating the impact of the Wealth Creation program through case studies.

Informatics

The informatics business plan for 2015/16 represents programme of capacity building and delivery to support the key aims of the Oxford AHSN. Reflecting the five year forward view laid out in 2014, the informatics business plan is consistent with its core themes of prevention, technology, enhanced care, management of chronic conditions and patient empowerment.

During 2014/15 through engaging the trusts and the clinical networks, two key areas have been identified; interoperability and information governance; addressing these will enable data sharing across the health system to improve the efficiency and effectiveness of patient care and provide a strong platform for research.

Our core team will continue to foster a collaborative approach to support and facilitate the informatics needs of the Best Care and Clinical Innovation Adoption programmes and Patient Safety theme. In addition our plan details how we will innovate within informatics to create new capabilities that offer opportunities for service improvement, through the research capabilities of Clinical Records Interactive Search (CRIS) and the opportunities around Personal Health Records (PHRs). The plan represents a seamless transition from key activities in 2014/15 to 2015/16 yet maintaining focus as a cross cutting theme in underpinning everything the AHSN is doing.

Our approach to delivering this plan will centre on continued development and engagement of groups, such as the Chief Information Officer (CIO) forum, Information Governance and Caldicott forum. We will work with PPIEE to ensure active patient participation with an overall steer from the Informatics Oversight Group.

Informatics Strategy

The development of an informatics strategy for the Oxford AHSN will represent an ambitious vision for partners, working collaboratively, to maximise the value of data across our region to measure service improvement and variability in an open and transparent fashion. The strategy will reflect key priorities for the network and guide the partnership towards effective and secure interoperability and connectedness in the domains of direct patient care, service evaluation and research. The strategy will embrace local exemplar activity, encourage innovation and sharing with a clear focus on co-designing and developing a sustainable and scalable model.

Interoperability

The interoperability programme of work draws upon clinical network experience in 2014/15 and reflects the high value opportunity of enabling clinical data to securely flow between partners serving the purpose of enhanced direct patient care, service evaluation and research utility. The very nature of the AHSN partnership model requires a coordinated and standards based approach to data exchange that is underpinned by appropriate information governance arrangements. The programme will engage partners and patients working collaboratively with PPIEE to ensure the widest possibility for design input and consultation. The scope of this work in 2015/16 extends to the point of working with the provider CIOs to develop a strategic outline business case recognising considerations of funding commitments. Programme delivery will extend beyond 2015/16 with the production of local business cases in 2016/17 and delivery in 2017/18. The value of this programme to the Big Data ambitions of the Oxford Academic Health Science Centre (AHSC) should not go unrecognised.

Information Governance

The information governance initiative builds upon important work undertaken in 2014/15 to establish a robust and comprehensive resource that will provide assurance to partners, patients and AHSN programmes that the basis for data exchange is lawful, appropriate and transparent. It serves to underpin all activities of the informatics cross cutting theme and aims to facilitate a common and shared approach across partners.

Digital Maturity Model

NHS England has invited Oxford AHSN to co-lead a national programme with University College London Partners and Greater Manchester AHSNs to design and develop a digital maturity model for NHS organisations that effectively represents and reflects new integrated care models and digital maturity in the context of a local health economy. This opportunity represents an important leadership opportunity for Oxford AHSN to ensure appropriate service models are developed to underpin the aspirations set out in the NHS Five Year Forward View and Personalised Health and Care 2020. In addition this will enable important digital landscape mapping to be undertaken for our partners across the region that will be critical to our local strategic plans for interoperability and patient engagement. This will be implemented as a survey across all trusts in England and will be reflected in future CQC assessments of trusts.

Research Informatics for Mental Health, Clinical Research Interactive Search - CRIS

Oxford's established leadership role in the UKCRIS informatics programme (part of MRC Dementia's platform UK) provides an excellent opportunity to establish a unique comprehensive research data repository across our entire region. It will exploit value from the clinically rich data deposits within electronic medical records at Oxford Health, Berkshire Healthcare and Central and North West London (Milton Keynes) utilising the advance data mining features of CRIS. The development of this region wide resource will make a significant contribution towards the research ambition of our four mental health clinical networks, AHSN R&D programme and the Big Data programme of the Oxford Academic Health Science Centre (AHSC). CRIS is supported by the Trust Directors of Research and Development.

Personal Health Records (PHRs)

Reflecting the challenges of an ageing population, chronic diseases and comorbidity strategies towards prevention and well-being are now being recognised nationally as a significant priority for addressing the health of the population.

Representing our AHSN response to the vision and challenge set out in the Five Year Forward View and Personalised Health and Care 2020, the Personal Health Record programme sets out a design and development pathway towards empowering patients to perform a more active and direct role within new integrated care planning and delivery models. The programme will be led jointly with the PPIEE cross cutting theme and will seek to engage local communities in reflecting the opportunities of digital innovation to transform patient experience and enable appropriate self-management and monitoring. The support for PHRs will begin in the form of collaborative working with the Children's clinical network, Buckinghamshire Diabetes group and Support Heart Failure (Milton Keynes) to source tactical personal health record solutions.

Operational Hybrid Analytics Service

Further development of the AHSN informatics service model set up in 2014/15 will create a robust operational analytics service provision to provide advanced analytics and insight to the service challenges facing our AHSN programmes – Best Care, CIA and Patient Safety. Representing a central hub for data acquisition and management, the service will employ innovative visualisation and transparency in the publishing of quality metrics.

Project Support

In addition to the major programme initiatives represented in this plan the informatics theme will provide input and support to projects reflecting high priority areas for the AHSN**.**

Patient and public involvement, engagement and experience

PPIEE is a crosscutting theme, working across the programmes of the AHSN, and reference is made in other sections to relevant and joint work.

Governance, infrastructure and strategy

During 2013/14 the joint Patient Experience Strategy Group with NHS England Local Area Team and the Strategic Clinical Networks was formalised with broad stakeholder membership, including two lay members, agreed terms of reference, principles and ways of working. It is jointly chaired by lay member and Dr Justin Wilson, Medical Director of Berkshire Healthcare NHS FT. Dr Wilson is a member of the AHSN Board. The Strategy Group members are:

- Dr Justin Wilson, Medical Director , Berkshire Healthcare NHS Foundation Trust & Co-chair
- Carol Munt, Patient Leader & Co-chair
- Mark Stone, Patient Leader & Co-chair
- Kerry Julie, Associate Director of Nursing, NHS England Thames Valley
- Steve Candler, Senior Network Manager, Strategic Clinical Networks, NHS England Thames Valley
- Dr Sian Rees, Patient and Public Involvement, Engagement & Experience (PPIEE) Lead, Oxford AHSN
- Kathryn Davies, Patient Experience Manager, NHS England Thames Valley
- Robinson Emma, Patient Experience Lead, NHS England Thames Valley
- Sarah Pyne, PPIEE Implementation Manager, Oxford AHSN
- Faith Sanderson, Operations and Marketing Director, Healthwatch West Berkshire
- Helen Peggs, Associate Director of Communications & Engagement, NHS Central Southern Commissioning Support Unit
- Helen Rowlands, Relationships Manager, RAISE Networks (Voluntary and Community Sector Infrastructure support organisation)
- Lisa Gregory, Consultation & Involvement Manager, Oxfordshire County Council
- Alison Monk, Communications & Public Involvement Officer, NIHR Clinical Research Network: Thames Valley and South Midlands
- Steve Nolan, Patient Voice South Field Force, South West Commissioning Support
- Lorcan O'Neill, Head of Communications & Engagement, Oxford Health NHS Foundation Trust

During the coming year the work of the Strategy Group will be consolidated to make sure that members translate agreed actions into their own organisations, and report back and that actions, events and outcomes are communicated effectively across the Network. It will be important to draw on the resources of individuals and organisations in ensuring the effectiveness of communications.

We are in discussion with partner organisations to decide how to develop the governance for the theme. The Strategy Group will continue to meet on a six-weekly basis and is likely to develop a more operational focus, drawing on the skills and experience of the current members. At the same time, organisations will be encouraged to make sure that their Boards and leaderships are actively supportive of and engaged in PPIEE activities.

It is proposed that discussions on the future nature of theme structure and governance are completed during May and that any changes are implemented by the end of October.

Broadening public and patient involvement

To support the work of the Theme and to link across partner organisations an eleven member Lay Advisory Panel has been established.

The Panel has already provided input to some of the clinical network PPIEE plans which has been valuable. During 2015/16, we will use the Panel to advise on work plans and comment on documents, in addition to the input provided by the Strategy Group lay members. We will review how this process is functioning during the year and report to the Strategy Group in November 2015. We will also broaden the Panel by recruiting additional members from harder to reach communities. We would look to have expanded membership by the end of March 2016.

