Oxford Academic Health Science Network

Oxford Academic Health Science Network Annual Report

For the year ending 31 March 2015

Professor Gary A Ford CBE

Oxford Academic Health Science Network

Chairman's Report

I am delighted to present our second Annual Report for the Oxford AHSN. The portfolio of programmes and themes is on a strong footing and it has engaged our partner organisations and their staff. Our governance structures are robust and inclusive and are working well with the Oversight Groups meeting regularly. Our reporting and business planning is of a high quality and demonstrates the width and depth of the work of the AHSN as it delivers against the four NHS England licence objectives.

I am very pleased that the Cabinet Office review and the NHS Improvement Architecture review have come out in favour of supporting the AHSNs' important role in improving health outcomes and prosperity in the regions. NHS England has assured us that funding in years 4 and 5 will allow us to continue the important work that we have started.

I would like to take the opportunity of thanking Sir Jonathan Michael, Chief Executive of Oxford University Hospitals NHS Trust, who retires later this year. Jonathan led the way in creating the Oxford AHSN and his Trust is a very supportive host. I would also like to thank the AHSN Board, the AHSN Partnership Board and Gary and his team for the progress achieved this year.

Nigel Keen

Chairman, Oxford AHSN

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Chief Executive's Review

The last year has been a challenging one for our NHS partners operating within flat funding budgets. In that context I pay tribute to the continuing and increasing engagement and support of our partner organisations who have worked together to improve the health of our three million population. Our Region is fortunate to have a wealth of academic and industry capability that our NHS partners can draw upon to improve patient outcomes and experience across the region. Our programmes are now starting to gain a better understanding of variations in care and outcomes across our healthcare services and identifying where clinical innovation can improve patient outcomes.

With the establishment of our Patient Safety theme at the end of this year, all of our seven programmes and themes are now fully staffed and operational. In general they are on track and delivering against their agreed plans. All but one clinical network has held its launch meeting and the networks have achieved a good initial level of engagement. The Clinical Innovation Adoption programme has also created significant networks of clinicians around its projects. I am particularly pleased with the level of engagement from our University partners who are contributing to all our programmes and themes. Most CCGs are engaged with the programmes although there are gaps and we are working to ensure our work is relevant to CCGs priorities. Our review of the strategic priorities of our NHS partners demonstrates significant misalignment between commissioners and providers in some areas such as prevention, identifying opportunities for improved system wide working.

The publication of the Five Year Forward View by NHS England provides a clear framework to inform the shape of our future work with a clear focus on breaking down barriers between physical and mental health, hospital and primary care, and health and social care. Many of our clinical networks are already working across these boundaries.

We have engaged with the review of the NHS England review of the NHS improvement architecture which will be published after the election. The review offers an opportunity to reduce duplication and increase alignment of the multiple structures that support NHS organisations improve service quality. The review is likely to recommend that the 15 AHSNs lead coordination and alignment of improvement work across the Regions. I welcome the development of closer working and alignment of our clinical networks and the Strategic Clinical Networks.

I hope you enjoy reading the three case studies which demonstrate how collaboration can lead to successful deployment of innovation at scale. For a summary of our progress in the last twelve months please read the Operational Review. More details about our programmes and themes are presented in the body of the report and appendices.

The Oxford AHSN wealth creation team coordinated and developed a bid to host the Innovate UK Precision Medicine Catapult national team. Although they only had two months to develop the bid, it was of a very high standard reflecting the academic expertise we have in this area and the strength of relationships between the NHS, Universities and Industry. We await a decision from government after the election.

Looking forward we are collaborating with Wessex AHSN in the development of a bid to be a NHS England Test Bed for 'combinatorial innovation'. Our theme is "Keeping people well and out of hospital – using precision medicine, digital health and diagnostics for better outcomes".

Following publication of the Five Year Forward View and changes that will follow the NHS England review of the NHS improvement architecture it is timely to review our strategic plans, and during 2015 we will produce a 5 year strategy for the Oxford AHSN.

I thank our Chairman, Nigel Keen, the Oxford AHSN Board and my team for their support during the past year. Finally, I would like to pay particular thanks to Sir Jonathan Michael and the Oxford University Hospitals NHS Trust Senior Management Team for their expertise and unwavering support as host to the AHSN Team. Sir Jonathan's leadership was critically important in establishing the AHSN partnership and we wish him well in his retirement later this year.

Professor Gary Ford CBE, FMedSci

Chief Executive Officer, Oxford AHSN

Case Studies

Case Study **1:** *Improving management of diabetes during pregnancy through remote monitoring in real time*

Key points at a glance - Thanks to the development of remote monitoring technology at Oxford University, diabetes specialists can instantly review blood glucose readings and provide guidance on managing blood glucose much more quickly in women who develop diabetes during pregnancy. As a result blood glucose levels are kept under closer control and patients make fewer trips to hospital. This service won the Best Digital Initiative in the Quality in Care Diabetes Awards 2014 and is being implemented across Oxford AHSN maternity services.

Background summary – Around one in five pregnant women develop diabetes – 6,000 per year in the Oxford AHSN region – which can lead to complications for both mother and baby. Careful monitoring of blood glucose levels is vital for successful management. Standard practice is the patient manually recording their levels up to six times a day. This data is assessed at fortnightly check-ups in hospital and medication and diet adjusted as necessary.

Challenge identified and actions taken – To help women who develop gestational diabetes manage their condition better at home with more rapid and targeted input from hospital-based specialists. This was achieved using a remote monitoring system developed by a team at the University of Oxford's Institute of Biomedical Engineering led by Prof Lionel Tarassenko following extensive research to understand the needs of patients and clinicians. This phase was funded by the NIHR Oxford Biomedical Research Centre. The Oxford AHSN has facilitated the widespread adoption of this technology and service by promoting the patient and economic benefits. It has been adopted so far in Oxford, Reading and Milton Keynes with roll out in other hospitals in the Oxford AHSN region due to follow.

Outcomes - Blood glucose levels are kept under closer control and patients make many fewer trips to hospital – clinic attendances are down by about 25%. Patient satisfaction levels are high with the remote monitoring system seen as reliable and convenient.

"It was handy to know that I was in constant touch with somebody and that I would get a message if there was something to worry about. We live about an hour away so having fewer appointments as a result of using this kit helped a lot." Vanessa Galli-Wara, patient.

Plans for the future - If adopted by all maternity services in the Oxford AHSN region there would be 32,000 fewer hospital visits by pregnant women with estimated savings of £700,000 p.a. and thousands of hours of staff time saved.

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AHSN core objectives
- A – Promote health equality and best practice
- B – Speed up adoption of innovation into practice to improve clinical outcomes
- C – Build a culture of partnership and collaboration
- D – Create wealth through co-development, testing, evaluation and early adoption and spread of new products and services.

Clinical priority or enabling theme
3 – Helping people recover from episodes of ill-health or following injury
4 – positive experience of treatment and care
5 – treating people in a safe environment and protecting them from avoidable harm

Case Study 2: Better patient recovery by benchmarking the adoption of intra-operative fluid management technology

Key points at a glance - The Oxford AHSN identified a need to support anaesthetist teams establish consistent for maintaining a patient's optimal fluid status during or immediately after surgery. By linking to both the NHS frontline staff and national policy-makers to cut through traditional barriers to the adoption of IOFM, the Oxford AHSN produced a tool for providers and commissioners to effectively implement IOFM.

Background summary -Maintaining a patient's optimal fluid status during or immediately after surgery minimises post-operative complications and contributes to better recovery. Several intra-operative fluid management (IOFM) procedures and technologies are available but robust evidence on suitability in different circumstances has been lacking. Use of a standard decision support tool to assess which patients would benefit from IOFM technology could lead to thousands of patients being fit for discharge sooner and save millions of pounds by reducing post-operative complications and rates of infection, readmission and re-operation.

Challenge identified and actions taken - The Oxford AHSN is leading a collaborative project to establish benchmark data on adoption of intra-operative fluid management technology through the development of a tool that providers and commissioners can use for business planning, service development and contract management. The work has been carried out jointly with NHS Benchmarking and NHS Improving Quality and is supported by NHS England and the national Enhanced Recovery Programme. The Oxford AHSN made IOFM a priority within its Clinical Innovation Adoption programme and instigated a review of current practice relating to the adoption of IOFM technology, securing buy-in from all its acute trusts and input from commissioners and suppliers. From the outset the project has been led and informed by frontline clinicians, particularly anaesthetists and theatre nurses. The Oxford AHSN brought together clinicians from across its region, as well as colleagues from Central Manchester University Hospitals NHS Foundation Trust (and through them also the Greater Manchester AHSN) to understand the issues, identify unwarranted variation, agree a consistent approach and inform national policy.

Outcomes - The Oxford AHSN provided an update at a national NHS Benchmarking conference on operating theatre practice in March 2015.

"This study was useful in establishing what the profession thinks is best practice in the use of IOFM. We hope this is incorporated in a better-targeted CQUIN that will deliver best practice where it has yet to be established." – Dr Emmanuel Umerah, Anaesthetist and Deputy Medical Director, Frimley Health NHS Foundation Trust

Plans for the future - Oxford AHSN is producing individual reports for each participating organisation, is hosting a regional conference in April 2015, is sharing learning with other AHSNs and continues to contribute at a national level.

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Case Study 3: Cutting energy usage and carbon emissions towards a sustainable future

Key points at a glance - All sectors of the UK economy need to significantly reduce carbon emissions. Hospitals and universities occupy large premises where change has the potential to make a big impact. Using its links to the NHS, universities and industry the Oxford AHSN commissioned an independent review in organisations that identified combined savings of £5m freeing resources for patient care, cut through traditional barriers and facilitate effective change that will benefit patients.