Strategic direction

The initial joint strategy paper for the theme was developed in autumn 2013. It has been revised and was agreed by the AHSN Board in July 2014. Work plans to deliver the Strategy will be finalised by the end of March 2015 and discussions will continue during the year with individual partners to develop engagement and to link with their own plans. An update will be provided to the AHSN Partnership Board in September 2015.

Communications and Broadening Involvement

Stakeholder mapping

During 2014/15, we finished mapping the key stakeholders and started to develop a strategic approach to communications with regular PPIEE pieces in the AHSN newsletter. During 2015/16, we aim to have at least one PPIEE piece in each AHSN newsletter and develop broader publicity for involvement opportunities across the AHSN region.

Plans are being developed to publish an newsletter to include events, research and case studies. This will complement the AHSN Newsletter and provide additional material from across all partners. It is intended that this be in place by the end of March 2016.

PPIEE Network development

We already have many links with partner organisations through existing work programmes, held events and the membership of existing groups. During the coming year we will build on these and our named PPIEE contacts. We will be organising a series of visits over the year to partners to collect and share examples of good practice and design events with partners to support the development of person-centred care.

We will further develop our links with GP patient participation groups (PPGs) and other patient organisations. This work will build on the outputs of the event held on 10th March 2015 attended by 80 people.

Thank you for… People's passion for the NHS – an army of advocates

Thank you for… Enabling us to come together to share our** practice **– more please'

Thank you for… Connecting the PPG representatives to their PPI Lay member

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Thank you for… Enabling me to learn so much from others and to share – excellently valuable – I shall share on

An example of work to be undertaken this year is the joint work to be done with Oxford University Hospitals NHS Trust on its patient story programme. This work will be completed by the end of October 2015. Additional work will be undertaken with the PPGs and

In addition, discussions *and* visits with partners organisations will be completed by the end of September 2015 and case studies of good practice will be shared and publicised using the Oxford AHSN Newsletter, www.oxfordahsn.org and partners' communication channels. Two additional events will be held during the year to discuss the outcomes of visits and any concerns and issues raised.

Patient Leadership

During 2014/15 the AHSN, NHS England and the SCNs commissioned, ran and evaluated a patient leadership course for lay representatives and NHS professionals together. It was very successful with a positive evaluation and national interest. We have also attracted additional funding to allow us to conduct a full OJEU tender to let a contract for additional cohorts in 2015/16. This will include a focus on hard to reach groups and research participants. It is intended that at least three cohorts (10 lay members and 10 professional per cohort) have completed the course and that the outcomes have been evaluated by the end of March 2016.
A follow up of those who attended the pilot programme will be undertaken to assess the longer term impact of the course.

Clinical Networks

During 2014/15 each clinical network developed a draft PPIEE plan working with Sarah Payne, the AHSN Implementation Manager. These plans are being developed and implementation will be supported by, inter alia, members of the Lay Advisory Panel. These will build on exemplars in maternity and children's networks. It is hoped that five clinical network plans will be completed by the Autumn of 2015 with the remaining completed during the year. In addition, networks will be planning to include lay members as part of their work.

Informatics

During 2015/16 we will work with the Informatics Team, and other teams and themes, to explore whether a set of metrics in person-centred care can be developed to support service redesign activities. It is proposed that the set of possible measures and data collection methods could be developed by the end of March 2016. In the longer term, we will consider developing of an atlas of variation for person-centred care, although it is recognised that this would be a considerable and significant task.

To support patient and carer engagement in their own care we will work with the Informatics Team to design a patient held record solution.

Clinical Innovation Adoption
During the past year a process for inclusion of PPIEE in assessment of innovations that might be supported by the AHSN CIA Programme was piloted. This included the use of questionnaire covering

patient and public involvement and experience as part of the information requested from innovation submitters and two lay contributors to the assessment process. This worked and contributed to a successful process and will be further developed with input from our lay strategy group members for 2015/16. A revised/updated process will be agreed with the CIA by the end of June 2015.

In addition, it is proposed that up to five case studies on innovations be prepared and published during the year.

The AHSN will also support the development of lay involvement in strategic priority setting for networks and CIA, recognising also the importance of lay involvement with CCGs.

Research
Work is already underway to develop a collaborative approach to PPI with the Oxford Biomedical Research Centre, the Collaborative Leadership for Applied Health Research and Care and the South Midlands and Thames Valley Clinical Research Network. It is proposed that the importance of engaging with patients, the public and carers be stressed as part of the Patient Leadership Programme. A joint statement of PPI in research will be prepared that will link into the work plans for research and patient engagement and involvement in individual organisations.

Public involvement
The Health Oxford, the concept of a public engagement space for health and healthcare will be further developed with Science Oxford University and the UK Cochrane Centre. Scope for similar opportunities across the AHSN will also be explored. In addition, the AHSN will continue its support for the Oxfordshire Science Festival and explore similar opportunities across the Network.

Continuing education
A Module has been developed and is being taught by the AHSN PPIEE Lead, Dr Sian Rees, on the Evidence Based Medicine MSc and AHSN MSc students have been allocated for supervision.
On-going work with the Thames Valley and Wessex Leadership Academy to develop health coaching

Links with PPI in University to be developed over the year

Wealth Creation and industry relationships
An area for development has been identified for the coming year. It is proposed to explore key industry relationships to determine how they are currently approaching PPIEE and what support/interaction they might want to have with the programme.

Patient Safety

Patient Safety is a cross cutting theme that is already a prominent part of the activity of the AHSN; it has significant national focus. We have therefore placed it as a separate theme in the governance structure. Within Patient Safety will be the Patient Safety Collaborative (PSC) and the Patient Safety Academy (PSA). A Patient Safety Oversight Group will be formed to oversee patient safety strategy and progress of the Theme. The Chair of the Oversight Group will sit on the Oxford AHSN Board. A Steering Group has been created comprising key NHS provider and University stakeholders. The Director of HETV also sits on the Steering Group recognising the importance of training and education in the development of patient safety. Leadership and training are a key component of the Patient Safety agenda and HETV and the Universities in the region have an important role in shaping the workforce to improve systems and practice to reduce harm.

Patient Safety Collaborative

The aim of the national PSC Programme is to create a comprehensive, effective, and sustainable improvement system with a culture of continual learning and improvement in patient safety. This will contribute to the NHS Outcomes Framework aims of treating and caring for people in a safe environment and protecting patients from avoidable harm and will also respond to the recommendations in the Francis and Berwick reports.

The Oxford Academic Health Science Network Patient Safety Collaborative (PSC) will initially focus on a small number of clinical programmes but also act as an umbrella and coordinating centre for the many important patient safety initiatives, within the Oxford AHSN geography of Berkshire, Buckinghamshire, Bedfordshire and Oxfordshire. Close working relationships have been established with the existing Patient Safety Federation and the South of England Patient Safety Mental Health Collaborative.

The principal aims of the collaborative will be to:

- Develop safety from its present narrow focus on hospital medicine to embrace the entire patient pathway;
- Develop and sustain clinical safety improvement programmes within the AHSN;
- Develop initiatives to build safer clinical systems across the Oxford AHSN.

Early priorities are:

- The active engagement of patients and carers;
- The development of a safety information system for the Collaborative;
- Establishment and support of programmes on acute kidney injury, medication safety, pressure ulcers and safety in mental health.

A programme of work with the AHSN Informatics team has also been established and an analyst appointed. The aim of this programme is to provide reliable information and monitoring of all safety programmes according to a defined series of reliable metrics. The Informatics team will provide regular information and guidance to support the leaders of the four initial programmes and other future programmes.

Safety Programme	Aim	Partners	Lead
Acute Kidney Injury	Improved detection and management of acute kidney injury	Patient Safety Federation	Dr Emma Vaux, Royal Berkshire NHS Foundation Trust
Tissue Viability	Reduction of pressure ulcers and improved tissue viability	Patient Safety Federation	Ria Betteridge, Oxford University Hospitals, and Sarah Gardner, Oxford Health NHS Foundation Trust
Medicines Safety	Improved management of insulin	Medicines Optimisation Network	Boo Vadher, Oxford University Hospitals
Mental Health	Reduction in abscondings from mental health units	South of England Mental Health Collaborative	Jill Bailey, Oxford Health NHS Foundation Trust

Patient Safety Academy

The Patient Safety Academy aims to deliver bespoke, field-leading training from a team of experts based within the AHSN region. It is currently focused on four discrete work streams:

1. Mental Health
2. Primary Care
3. Surgery
4. Board awareness

Within each of these work streams, the Patient Safety Academy has worked at the organisational level to understand the local specific areas of concern, and to shape its training so as to address these.
2015/16 will see the Patient Safety Academy deliver measurable improvements in patient safety across at least 2 of the work streams, with the other 2 moving into an implementation phase.
The work of the Patient Safety Academy will continue to be funded by the AHSN and Health Education Thames Valley (HETV) until Q3 2015/16, at which point it will shift to an HETV – PSC funding structure. This will then reflect the shift in governance arrangements, and the allocation of ring-fenced monies from NHS England for patient safety activities.
The Patient Safety Academy will develop plans in early 2015/16 with the PSC to deliver training which is specifically relevant to the work streams of the PSC.

Patient Safety Academy Work streams

1. Mental Health training – Following the creation of a working group with appropriate representation from across the region (complete), agree the key areas of focus and begin baseline data collection (March 2015). Use this data to agree priority areas for training and implement across region (June 2015).
2. Primary Care training – Following the creation of a working group with appropriate representation from across the region (complete), agree the key areas of focus and begin baseline data collection (March 2015). Use this data to agree priority areas for training and implement across region (June 2015).

3. Surgical training – Following region-wide agreement on key area of focus (RIF pain & associated surgery), implement a series of training courses across the region (underway from October 2014) and measure relevant safety data against baseline to show improvement (September 2015).
4. Board awareness training – Work with each NHS Trust board to understand its specific local needs (March 2015), and develop and implement training packages to address these (August 2015).

Stakeholder Engagement and Communications

The Oxford AHSN is a network and hence a key objective is the continued development of relationships with, and between its stakeholders and partners, primarily within the AHSN geography but also strategically with relevant stakeholders and partners internationally. The approach will be to engage at a number of levels including the AHSN Partnership Board, membership of the Programme and Theme Oversight Groups, clinical networks, specific engagement in relation of projects within the four programmes and three themes, and a range of meetings between the AHSN senior team and individual organisations.

The activities of the programmes and themes provide the platform for engagement, e.g. the activities of the CIA programme link strongly into those of Best Care and Wealth Creation, ensuring links are being developed across all sectors, bringing together the NHS, the universities and the life sciences sector. Programme Directors will also continue to speak at national events and the AHSN will continue to support the national events with fellow AHSNs.

The Chief Executive and Chief Operating Officer have planned a series of meetings with the Executive teams of the NHS Trusts within the AHSN region and with key partners outside the current geography including Frimley Health NHS FT (who acquired Heatherwood and Wexham Park in 2014) and Great Western NHS FT, an acute trust that has important links into the AHSN geography. In addition, events for NHS clinical and managerial staff are being planned to publicise the activities of the AHSN and particularly in relation to innovation and research. Similarly, meetings are to take place with both individual CCGs and with groups of CCGs to development engagement with this key group of stakeholders.

The AHSN Partnership Board meetings provide an opportunity for the organisations to come together and steer the development of the AHSN – for example the developing the Oxford AHSN five year strategy will be discussed with the AHSN Partnership Board. The second Partnership Council meeting on 17 June 2015 will highlight activities and achievements, with speakers from across the AHSN. The second Annual Report will be prepared in a new format, giving prominence to the case studies and deliverables from 2014/15.

Further engagement with industry will build on events during the year including BioTrinity 2015, the Isis - Oxford AHSN Innovation meeting in June 2015 highlighting Digital Health and Big Data, and the Alumni Summit in July. These events are intended to:

- Provide the opportunity for individuals from the NHS, universities and industry to showcase their innovations;
- Generate material for case studies to be used to demonstrate the work of the AHSN and its partners;
- Highlight the enormous strengths and assets across all sectors within the region.
- Contribute to the development of the Oxford AHSN region story, working with Local Enterprise Partnerships, the Universities and life science companies.

The AHSN provides the resource for Wealth Creation, Informatics and Board support for the Oxford Academic Health Science Centre.

The Oxford AHSN also has close links and complimentary themes with the CLAHRC, the SCN and the LCRN.

Communications

A number of the building blocks for successful communications are in place. These include a website, monthly e-newsletter, brand guidelines, an active Twitter account and the annual and quarterly reports. 2015/2016 will see increased activity in internal and external communications to make sure that all the AHSN's activities are captured, that the profile of the AHSN is raised and maintained, and that external influencers have a clear view of the organisation's objectives and successes.

Activity during the year will focus on raising awareness of the AHSN's activities and in supporting communication of the developing the Oxford AHSN Five Year Strategy. The work will cover the following areas:

- The development of Oxford AHSN marketing material including a corporate exhibition stand, pop-up banners, leaflets and brochures suitable for all work streams (end April 2015).
- Comprehensive communication plans for all AHSN programmes, themes and work streams.(end May 2015)
- Development of key messages to priority corporate audiences; government ministries, regional universities, industry and trade bodies, local government, NHS, commissioners, network members and staff. (end June 2015)
- Preliminary communication plans for delivering key messages to priority audiences (taking into account the results of the May 2015 general election).
- The development of paths to reach all our audiences using:
    - A developed network of partner communications offices, building on existing links

      National and regional media list
    - The AHSN's Communication Forum of which the AHSN's Head of Communications is a candidate for Co-Chair
    - Review of the website, incorporating revised messaging for priority audiences. (end July 2015)
    - An internal guide to Oxford AHSN communication style and tone of voice, building on existing guidance. (end June 2015)

The next phase of work will build on the corporate objectives defined by the Oxford AHSN Five Year Strategy and consolidate communications plans for each programme and theme. In addition, this work will build on and extend the activities of the first half of the year, specifically in relation to the development of the 'Oxford Region Story' (e.g. the Isis/AHSN Innovation Event and the Alumni Summit), in collaboration with LEPs, local authorities, the universities and other key partners. (September to end January 2016)

Some key events for the coming year are shown below (regular updates will be included in our newsletters and on our website).

Month	Event	Comment
April 2015	Oxford AHSN Board meeting Medicines Optimisation Road Show Diabetes Clinical Network Annual Meeting	
May 2015	BioTrinity 2015 Publication of Annual Report and Q4 Report Launch of Out of Hospital Network Mental Health Networks Event for provider Trusts	Poster Innovation Showcase and Workshop
June 2015	NHS Confederation Meeting NHS Commissioning show Oxford AHSN Partnership Council meeting Isis Innovation/Oxford AHSN digital showcase Meeting	 To support the SCNs This will be our summer digital health event
July 2015	Patient Safety Congress Oxford AHSN Board meeting Oxford AHSN Alumni Summit Oxford AHSN Q1 Report	
August 2015		
September 2015	Healthcare EXPO Oxford AHSN Partnership Board Oxford AHSN Digital Health meeting	
October 2015	Oxford AHSN Board meeting Oxford AHSN Q2 Report	
November 2015		
December 2015		
January 2016	Oxford AHSN Q3 Report Oxford AHSN Board meeting Oxford AHSN Digital Health meeting	
February 2016		
March 2016	Oxford AHSN Partnership Board meeting	

Financial Plan

The budget aligns closely to the indicative budget presented to the Partnership Board in November. NHS England is reducing funding to Tranche 1 AHSNs in 2015/2016 to complete the alignment of funding between the later (Tranche 2) AHSNs and the Tranche 1 AHSNs. The effect of this is to reduce our core funding by an estimated £1.1m. We will make up this shortfall by utilising previously committed funds. NHS England is expected to fund the Patient Safety Collaborative at circa £650k. HETV has agreed an indicative budget to fund continuous learning projects – sustaining the Patient Safety Academy (which HETV provided initial funding for in 13/14) and a second tranche of funding for the Clinical Entrepreneurs Boot Camp.

In 2014/2015 the Early Intervention Clinical Network was asked by NHS England to manage the EIP Preparedness programme across the South of England. £1.2m was received in 2014/15 (shown in the Best Care programme) and this has been accrued in the balance sheet to be utilised in 2015/16.

We are seeking an increase of 50% in contributions from the Partners to support the AHSN's activities – this will mitigate some of the risk in future funding from NHS England and mitigate the risk of failing to generate other sources of income (we have assumed £250k in years' 4 and 5).