Background summary - NHS Trusts and universities within the Oxford AHSN region spend around £60m per year on energy. A coordinated collaborative regional approach can harness technological innovation to support sustainable service delivery.

Challenge identified and actions taken - An independent review commissioned by the Oxford AHSN has identified annual savings of £8.7m which could be achieved from an initial investment of £32m in more sustainable, energy-efficient technology and practices – for example, using combined heat and power (CHP) and renewable energy generating sources and reducing consumption through the installation of LED lighting. If adopted, these will ultimately benefit patients and staff and help to preserve the environment. The Oxford AHSN has persuaded universities and NHS Trusts of the value of working together in new ways, identifying common issues and challenges and sharing experience and expertise. The Oxford AHSN secured initial expert input from sustainability consultancy Zexu who produced individual baseline reports for each participating organisation.

Outcomes - Work is under way on four projects across the Oxford AHSN region identified as offering the greatest potential with combined savings of more than £5m. Feasibility studies have started through the Carbon and Energy Fund (CEF) which enables procurement of guaranteed performance contracts ensuring the specified savings are achieved over the life of the contract at no cost to partner organisations.

"Thanks to our involvement with the Oxford AHSN we have the opportunity to learn from the experience of other organisations and to benefit from external expertise tailored to our specific needs. We have already started to move forward with a major project to address energy use and sustainability within our hospitals." David Hounslea, Director of Estates & Facilities Management, Great Western Hospitals NHS Foundation Trust

Plans for the future - The Oxford AHSN is overseeing the next phase – establishing viable projects with additional support from the CEF which has offered to work for free with NHS providers and universities in the Oxford AHSN region to build the business cases and contracts to deliver the investment and savings. They are doing this because the Oxford AHSN has brought together enough organisations to make up a sizeable programme.

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Operational Review

Our second Annual Report also includes our report on activities in Quarter 4 of 2014/15. This report goes to all members of the Oxford AHSN Partnership Board and NHS England and is published on our website. It is a review of engagement across the region and delivery by the seven programmes and themes. The length and breadth of this report reflects the extensive work that the AHSN is delivering with all its partners in the region. You may only be interested in a small part of the portfolio of over 100 work streams and we need to make sure you can access the information you need. We will produce a shorter, polished review of the year for external communications purposes.

Oxford AHSN was funded 18 months ago. In that time we have established four programmes and three themes and now we employ around 40 people mostly through our host Oxford University Hospitals NHS Trust. In addition we also fund many clinicians through the clinical networks.

Our governance structures are all in place; the Partnership Board meets twice a year to ratify the annual business plan, review performance and decide on partner contributions to the AHSN. The Partnership Board ratified the 15/16 Business Plan on 26 March. All the programmes and themes have regular board meetings and each has an Oversight Group chaired by a member of the Oxford AHSN Board. Five of the programmes/themes are chaired by NHS Trust CEOs, and one by an NHS Trust Medical Director, and one by a local medical entrepreneur.

Our programmes and themes are very closely aligned to the four objectives in our five year NHS England licence. We have delivered against the Matrix of Metrics that forms part of our annual contract with NHS England. As with all plans, some work streams take longer than planned – this reflects the effort involved in engaging widely across the region to achieve commitment and also the work required to source and analyse the data that provides the evidence base for change. Some clinical networks, notably Anxiety and Depression, Children's and Maternity have already delivered clear benefits to patients. Best Care Clinical Networks, Clinical Innovation Adoption (CIA) and Wealth Creation are fully resourced, engaged and delivering. Informatics and PPIEE are also established and providing support across the programmes. The R&D programme is developing and supporting new NHS University collaboration. Patient Safety is established and we will see a rapid increase in activity in 15/16. Highlights of several work streams that delivered this year:

1. Best Care – Anxiety and Depression Clinical Network – recovery rate across the region has improved by almost 9% (target 5%).
2. Best Care – Children's Clinical Network – Variation Report on Paediatric Care – now being discussed by Clinical Commissioning Groups and providers to address unwarranted variation of admission rates.
3. Best Care – Maternity Clinical Network – standardisation of protocols for pre-term births – this change already saved at least one mother and one premature baby so far.
4. Best Care – Fellowships in Evidence Based Medicine – the first cohort of seven clinicians from the region are half way through their first year. With Health Education Thames Valley and the University of Oxford we are recruiting another seven NHS clinicians and managers for 15/16.
5. Clinical Innovation Adoption with Best Care Diabetes Clinical Network – implementation of Gestational Diabetes Monitoring system in three Trusts with plans in four more. See Case Study.
6. Clinical Innovation Adoption – report on Intra Operative Fluid Management (IOFM) with NHS Benchmarking – potential to enhance recovery of 47,000 patients in our region. See Case Study.
7. Clinical Innovation Adoption – intermittent pneumatic compression stockings for acute stroke patients– successful rollout of the innovation across the region.
8. Research and Development – Universities and NHS Trusts are working towards making this region a more effective region for clinical research to improve patient care and prosperity.