OXFORD AHSN FINANCE PLAN			
Model Period Beginning	01-Apr-14	01-Apr-14	01-Apr-15
Model Period Ending	31-Mar-15	31-Mar-15	31-Mar-16
Financial Year Ending	**2015**	**2015**	**2016**
Year of the 5 Year Licence Agreement	**2**	**2**	**3**
INCOME (REVENUE)	Budget	Outturn	Budget
NHS England funding	3,824,783	3,453,218	3,081,728
NHS England funding Tier 1/Tier 2 adj	0		-1,093,000
Partner contributions	420,000	479,809	852,000
HETV income for continuous learning	637,000	487,000	200,000
Other income		1,381,800	0
NHS England funding - PSC income		620,199	641,500
Total income	**4,881,783**	**6,422,026**	**3,682,228**
AHSN FUNDING OF ACTIVITIES			
Best Care Programme	1,250,030	2,557,378	672,367
Clinical Innovation Adoption Programme	400,900	461,501	500,584
Research and Development Programme	124,200	0	70,000
Wealth Creation Programme	668,400	721,197	730,060
Informatics Theme	374,250	391,258	386,289
PPIEE Theme	106,210	209,951	111,414
Patient Safety Collaborative & Patient Safety Academy Theme	741,000	620,199	791,500
Contingency for programmes	100,000	80,000	100,000
Programmes and themes	**3,764,990**	**5,041,484**	**3,362,215**
CORE TEAM AND OVERHEAD			
Pay costs	658,640	587,814	599,216
Non-pay costs	293,520	746,045	515,385
Communications, events and sponsorship	143,900	85,025	209,348
Total core team and overhead costs	**1,096,060**	**1,418,885**	**1,323,949**
Programme funding previously committed			-1,003,935
Surplus/(deficit)	**20,733**	**-38,342**	**-0**

Appendix A - Matrix of Metrics

The table below reflects the Matrix of Metrics as per the License with NHS England and the contract variation to include Patient Safety

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
1	Focus upon the needs of Patients and local populations (A)	**Best Care Programme (Clinical Networks)** The Best Care Programme is designed to deliver AHSN license objective one: focus on the needs of patients and the local populations.	Improve the recovery rate of patients suffering from Anxiety and Depression Improving access, including waiting time standards for Early Intervention in Psychoses Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients	Delivery of first tranche of networks PIDs Variation reports produced MSc Fellowships in Evidence Based Medicine with University of Oxford and Health Education Thames Valley – seven more Fellows for 15/16	1,2,3,4,5	£672,367	

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
2	Speed up innovation in to practice (B)	**Clinical Innovation Adoption Programme** The Clinical Innovation Adoption (CIA) Programme aims to improve significantly the speed at which quality clinical innovation is adopted and in the process of adoption – improve clinical pathways and outcomes for patients. The goals of the programme are to; Support adoption of innovations at scale across the region to improve patient outcomes, safety experience and cost effectiveness	Average number of Trusts adopting each innovation	First tranche of innovations adopted	1,2,3,4,5	£500,584	
3	Build a culture of partnership and collaboration (C)	To promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.			1,2,3,4,5		

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		R&D The R&D Programmes aims are to improve R&D in the NHS through closer collaboration between the Universities, NHS and Industry.	Commercial R&D income increase Interoperability – number of Trust CIOs signed up to strategic outline case	Trust R&D plans developed		£70,000	
		Informatics The informatics business plan for 2015/16 represents programme of capacity building and delivery to support the key aims of the Oxford AHSN.	Information Governance – regional consultation and sign up to the AHSN IG sharing framework.	Information Governance Framework		£386,289	

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		PPIEE Patient and Public Engagement and Experience (PPIEE) is a crosscutting theme, working across the programmes of the AHSN, relevant work is cross-referenced to other sections of the business plan.		Provider engagement		£111,414	
		Core team, overhead, communications, events and sponsorship	Number of subscribers to the Oxford AHSN Newsletter Number of hits on the Oxford AHSN website per month Number of attendees at all AHSN events per annum	Raising awareness and profile of AHSN's work, activities, events and partners		£1,423,949	
4	Create wealth (D)	The Wealth Creation Strategy is to help the region become the favoured location for inward life science	Number of health and life science companies in region		1,2,3,4,5	£730,060	

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		investment, life science business creation and growth, whilst helping the NHS to accelerate the adoption of medical innovations of significant benefit to patients. The aims of the programme are to: Support companies along the adoption pathway, and provide a continuum with the Clinical Innovation Adoption Programme Support investment into the region Build a culture of innovation in the NHS Form and sustain long-term partnerships with businesses.	Number of people employed in life science industry				

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
5	Patient Safety	The principal aims of the collaborative will be to: Develop safety from its present narrow focus on hospital medicine to embrace the entire patient pathway Develop and sustain clinical safety improvement programmes within the AHSN Develop initiatives to build safer clinical systems across the Oxford AHSN	Developing Patient Safety KPIs is part of the 15/16 work plan	Programmes mobilised Measurement regime in place		£791,500	
						£4,686,163	

Appendix B - Risks Register & Issues Log

Risks Register

#	Prig/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	Absence of common culture and presence of hostility and suspicion Scarcity of integrated care Absence of leadership Insufficient depth of networking in partners, staff and structure	Low	Med	> 6 / 12	Leadership supporting a culture of collaboration, transparency and sharing. Agreed organisational Vision, Mission and Values. Ensuring a culture of inclusivity and sharing, through, inter alia, the use of appraisals. Stakeholder analysis of our Clinical Networks to ensure geographic spread and multi-disciplinary representation. Funding Agreement contains explicit requirements to share and collaborate Partnership Board representation drawn from across the geography and key stakeholders. Oversight Groups in place for each Programme, broadening representation across our stakeholders. Additional Oversight Group for Patient Safety. 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)	AHSN Chief Executive	Programme SROs	06-Sep-13		AMBER

#	Prig/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
							Celebrate early successes through Case Studies & Events Regular monthly newsletter. Documented Marketing and Communications strategy Establishment of shared working for programmes e.g. using SharePoint Keep reviewing depth of engagement with Clinical Networks and all programmes and events. CIA analysis of strategic priorities of commissioners and providers as highlighted priority areas for AHSN programmes and themes.					
6	Oxford AHSN Corporate	Failure to establish sustainable infrastructure to continue programme/theme delivery without AHSN support	Programme activities cease Silo working re-emerges to detriment of patients	Med	Med	> 6 / 12	Successful delivery of all Programmes as per the Business Plan will strengthen Partner support Establishment of collaborative working across, and between, Partners as the 'normal' way of working We will commit to fund the clinical networks until March 2016 but need to review future funding beyond March 2016 in September 2015/16.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31– Jul –14		AMBER

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.**	**Major**	Financial	No funds, except for the permanent AHSN staff, are committed beyond 30th June 2015 (except for Continuous Learning where the first cadre have been committed to for the full three years - until 2017) Between June and September 2014 we are discussing with the Clinical Networks a view to extending the current funding period - until up to 31st March 2016 - with little additional funding due to their slow start up of activity during the current funding period. A fully revised cash flow forecast is prepared every quarter and presented to the Oxford AHSN Board as part of the Quarterly reports. This forecast includes both a 'best case' and 'worst case' scenario. Following the agreement to a proposal for member contribution at the	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
					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. The call between AHSN, MD's and John Stewart from NHS England has provided assurance that funding for years 4 and 5 will be maintained at current levels before the Tier 1/2 adjustment.					
19	Oxford AHSN Corporate	**The interface with, and respective roles of, the Strategic Clinical Networks (SCN) and the Senate remain unclear.**	**Major**	Strategy	To agree a clear set of 'standard operating procedures' / interface arrangements with the SCN leads. The outputs of issues 20 and 21 below will aid here.	AHSN 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
		There may also be elements of duplication.			Cardiac and Cancer networks now attend the Best Care Programme Board, whilst plans and progress is now being made with the others. The AHSNs have been invited by NHS England to contribute to a review on SCNs, clinical senates and AHSNs which will report to NHS England in Q3. Some Best Care Clinical Networks and SCNs are working very well together e.g. Children's and Maternity. Other networks are in the process of developing their collaborative working and this will continue to improve throughout 2015.					
20	Oxford AHSN Corporate	**Improve clarity across the team with regards our strategic purpose** **Issue of getting stuck in and being very hands on (and believing that we have to**	Minor	Process	Develop a clear statement of purpose, with high level objectives, deliverables and KPI for each Programme / Theme To also clarify how this purpose will be delivered in line with the issue listed at 21 below. Have established a	AHSN Chief Operating Officer	AHSN Chief Operating Officer	03/06/2014	Action - 60% Complete	

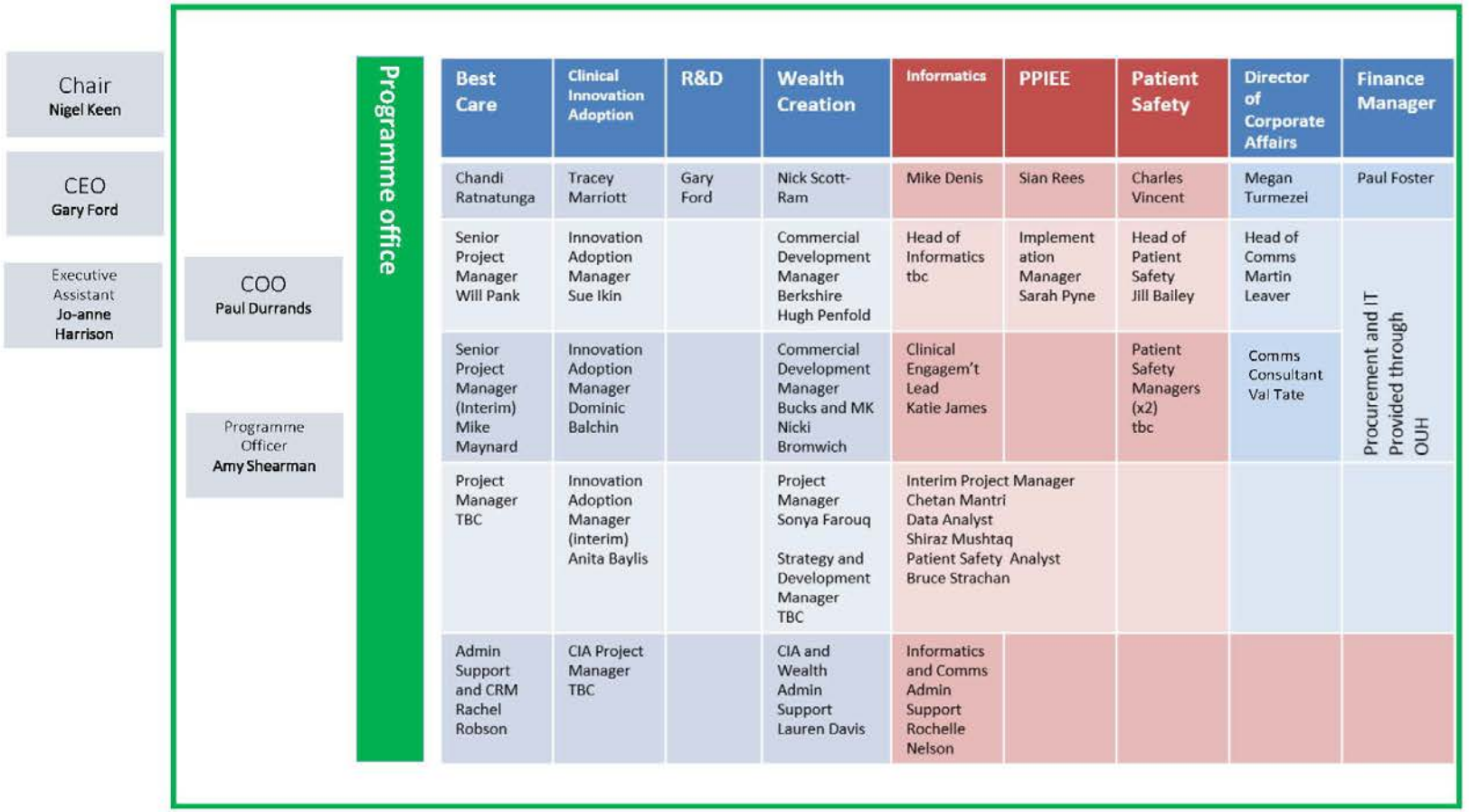
#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		do everything ourselves) rather than networking across our partners to support them to deliver			monthly Strategy (Programme & Theme Leads) meeting to air, discuss and resolve cross programme strategic issues Need to establish local team working e.g. Clinical Networks and steps 4-10 of the Clinical Innovation Adoption Process - clinical network managers now appointed for all networks which will support this process Plans underway for the development of and subsequent communication of AHSN Strategy – discussions to be in Jan, April with AHSN Board and Partnership Board in March and September.					
21	Oxford AHSN Corporate	**Improve understanding of inter-dependencies between the Themes and Programmes** **Examples of**	Major	Process	Joint bi-weekly review meetings for Best Care and Clinical Innovation Adoption with Informatics in attendance Monthly progress reporting at Management Meeting Visibility of Programme &	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
		where one programme team reshapes the work of another (and not involving or informing that team of having done so) without following due process just because the activity may be related to their programme			Theme activities via the SharePoint infrastructure CRM system for contact tracking and management being implemented to ensure knowledge of activities is widened and extended across the clinical networks					
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	AHSN Chief Operating Officer	Best Care SRO	24/07/2014	Resolved	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					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					
23	Best Care (Clinical Networks)	**Failure of the Dementia Clinical Network to deliver fully**	Major	Product / Service	Best Care SRO & Programme Manager to work with the Dementia Network Clinical Lead and Manager to ensure the network has realistic objectives, in terms of both quantity of plans and their timeframes. Central AHSN project manager assigned 50% to support Dementia network. Look in to the possibility of re-assigning the Clinical Leadership of this Network Two AHSN Board members are reviewing the role and deliverables of the Network	AHSN Chief Operating Officer	Best Care SRO	31/07/2014	Action - 80% Complete	
25	Oxford AHSN Corporate	**Lack of awareness by local partners and national**	Major	Culture	Each clinical network and programme to develop a comms plan which will be combined in an	Director of Corporate Affairs	Director of Corporate Affairs	19/01/15	40% complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		stakeholders of progress and achievements of the AHSN			overarching comms plan/grid Regular refresh of website and continued use of social media. Improve annual report. Events - improve marketing and evaluation of events.					

Appendix C – Core Team



Best Care	Clinical Innovation Adoption	R&D	Wealth Creation	Informatics	PPIEE	Patient Safety	Director of Corporate Affairs	Finance Manager
Chandi Ratnatunga	Tracey Marriott	Gary Ford	Nick Scott-Ram	Mike Denis	Sian Rees	Charles Vincent	Megan Turmezei	Paul Foster
Senior Project Manager Will Pank	Innovation Adoption Manager Sue Ikin		Commercial Development Manager Berkshire Hugh Penfold	Head of Informatics tbc	Implement ation Manager Sarah Pyne	Head of Patient Safety Jill Bailey	Head of Comms Martin Leaver	Procurement and IT Provided through OUH
Senior Project Manager (Interim) Mike Maynard	Innovation Adoption Manager Dominic Balchin		Commercial Development Manager Bucks and MK Nicki Bromwich	Clinical Engagem't Lead Katie James		Patient Safety Managers (x2) tbc	Comms Consultant Val Tate	
Project Manager TBC	Innovation Adoption Manager (interim) Anita Baylis		Project Manager Sonya Farouq Strategy and Development Manager TBC	Interim Project Manager Chetan Mantri Data Analyst Shiraz Mushtaq Patient Safety Analyst Bruce Strachan				
Admin Support and CRM Rachel Robson	CIA Project Manager TBC		CIA and Wealth Admin Support Lauren Davis	Informatics and Comms Admin Support Rochelle Nelson				

Appendix D – Membership of the Oxford AHSN Partnership Board (all below) and the Oxford AHSN Board (shaded blue)

Role	Individual
Chairman	Mr Nigel Keen, Chairman Syncona, Wellcome Trust, Isis Innovation and Oxford Instruments Plc
Vice Chairman	Sir Jonathan Michael, Chief Executive, Oxford University Hospitals NHS Trust (host organisation) [2]
Chief Executive Officer	Professor Gary Ford FMedSci CBE
Chief Operating Officer	Dr Paul Durrands
	Oversight Groups
Best Care Oversight Group, Chair	Mr Joe Harrison, Chief Executive, Milton Keynes NHS FT
R&D Oversight Group, Chair	Sir Jonathan Michael, Chief Executive, Oxford University Hospitals NHS Trust
Wealth Creation Oversight Group, Chair	Dr Nicholas Edwards, Chairman Kinapse
CIA Oversight Group, Chair	Anne Eden, Chief Executive, Bucks Healthcare NHS Trust[3]
Informatics & IG Oversight Group, Chair	Mr Stuart Bell CBE, Chief Executive, Oxford Health NHS FT
PPIEE Oversight Group, Chair	Dr Justin Wilson, Medical Director, Berkshire Health NHS FT
Patient Safety	To be confirmed