9. Wealth Creation – the commercial team has achieved widespread engagement with industry and is working well with the three Local Enterprise Partnerships. The strength of these relationships enabled the development of the bid to host the Precision Medicine Catapult – we are told by Innovate UK that the Oxford AHSN bid is very strong with a decision awaited after the election.

10. Wealth Creation – support to three bidders and winners of SBRI awards.

11. Wealth Creation – Carbon Energy Reduction – Savings of £8m per annum identified in feasibility studies of six NHS trusts and Universities. See Case Study.

12. Informatics is providing excellent support to Best Care, Clinical Innovation Adoption and Patient Safety. The theme has achieved real traction over the last four months and the team's work is evident in the quality of the data and analysis available to the programmes.

13. Informatics has also made advances in harmonising Information Governance and improving interoperability of patient data across the region (interoperability) – these remain significant challenges to be addressed in the 15/16 business plan.

14. Patients are involved in many of our work streams and patient experience is adding valuable insights, e.g. in Medicines Optimisation.

15. Patient Safety – the Patient Safety Collaborative team has been recruited and the detailed work streams are being developed. The Patient Safety Academy has run several training courses.

Our third licence objective is to support partnership working and collaboration which underpins the AHSN and the change programmes. To succeed in partnership and collaboration we must achieve engagement with enough of the 65,000 NHS staff, 1,000's of healthcare academics and life scientists in our University and industry partners to create a critical mass. We closely monitor the level of engagement in the programmes and themes. Best Care has analysed the composition of the clinical networks – there are 675 people engaged in the networks representing clinicians and managers from across the region from both providers and commissioners. Clinical Innovation Adoption had developed networks of clinicians around its projects, e.g. IOFM has engaged 150 anaesthetists from this region and Greater Manchester. Wealth Creation has engaged with 121 companies and having Hugh Penfold and Nicki Bromwich embedded in Berkshire and Buckinghamshire/Milton Keynes is working well. We are active in the AHSN Network; Martin Leaver, our Head of Communications is now joint chair of the National AHSN Network Communication Group. We are actively collaborating with Greater Manchester and Wessex. Hits to our website increased to almost 300,000 in March (171,453 in December). Subscribers to our newsletter increased from 885 (December) to more than 1,000 in March. Twitter followers increased from 703 in December to 853 in March. Best Care is engaging 1279 clinicians and managers across the region.

The financial outturn for the year is in line with our Q3 forecast. We regularly review programme risks and issues and escalate unresolved risks and issues to the AHSN Board when necessary.

Looking forward, 15/16 will be another very busy year for the Oxford AHSN as we focus on delivering against the business plan and against the outcome measures in this challenging NHS environment. You will see a lot more output from the clinical networks and the other programmes in the coming year as work streams are completed. We have strengthened our communications and will work harder to get more people involved in the work streams and "bake" the work into local plans so that support to AHSN work is designed to local organisations needs. Data are key to engagement and with the support of Informatics the Clinical Networks, Clinical Innovation Adoption and Patient Safety we can have a much more meaningful conversation on improvement with the data.

Dr Paul Durrands

Chief Operating Officer

Best Care

The Best Care Programme is designed to deliver AHSN license objective 1: focus on the needs of patients and the local populations. The Best Care Programme consists of 10 Clinical Networks and an MSc programme in Evidence Based Medicine. Each Clinical Network is working to deliver a number of measurable improvement projects and reports to the Best Care Oversight Group.

Quarter 4 of 2014/15 saw the culmination of a significant year of activity for Best Care in which Clinical Network membership was established and over 35 separate projects were initiated. These projects ranged from reduction in unwarranted variation to adoption of innovation, increase of clinical research activity, collaboration with industry to patient and public involvement, engagement and experience. With many of these projects, the Clinical Networks worked towards achieving an early deliverable which would mark the end of their first full year of operation. With some, this has already resulted in the publication of reports outlining variation in care across the Oxford AHSN region and plans to provide consistent high quality services to patients.

Each Clinical Network has developed Outcome Measures. These are not targets but are essential for us to track progress in improving outcomes over the life of the AHSN. There follows a summary of the projects active within each Clinical Network and its Outcome Measure.

Every network held a launch event, to publicise its activities and increase engagement and involvement. These have happened at various locations throughout the year, as each network has reached a 'critical mass' point where they have enough stakeholders and sufficient detail to their plans to generate further interest. They have attracted up to 150 attendees at a single event.

A short report of each Clinical Network's progress is presented in Appendix B.