[2] To retire during 2015/2016

[3] Has now taken up an appointment with the TDA 1 April 2015

Role	Individual
Patient Safety Oversight Group Chair	tbc
NHS Providers	Dr Justin Wilson, Medical Director, Berkshire Health NHS FT; Mr Stuart Bell CBE, Chief Executive, Oxford Health NHS FT; Dr Lindsey Barker, Acting Medical Director, Royal Berkshire NHS FT; Ms Jane Hogg Director of Strategy, Frimley Health NHS FT; Mr Joe Harrison, Chief Executive, Milton Keynes NHS FT; Dr Alex Lewis, Medical Director, Central and North West London NHS FT; Mr Stephen Conroy, Chief Executive, Bedford Hospital NHS Trust; Mr Neil Darrida, Interim Chief Executive, Buckinghamshire Healthcare NHS Trust; Sir Jonathan Michael, Chief Executive, Oxford University Hospitals NHS Trust, Dr Helen McCormack, Medical Director, Southern Health NHS FT, Mr Will Hancock/Mr John Black, SCAS NHS FT
NIHR bodies	Dr Andrew Protheroe and Dr Belinda Lennox, Clinical Co-Chairs, South Midlands and Thames Valley Local Clinical Research Network Dr Belinda Lennox, Centre for Leadership in Applied Health Research and Care
NHS Commissioners	Dr Graham Jackson, Aylesbury Vale CCG, Chiltern CCG, Milton Keynes CCG, Mr David Smith, Oxfordshire CCG, Bedford CCG, Dr Rod Smith, Berkshire West CCGs, and Berkshire East CCGs
University members	Professor Alastair Buchan, Head of Medical Sciences Division & Dean of the Medical School, University of Oxford Mrs June Girvin, Pro Vice Chancellor & Dean of the Faculty of Health and Life Sciences, Oxford Brookes University Professor Richard Ellis, Dean of the Faculty of Life Sciences, University of Reading The Open University Ms Alison Chambers, Buckinghamshire New University Professor Mike Cawthorne, University of Buckingham Prof Kathryn Mitchell, University of West London Cranfield University (tbc) University of Bedfordshire (tbc)
HE TV member	Pauline Brown, Managing Director, Health Education Thames Valley (LETB)

Role	Individual
NHS England	Dr Geoffrey Payne , Medical Director, Thames Valley Local Area Team (LAT) of NHS England
Industry members	Di Vegh, ABPI, Peter Ellingworth, ABHI, Dr Jon Rees, OBN, representative from BIVDA
LEP members	Nigel Tipple, CEO, Oxfordshire LEP, Neil Gibson, Bucks CC, David Gilham, Berkshire LEP

Appendix E - Summary of Key Milestones

The table below highlights the key Milestones, in line with the Matrix of Metrics listed at Appendix A, that were achieved in years 1 and 2 and that are forecast to be achieved in year 3 (2015/16) and beyond. Where there has been any slippage this is indicated by an arrow.