Highlights from Best Care include:

- The Anxiety and Depression Clinical Network has achieved an increase in average patient recovery rate across the AHSN over the past 12 months of 8.8% which has already exceeded the target of 5%

- The Children's Clinical Network produced and circulated a report which highlighted variation by CCG in 5 key areas of child health. It followed this up with the formation of a 'guideline group', which will work through the detail of the report to identify causes of variation, and develop standardised guidelines to be applied throughout the AHSN region to reduce variation and improve quality of care

- Supported by the AHSN Informatics Team and partner organisation IT teams, the Maternity Clinical Network succeeded in implementing an inter-trust data sharing platform, allowing remote viewing of ultrasound scans across the AHSN. This required close working between clinicians, IT specialists, project managers and Caldicott Officers and Guardians to ensure data sharing agreements were adequate and that confidentiality was protected. The project will set a clear framework for sharing information between our NHS partners.

Best Care programme progress is summarised in the table below. Green indicates either on plan or delivered, amber is at risk of delay and red is severely delayed.

Network	Network Membership	Comms	Finance	Project 1	Project 2	Project 3	Project 4	Overall
Anxiety and Depression	Green	Green	Green	Green	Green	Green	n/a	Green
Children's	Amber	Green	Green	Green	Green	Closed	Green	Green
Dementia	Amber	Amber	Green	Green	Amber	Closed	Green	Amber
Diabetes	Green	Green	Green	Green	Red	Green	Amber	Amber
Early Intervention in Mental Health	Green	Green	Green	Green	Amber	Green	Green	Green
Imaging	Green	Amber	Green	Red	Red	Red	Red	Red
Maternity	Green	Green	Green	Green	Green	Green	n/a	Green
Medicine Optimisation	Green	Green	Amber	Red	Amber	Green	Green	Red
Mental & Physical Co-Morbidity	Green	Green	Green	Green	n/a	n/a	Green	Green
Out of Hospital	Green	Green	Green	Green	Green	Green	n/a	Green

The Best Care Oversight Group was established, and meets quarterly to review the progress of networks and advise on strategic direction. It is chaired by Joe Harrison, Chief Executive of Milton Keynes NHS Foundation Trust University Hospital and includes on its panel Nigel Edwards (Chief Executive, Nuffield Trust), Nicola Walsh (Associate Director, King's Fund) and Sir Muir Gray.

The Best Care programme continued to develop its relationship with commissioners at several levels that resulted in increasing collaboration with Thames Valley Strategic Clinical Networks (SCNs). Particular progress was made at the level of the Clinical Networks, with SCN Leads on the Children's, Maternity, and Diabetes steering groups and development of joint projects. Best Care has moved to formalise these collaborative approaches by proposing that there is joint oversight of Best Care and SCN activity reviews.

Interoperability of patient data and information governance arrangements between different trusts' data systems has played an increasingly high-profile role in the progression of the Clinical Network projects on the reduction of unwarranted variation. The AHSN Informatics team has taken the lead in coordinating these efforts. The Information Governance Agreement work lead by the AHSN Informatics team will enable clinical practice across the region (e.g. Anxiety & Depression, Imaging and Maternity).

The Fellowships in Evidence Based Health Care undertaken in conjunction with Health Education Thames Valley have been a real success with positive feedback from the seven students and their trainers at the University of Oxford This has led to the recruitment of a second cohort of Fellowships for 2015/16.

Best Care led the successful Oxford AHSN Patient Safety Collaborative bid to NHS England in October 2014, which opened the opportunity to create a new autonomous Patient Safety Theme. This also incorporates the Patient Safety Academy which was previously part of Best Care. The Sustainability Theme funding drew to a close on 31st March 2015. It was decided at the quarterly Best Care Programme Board that Best Care would in the future fund specific support work to individual network projects. Whilst the Sustainability Theme was well received by those Clinical Networks it had worked with, it was felt that the Clinical Networks' primary

focus must be on the delivery of their projects and the further engagement of the stakeholder population. Wealth Creation is now leading on Sustainability with a region wide carbon energy reduction project.

The Clinical Networks were tasked with two distinct objectives for 2014/15; the successful delivery of their projects and the effective engagement of stakeholders in the region. Stakeholders include patients and the public, third sector, Local Area Teams, Local Education and Training Boards, CCGs, Local Authorities and provider organisations.

The Oxford AHSN Best Care Programme reviews effectiveness of engagement of the clinical networks; this includes frequency, geography, professional distribution and organisational make up. The Best Care Programme Stakeholder analysis is our first attempt to map engagement across the region (Appendix B). 1279 stakeholders are regularly engaged with the clinical networks. The clinical networks will update this analysis regularly and use it to extend engagement in underrepresented areas. Please note that some stakeholders will have multiple roles (e.g. GP and Commissioner and we only show them once in the summary).

Clinical Innovation Adoption (CIA)

Overview

The key objective of the Clinical Innovation Adoption Programme is to increase the speed and spread of clinical innovation adoption across the region by:

- Assessing the strategic priorities and clinical needs of the population.
- Identifying best innovations that contribute to the resolution of the priorities.
- Redesigning clinical pathways with the objective to integrate innovations at all relevant points so as to increase quality of care and cost efficiency.
- Embedding innovation adoption in local NHS planning and contracting so that projects provide maximum quality impact and cost savings.
- Working closely with Wealth Creation to develop meaningful engagement with Industry and to deliver the above and to articulate the requirements.

The CIA Programme implements change by working with transformation teams within our region's NHS organisations. Engagement for implementation often takes place via the AHSN Best Care Programme's Clinical Networks. We also use our access to senior executives within the CIA Oversight Group and the Partnership Board to support this delivery. The deployment of projects and the degree of difficulty to adopt and diffuse is dependent on a number of factors such as complexity of the service pathway, the level of coordination required across care settings to make the change and nature of the innovation (devices, medtech, and medicines).

1. Adoption and diffusion opportunities have been explored for all of the Innovations.
    a. All organisations have agreed to adopt the Intermittent Pneumatic Compression Sleeves (deployed to all). Utilisation has increased from 0 to 20% on average with earlier adopters at the 50% mark).
    b. The CIA Programme has deployed the Gestational Diabetes Mellitus Health Project to 3 Trusts during 2014/15. The Clinical Lead for this project is Dr Lucy McKillop and the innovation was created collaboratively with the University of Oxford, MedTech Team, led by Professor Lionel Tarassenko and his team. The plan is to complete the spread during 2015/16. Research shows that the system has created a 25% increase in capacity for additional clinic demand.
    c. The Anti-coagulation (NOACs/warfarin)/ECG projects are being implemented at Buckinghamshire and Berkshire CCGs. With the support of the Clinical Lead, Dr Piers Clifford at Buckinghamshire Healthcare NHS Trust and the input from the Pharmaceutical Industry (in particular Boeringher Ingelheim), the AHSN has drafted a strategy and approach for this pathway. Dr Clifford has advised that the most immediate issue that the project should address is patients with Atrial Fibrillation who are still on Anti-platelet drugs rather than anticoagulants as they are high risk for stroke. We continue with roll out during the coming year.
    d. Buckinghamshire Healthcare NHS Trust worked with the CIA team to complete baseline work for the Electronic Blood Transfusion project and while they have chosen not to proceed with implementation at the moment, the work has provided valuable insight into parts of the process that could be strengthened to improve avoidance of potential harm to patients.
    e. The Rheumatoid Arthritis Project, with the support of Prof Peter Taylor - has been set up at Oxford University Hospitals reducing the waiting time for patients referred into the service to 3 weeks.
    f. Central North West London NHS FT has expressed interest in the Berkshire Healthcare Eating Disorders system (SHaRON); clinically supported social network to help recovery of adults

with eating disorders. The Health Economics commissioned by the CIA Programme has shown that this system offers a significant saving per patient (£2.78k per patient).

2. Of the 10 innovation adoption projects started this year, 9 were successfully launched. The Renal Cancer project was explored as recommended by the Cancer SCN to determine whether patients were being treated promptly following diagnosis. The initial investigation showed that there may be a need for some service improvement work in this area to reduce variation and the CIA Team will share these findings with the Strategic Cancer Network as they may wish to pursue this further during 2015/16.

3. Whilst the CIA programme is on track it should be noted that some of these projects will extend beyond 2014/15 as they are large and complex requiring significant time to implement locally.

4. During 2014, all Acute Providers have participated in at least one of the 10 projects. Whilst access to Commissioners at CCGs remains challenging, seven out of 12 are working with the programme and the other five have indicated that they will become involved over the coming year. The executive team continues to build a portfolio of activities that demonstrate added value to the CCGs and has been invited to attend a number of CCG 2015/16 planning events.

5. During 2014, the CIA Programme's level of collaborative working with both the Best Care and the Wealth Creation Programmes has significantly increased, mainly due to the AHSN's growing level of establishment and crystallisation of purpose, but also because of national drivers such as the Precision Medicine Catapult and Test Bed initiatives from Innovate UK and NHS England where innovation adoption is a key component.

6. The CIA Programme has paid particular attention to engagement and communication with the Trusts and CCGs. Including:
   • Focus on aligning communications and engagement so as to clearly link how we support CCGs and Trusts with the challenge of better quality outcomes for patients with tight and reducing budgets. This has led the CIA Programme to take a more analytical approach as to how the projects may contribute to better quality outcomes that are either cost neutral or save money. Some very productive analysis has been done in-house by the informatics team or through commissioned work from external suppliers such as Janssen. This work has strengthened the evidence base and should lower barriers to the uptake of new innovations.
   • Inclusion of stakeholders in the selection of innovations: All NHS providers and CCGs participated in the selection process for innovations 2015/16, as this is seen as key to gaining commitments to adopt innovations during the coming year. Patient representatives were also involved in the selection process. The CIA Oversight Group chaired by Anne Eden (CEO at Buckinghamshire Healthcare NHS Trust to 31 March 2015 and now at the TDA), approved the selection of innovations for 2015/16.