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
Establishment of the Oxford AHSN	Designation in May 2013; funding in October 2013	✓							
	Licence in place with NHS England (contract variations agreed in Q2 to reflect funding for PSC and general programme reserve uplift	✓	✓						
	Agreement of funding contributions from NHS organisations and Universities (contributions agreed for 2014/15)	✓	✓						
	First Partnership Council Meeting		✓						
	Delivery of the Annual Report		✓				◆	◆	◆
	IT infrastructure for Oxford AHSN implemented (to be completed Q3, linked to the office move)		✓						
	Oxford AHSN 5 Year Strategy				◆				
Best Care	Establishment of 10 Clinical Networks	✓	✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Establishment of the Best Care Oversight Group		✓						
	Agreement of Memorandum of Understanding between Oxford AHSN and HE Thames Valley	✓							
	Open publication of Annual Report for each Clinical Network (1st report due April 2015)			◆				◆	◆
	Annual review of network progress and plans			◆				◆	◆
	Review of network progress and plans. Decisions on future funding for networks					◆			◆
(Anxiety and Depression)	Reduce variation in IAPT outcomes – Implementation plan agreed				◆				
(Anxiety and Depression)	Support/expand local service innovation – Report on adoption progress					◆			
(Anxiety and Depression)	Data Completeness in Child and Young Persons IAPT - Implementation plan agreed				◆				
(Children)	Equity in Healthcare Delivery – Training package implemented in DGHs across Oxford AHSN				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Children)	Improve research facilitation - Enrol children into a research study at Milton Keynes Hospital, Wexham Park & Stoke Mandeville (6,5,5)				◆				
(Children)	Improve immunisation coverage - Evaluation of effectiveness of the Vaccine Knowledge app			◆					
(Mental and Physical Comorbidity)	Identify & implement best care model - Evidence-based commissioning guidance document agreed, including recommendations about outcome measures, produced & circulated to network area commissioners.				◆				
(Dementia)	MSNAP accreditation - 8 of 13 Trust localities across the network working through the Self-Review Phase of the Royal College of Psychiatry Memory Services National Accreditation Programme			◆					
(Dementia)	Hold at least 5 webinars across region, aimed at reducing variation in dementia-specific PROMs				◆				
(Dementia)	Data Capture - 30 patients and carers piloting the use of remote data capture tool to manage the patient's electronic record				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Dementia)	Younger people with dementia – Secure commissioner funding for rollout of service throughout at least 1 county in region					◆			
(Diabetes)	Young Adult Engagement - Work with local community/primary care diabetes teams on implementing care pathways for all young adults (<25 years) with diabetes					◆			
(Diabetes)	Islet Transplantation Clinics - Clinics running in peripheral centres			◆					
(Diabetes)	Tackling Variation in Diabetes Care - Data collection system in place and begin implementation			◆					
(Early Intervention in Mental Health)	Implement a Common Assessment - 90% of staff working in EIS trained in standardized clinical assessment of psychosis.			◆					
(Early Intervention in Mental Health)	Enhanced Care Continuity & Extended EI Model - Trust level action plans for improving care continuity agreed			◆					
(Early Intervention in Mental Health)	Research recruitment - Increase in number of research studies active in EIP			◆					
(Early Intervention in Mental Health)	Reduce Variation - Action plan for improving care quality in each Mental Health Trust				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Imaging)	Reduce variation in scanning protocols - Agree MRI prostate protocol incorporating NICE guidelines			◆					
(Imaging)	Creation of specialist opinion Network – 40% of specialist review services identified by the network are provided across the geography							◆	
(Imaging)	Early PET-CT in Lung Cancer - 80% of patients scanned according to new referral criteria (Whole AHSN)					◆			
(Maternity)	Care & Consistency - 25% Reduction in overall routine visit numbers across the network for patients within key (foetal) areas					◆			
(Maternity)	Information sharing – all trust reports visible in Oxford; analysis of complete fetal medicine data possible				◆				
(Medicines Optimisation)	QIPP & Waste Reduction - Agree and implement change plan across region						◆		
(Medicines Optimisation)	Reduce inappropriate use of asthma inhalers - Introduce Smartphone app and deliver training for pharmacists			◆					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Medicines Optimisation)	Increase Medicine Use Reviews (MURs) occurring in community settings - Introduce new referral service and train hospital pharmacists			◆					
(Out of Hospitals)	Single care model - pilot models implemented & delivering patient care						◆		
Clinical Innovation Adoption	Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations		✓					◆	◆
	Establishment of a Clinical Innovation Adoption Oversight Group and Programme	✓							
	Appoint Director for Innovation Adoption and Innovation Adoption Manager 2nd Innovation Adoption Manager appointed in Q1		✓						
	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	✓	✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Establish full process for Clinical Innovation Adoption (CIA) Programme and its Oversight Group (Providers, Commissioners) to include PPIEE		✓						
	Work across the NHS on High Impact Innovations and CQUINs to include appropriate adoption of NICE approved drugs, devices and other medical interventions. Identify five – 10 Innovations that will have agreed implementation plans	✓	→	◆				◆	◆
	Identification of potential funding sources for innovation initiatives (cf RIF, SBRI Grand Challenges etc.) SBRI and Horizon 2020 briefing meetings held (see also Wealth Creation)		✓						
	Creation of an innovation dashboard (including uptake)		→	◆					
	Creation and Implementation of an Innovation Adoption course for NHS partners (based on CIA 10 Step Process)					◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Creation and Implementation of an automated online platform that will enable the organisation to create, manage, track and measure the innovation process from idea creation through to final implementation and impact reporting				◆				
	Work with Wealth Creation to create a plan to grow local focused innovations for adoption					◆			
	Intra Operative Fluid Management Project Estimated Completion (commenced 2014/15)			◆					
	Catheter Acquired Urinary Tract Infection Project Estimated Completion (commenced 2014/15)						◆		
	Intermittent Pneumatic Compression Devices for Stroke Project Estimated Completion (commenced 2014/15)				◆				
	Atrial Fibrillation (NICE) Project Estimated Completion (commenced 2014/15)						◆		
	Ambulatory ECG Project Estimated Completion (commenced 2014/15)						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Electronic Blood Transfusion System Project Estimated Completion (commenced 2014/15)								◆
	SHaRON (Eating Disorders Social Network) Project Completion (commenced 2014/15)						◆		
	Gestational Diabetes m-Health Project Estimated Completion (commenced 2014/15)						◆		
	Renal Cancer NICE Project Estimated Completion (commenced 2014/15)						◆		
	Dementia NICE Project Estimated Completion (commenced 2014/15)						◆		
	Rheumatoid Arthritis NICE Project Estimated Completion (commenced 2014/15)						◆		
	Home IV Project Estimated Completion (commencing 2015/16)								◆
	Patient Monitoring Project Estimated Completion (commencing 2015/16)								◆
	Alcohol Services Project Estimated Completion (commencing 2015/16)								◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Care 4 Today Heart Health Project Estimated Completion (commencing 2015/16)								◆
	Fragility Fracture Prevention Service Estimated Completion (commencing 2015/16)								◆
	Falls Prevention Strategy Project Estimated Completion (commencing 2015/16)								◆
	Dementia Network Project Estimated Completion (commencing 2015/16)								◆
	Diabetes Network Project Estimated Completion (commencing 2015/16)								◆
	Out of Hospital Network Project Estimated Completion (commencing 2015/16)								◆
	Medicines Optimisation Network Project Estimated Completion (commencing 2015/16)								◆
Research & Development	Establishment of R & D Oversight Group		✓						
	Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics	→	→	→		◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Establishment of baseline from NHS partners for commercial research activity	→	→		◆				
	Establish network of R&D Directors in NHS providers, agree strategy for commercial research development		✓						
	Support commercial research plans for each NHS providers						◆		
	Develop a nursing research strategy				◆				
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		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Establish pipeline of innovations for commercialisation • ensure industry and academics can access the NHS clinicians they need to work on concepts and pilots of new products and services • work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective			◆				◆	◆
	Establish detailed working arrangements with Local Enterprise Partnerships for all aspects of wealth creation including inward investment related to Life Sciences and healthcare		✓						
	Establish working arrangements with LEPs and other stakeholders for European funding		✓						
	Working with LEPs, Universities and NHS partners, clarify for industry the "go to" partners in the Oxford AHSN for different stages of the product cycle – establish account management approach for working with industry (local, national and international)		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
Wealth Creation Objective 1 Supporting companies along the adoption pathway	Develop an adoption engagement programme for industry (Five Year Forward View)				◆				
	Establish 5 pilot projects with industry partners including combinatorial innovations (Five Year Forward View)						◆		
	Develop a development pathway into the NHS for non-commercial innovations					◆			
Wealth Creation Objective 2 Supporting investment into the region	Build a regional investment fund strategy with key stakeholders (Five Year Forward View)						◆		
	Develop a strategic plan for Buckinghamshire Life Sciences and a Life Sciences business plan for Berkshire				◆				
	Run the Alumni Inward Summit with post event follow-up programme				◆				
	Build an investment proposition around Open Access Innovation in conjunction with the Structural Genomics Consortium						◆		
	Run a joint showcase event with Isis Innovation			◆					
	Coordinate and lead regional Precision Medicine Catapult bid						◆		
	Regional diagnostics council for industry that encompasses Precision Medicine				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Run at least two seminars on funding opportunities (SBRI and others)				◆	◆			
	Support industry group to improve infrastructure across Oxfordshire			◆	◆	◆	◆	◆	
	Support plans with key partners for a science park at Milton Keynes			◆	◆	◆	◆	◆	
Wealth Creation Objective 3 Building a culture of innovation in the NHS	Run two entrepreneurs boot camp events for healthcare workers			◆		◆			
	Conduct a review of all IP and innovation policies in Trusts across the AHSN region						◆		
	Build partnerships with local stakeholders to help promote a culture of innovation in the NHS, including the opportunity to run Challenge 2023				◆		◆		
Wealth Creation Objective 4 Building long-term partnerships with businesses and other organisations	Continue to strengthen and develop novel opportunities with the Oxford AHSC				◆		◆		
	Provide support in the establishment of Oxford E-health lab in partnership with Isis Innovation						◆		
	Provide support in the running and marketing of digital health events across the region	✓	✓		◆	◆	◆	◆	◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Initiate two broad partnerships with corporates from across the region					◆	◆		
	Complete audit of assets in the AHSN region and articulate USPs						◆		
	Support and follow-up on the Energy and Sustainability programme.			◆			◆		
Informatics Informatics Strategy	Consultation on component themes for the strategy, initially Informatics Oversight Group, then CIO forum and AHSN Senior management team			◆					
	Development of first drafting and consulting via CIO forum				◆				
	Second draft – with input from Informatics Oversight Group					◆			
	Final Draft for approval by AHSN Board –					◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
Informatics Digital Maturity National Model Co-leading and developing by invite from NHS England, in collaboration with University College London Partners and Greater Manchester AHSNs – subject to agreement with NHS England and other partners.	Assessment and evaluation of previous models			◆					
	Establish collaboration framework with GM and UCLP			◆					
	Design workshops for integrated care digital maturity model				◆				
	Consult across regions				◆				
	Create an adoption plan					◆			
	Mobilise partners to participate					◆			
	Capture local information to assess the potential for integrated care/ landscape						◆		
	Regional landscape mapping						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
Informatics Interoperability Model Enabling seamless secure data exchange	Use Cases – why it is relevant to the AHSN agenda			◆					
	CIO engagement				◆	◆	◆		
	Agree business case and engagement process with CIOs				◆	◆	◆		
	Patient Engagement – PPIEE					◆			
	IG model – specific to the needs of this project					◆			
	Design Health Information Exchange (HIE) model to define the specification.					◆			
	Supplier engagement to assess market options						◆		
	Strategic outline case signed off by Chief Information Officers forum						◆		
	Detailed analysis and implementation planning to support trusts to produce local business cases							◆	
	Trusts deliver local plans (subject to local trust sign off)								◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
Informatics Research Informatics Focused on the deployment of Clinical Records Interaction Search (CRIS).	Partner engagement			◆					
	Proposal and recruitment			◆					
	Clinical and academic engagement				◆				
	PPIEE engagement				◆				
	Technical infrastructure planning					◆			
	Information Governance and Ethics					◆			
	CRIS deployment Berkshire Healthcare and CNWL						◆		
	Federation – enabling federated queries to be run against local CRIS databases						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
Informatics Information Governance Mobilisation of IG Working Group (Caldicott Guardians and Heads of IG) in order to produce, sign off and implement an IG Framework for the AHSN region.	Set up IG working group		✓						
	Consultation on draft IG Framework (guidance, templates) with partners, AHSN programmes and public			◆					
	IG Framework second Draft				◆				
	Sign up and operation of IG Framework				◆				
	Developing local capability through training Heads of IG and establishing peer group network					◆			
	Handover central service response to IG ad hoc issues			◆	◆	◆	◆		
Informatics Personal Health Records Platform development	Establish coordinated approach with PPIEE			◆					
	Develop case for change as basis for consultation				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Use cases Children – eRedbook - Mental health - True colours - Cadio					◆			
	Engage patient groups, clinical networks, commissioners					◆			
	Develop conceptual models/platform					◆			
	Supplier engagement					◆			
	Consult local communities of interest e.g. counties					◆			
	Develop Strategic outline case						◆		
Informatics Operational Hybrid Analytics Service	Formal agreements in place with partners			◆					
	Internal team operational- data analyst recruitment, documentation of the process - Triage -> engagement, quality assurance, supplier engagement and delivery			◆					
	Publish services, capabilities and tariff catalogue of external informatics providers for internal consumption				◆				
	Automation of process from requirement to commission					◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Explore partnership opportunities with HSCIC and other AHSN					◆			
PPIEE	Establishment of PPIEE Oversight Group	✓							
	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE	✓							
	PPI/PPE plans for each clinical network in place and to support CIA (to be finalised)		✓						
	PPI/PPE reported on in each network annual report and reviewed by patient/public panel		◆	◆				◆	
	Common metrics for PPI agreed in use in local research		◆						
	Establishment of baseline for PPIEE across the geography		◆						
	Framework for supporting organisational and system–based patient centred care developed and implemented across all partner organisations		◆						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 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	✓							
	Governance, infrastructure and strategy Decision about the future governance of the PPIEE theme agreed			◆					
	Additional structures in place				◆				
	Broadening public and patient involvement Review of Lay Advisory Panel					◆			
	Broader membership for Lay Advisory Panel established						◆		
	Strategic direction Strategy and work plans presented at Oxford AHSN Partnership Board				◆				
	Individual discussions with partner organisations completed						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Communications and broadening PPIEE activity across the Oxford AHSN region Involvement newsletter up and running, including publicising PPIEE events and case studies						◆		
	PPIEE Network development Visits to partner organisations completed and case studies of good practice publicised, and at least two events held to address concerns/issues highlighted by partners					◆			
	Patient Participation Group (PPG) follow-up activities designed and delivered					◆			
	Patient stories evaluation completed and case study written					◆			
	Patient leadership At least three cohorts (10 lay members and 10 professional per cohort) completed and evaluated						◆		
	Follow-up of those who took part in pilot programme to assess longer-term impact				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Clinical Networks Five network exemplars completed				◆				
	All networks to have lay members involved in their structure and processes					◆			
	Informatics Agreed set of measures and data collection developed						◆		
	Clinical Innovation Adoption Revised process agreed with CIA with refinement of questionnaire to assess in more detail the quality of PPI in innovations and broader patient and public involvement in process.			◆					
	Five case studies across networks and CIA written up and disseminated						◆		
	Development of lay involvement in strategic priority setting for networks and CIA, built into process for AHSN strategic work going forwards						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Public involvement Pilot events run and additional funding secured						◆		
	Research Joint statement on PPI in research with links into work plans for individual organisations. Research included in Patient Leadership Programme				◆				
	Continued education Links with PPI in University to be developed over the year						◆		
Patient Safety	Patient Safety Academy Mental Health training – agree priority areas and implement training across region				◆				
	Patient Safety Academy Primary Care training – agree priority areas and implement training across region				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Safety Academy Surgical training – show improvement in reported safety data against pre-training baseline					◆			
	Patient Safety Academy Board awareness training –offer bespoke training packages to all trusts				◆				
	Patient Safety Collaborative Establish Patient Safety Collaborative – launched in Q2	✓	✓						
	Patient Safety Collaborative Bid for Patient Safety Collaborative		✓						
	Patient Safety Collaborative Establish Patient Safety Collaborative – due to launch 14 October (workshop to be held 03 March 2015)		✓						
	Patient Safety Collaborative Establish and promote MSc programme for Evidence Based Medicine – programme recruited to and launched	✓							