7. Working closely with the Patient and Public Involvement, Engagement and Experience Leads, the CIA programme has identified appropriate points within the 10 step process deployment process that will include patients in the programme. In addition, a patient lay person attends monthly internal CIA team meetings.

8. During 2014, the CIA programme has continued to work closely with:

   • The Best Care Programme's 10 clinical networks that offer a clinical expertise with regional understanding of variation within services and insight into emerging best practice that can be harnessed. Given the networks' clinical reach which is a key enabler of rapid adoption, four of the

projects for 2015/16 will be delivered through joint working with the Out of Hospital, Medicine Optimisation, Dementia and Diabetes networks.

- The Wealth Creation Programme with its focus on industry, offers an opportunity for the CIA Programme to establish links with the devices and pharmaceutical sectors as part of the developing solutions and to educate companies as to how to work with the NHS. The Director of Clinical Innovation Adoption has presented to industry including the Medtech UK conference for medical device manufacturers on how to get innovations adopted into the NHS.

- The Strategic Clinical Networks: The CIA Programme has established strong links with the Thames Valley Cardiovascular SCN and worked jointly on the Stroke Intermittent Pneumatic Compression Sleeves Project during 2014/15. Ongoing SCN involvement with AHSN projects of mutual interest include Atrial Fibrillation and ECG, Heart Failure IV Diuretics in the Community and Cardiac Rehabilitation Projects.

9. The Programme adheres to the 10 step methodology shown below.
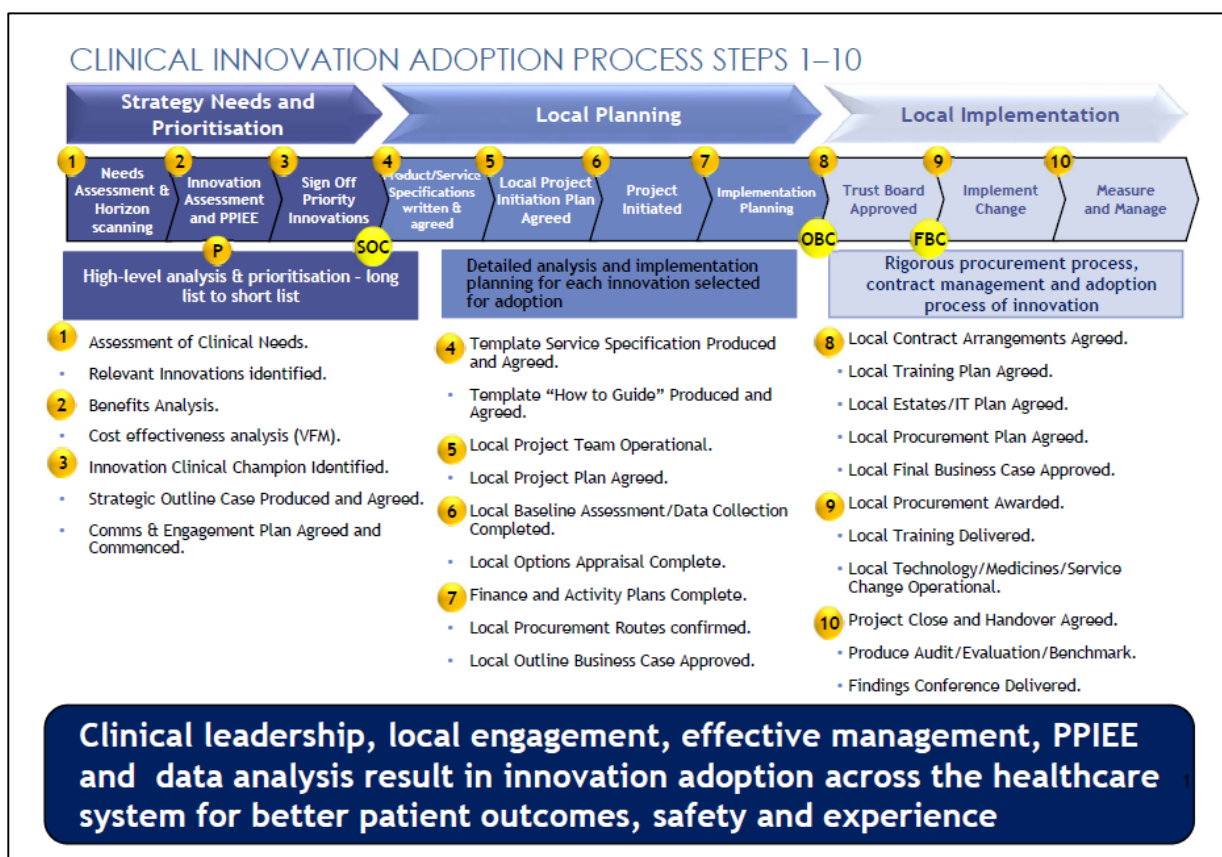
10. Phase 3 (Local Implementation) of this process concludes with measuring and monitoring, evaluation of the project and creating sustainability. During Q4 work has been initiated with Bucks New University to create a practical accredited training programme for NHS middle management responsible for deployment of CIA projects. The intention is to further embed innovation adoption into our local NHS organisations and equip providers and commissioners with the required skills to implement. The course is supported and funded by HETV and will provide training for 20 individuals in 2015/16.