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Safety Collaborative Agree data requirements with programme teams			◆					
	Patient Safety Collaborative Establish data sources and analytic requirements			◆					
	Patient Safety Collaborative Establish baseline metrics				◆				
	Patient Safety Collaborative Supply regular information to programmes				◆	◆	◆		
	Patient Safety Collaborative Consolidate and review requirements					◆			
	Patient Safety Collaborative Produce report on safety in Oxford AHSN region						◆		
	Patient Safety Collaborative Clinical programmes Establish aims agree metrics			◆					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Safety Collaborative Clinical programmes Establish core team			◆					
	Patient Safety Collaborative Clinical programmes Assess training and support needs				◆				
	Patient Safety Collaborative Clinical programmes Establish baseline metrics				◆				
	Patient Safety Collaborative Clinical programmes Consolidate and review interventions					◆			
	Patient Safety Collaborative Clinical programmes Initial review and evaluations						◆		
Stakeholder engagement and communications	Quarterly and annual reports	✓	✓	✓	✓	✓			
	Sponsorship and events (updated programme in place)	✓	✓	✓	✓	✓	✓		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Communications (strategy and) plan			◆					

Appendix F – Categorisation of Best Care Programme Deliverables by Project Type

Key	Care	Innovation	Research	PPIEE	Industry

Best Care	Deliverables by March 2015	Deliverables March 2016
Anxiety & Depression		
Reduction of unwarranted variation of recovery rates	Report outlining variation in recovery rates across Oxford AHSN	Report on the impact of the intervention to reduce unwarranted variation
Introduction of IAPT in 7 physical disorders		Report on baseline recovery rates across Oxford AHSN
Introduction of IAPT services for Children and Young Adults		Report on baseline data across Oxford AHSN
Children's		
Equity in healthcare delivery	Report on admissions rates across Oxford AHSN	Report on impact of implementation of training package to reduce unwarranted variation
Research	Report of research activity across Oxford AHSN	Increased clinical research activity in 3 acute Trusts
Immunisation	Report on vaccination uptake across Oxford AHSN	40% uptake of flu vaccination in all surgeries within Oxford AHSN
Wheel-chair in a day	Commence implementation	Implemented across Oxford AHSN
Dementia		
Establishment of programme of webinars for education and agreement of common guidelines	33% of all consultants attend at least 33% of webinars	Creation of common guidelines for dementia diagnosis
Roll-out of Memory Services National Accreditation Programme		8/13 Trusts' locality clinics accredited by Royal College of Psychiatrists

Best Care	Deliverables by March 2015	Deliverables March 2016
Data Capture	30 patients and carers sharing clinical information through digital healthcare technology	30 patients and carers sharing clinical information through digital healthcare technology
Collaborate with industry to produce a ketogenic oral supplement		
Roll-out of Young Adult dementia service across geography	Publication of funding and implementation plan	Roll-out of service in Berkshire
Diabetes		
Roll-out of GDm-health app across AHSN to reduce clinic visits	Implemented at Royal Berkshire NHS FT	Implemented in 3 centres in Oxford AHSN
Roll-out of Young Adult Service across Oxford AHSN	Agree on joint-management protocols	Implement care pathway for all young adults across Oxford AHSN
Create regional service for islet cell transplantation	Introduce referral and management clinics across Oxford AHSN	Introduce clinics across Oxford AHSN
Reduction of variation in Diabetes HealthChecks	Report describing picture of HealthChecks uptake across Oxford AHSN	Report describing picture of HealthChecks uptake across Oxford AHSN
Early Intervention in Mental Health		
Standardisation of best care model across Oxford AHSN	90% collection of baseline data for new model	
Improving continuity of care between children and young adults, and adults	Implemented for Early Intervention in Psychosis in one Trust	Implemented for mental health other than psychosis in one Trust
Extending Early Intervention model into mental health other than psychosis	Implementation plan to improve care across AHSN	

Best Care	Deliverables by March 2015	Deliverables March 2016
Imaging		
Reduce variation in reporting protocols across Oxford AHSN	Describe variation in reporting across Oxford AHSN	
Creation of specialist on-call network across Oxford AHSN	30% of ILD patients entered into an AHSN-wide specialist opinion service for image/patient transfer over a 3 month period.	30% of ILD patients entered into an AHSN-wide specialist opinion service for image/patient transfer over a 3 month period.
Contraction of lung cancer pathway by moving to immediate PET scanning	80% of patients scanned according to new referral criteria across Oxford AHSN	80% of patients scanned according to new referral criteria across Oxford AHSN
Imaging trial development and delivery	Start 1 Network project	Start 1 Network project
Creating patient videos of local imaging services	Release patient video of imaging service in one Trust	Release patient video of imaging services in all acute Trusts
Maternity		
Implementation of care guidelines across Oxford AHSN	One guideline implemented across Oxford AHSN	Four guidelines implemented across Oxford AHSN
Information sharing across Oxford AHSN to locate all pre-term births in tier 3 NICUs	WPH (Astraia) reports visible in Oxford analysis of complete fetal medicine data possible	WPH (Astraia) reports visible in Oxford analysis of complete fetal medicine data possible
Medicines Optimisation		
Medicines reconciliation	Reduce variation by 15% in number of Applicable NICE TAs that are implemented across Oxford AHSN	
QIPP & waste reduction	Reduced A&E attendances due to asthma exacerbations across Oxford AHSN	
Medicines information on discharge	10% increase in number of Domiciliary MURs across Oxford AHSN	

Best Care	Deliverables by March 2015	Deliverables March 2016
Creating partnerships with life science industry	Active working relationship with 5 pharma companies	
Mental-Physical Comorbidity		
Design of best model of care	Report on services across Oxford AHSN	
Out of Hospital		
Increasing ambulatory care and reduction of admissions to ED	Report on Out of Hospital services across Oxford AHSN	
Fellowships in Evidence -Based Health Care (MSc)		
Implementation of EBHC course	7 Fellows undergoing training in Evidence-Based Health Care	Second cohort of 7 Fellows undergoing training in Evidence-Based Health Care