11. During Q4 CIA has focused on meeting roll out objectives with NHS Organisations and attending CCG and Trust transformation planning sessions for 2015/16.

Oxford Academic Health Science Network

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

Research & Development (R&D)

The R&D programme aims to make the Oxford AHSN a more effective region for commercial and non-commercial research to improve health care and also improve prosperity. The programme is currently led by Professor Ford who sits on the national NIHR Strategy Board. An R & D oversight group has been established comprising R&D Leads/Directors from NHS partners and University research leads, chaired by Sir Jonathan Michael. The group met for first time in July and on two further occasions in November 2014 and March 2015.

The programme supports development of stronger collaboration between NHS and University stakeholders, building on existing and natural partnerships. These included partnerships and collaborations between the Berkshire NHS Trusts and the University of Reading, Bucks New University and Bucks Healthcare and the University of Oxford and the Oxford NHS Trusts. In addition, newer partnerships are developing, for example between the University of Buckingham and Milton Keynes Trust. The AHSN regional commercial development managers in Berkshire and Buckinghamshire and Milton Keynes provide support to development of R&D programmes in these areas.

The R & D programme has a close liaison with the NIHR South Midlands and Thames Valley Clinical Research Network and Oxford CLAHRC.

The following describe key activities since the oversight group was established.

An analysis was undertaken of the distribution of NIHR Research Capability Funding (RCF) across the region and comparison with other regions, demonstrating significant opportunities to increase RCF income to NHS Trusts outside Oxford.

Discussions have been taking place during the year to see how best to support the development and coordination of non-medical research. There is real enthusiasm amongst the universities to develop this and to draw on the strengths already in place but also to increase the capability and capacity within both the Universities and the NHS to foster good quality research that can impact on the workforce and the care of patients. The R & D Oversight Group will be working with the Universities to take this forward as a key piece of work for the coming year. Academic nursing leads from the AHSNs Universities agreed to explore developing a regional research plan and strategy for academic nursing involving NHS Trusts.

The NIHR Research Design Service and Oxford Clinical Trials Research Unit presented to the group support they could provide to supporting development of high quality research proposals to NIHR and other national research funders.

The University of Reading and the Royal Berkshire NHS Foundation Trust are developing a Clinical Trials Unit to support delivery of clinical trials in Berkshire.

Close working continues with the Oxford Academic Health Science Centre led by Professor Sir John Bell including a discussion of the AHSC 'Building novel NHS, University and Industry relationships' theme. Dr Nick Scott-Ram, AHSN Director of Commercial Development works closely with the AHSC team in this theme.

Professor Ford undertook an R & D governance review at Bedford Hospital following a request to the Oxford AHSN from the Medical Director in September 2014, with support from a Research Governance Manager from the Oxford University Hospitals.

Professor Ford attended the NW Coast AHSN Academic Summit in June to share experience of working with University. He gave presentations on Academic Health Science Networks and the opportunities they present

to support research at three national meetings: Health Service Research network annual Symposium in Nottingham, Association UK University Hospitals R&D Director group, Ashridge NIHR leaders Conference.

At each oversight group meeting two Universities or Trusts are presenting their research profile and interests to increase awareness of research capabilities across the Region. At the meeting in March 2015 the Open University and Reading University described their research interests with both presentations highlighting the increasing potential for knowledge and technology transfers between areas of research and the potential for impact in health. Further presentations will be made by the Universities at future meetings.

Wealth Creation

The Wealth Creation team is in place and has a blend of strong industry and NHS experience. The team has expertise in pharmaceuticals, diagnostics, medtech and digital health.

- The Wealth Creation Strategy has been developed to reflect five key themes:
  - Improving industry access to the home market
  - Building investment opportunities and access to capital across the region
  - Cultivating a pool of entrepreneurs and innovators from within the cluster, including industry, academia and the NHS
  - Building long-term partnerships with businesses and other organisations to cement a strong regional presence
  - Supporting infrastructure development through working with local partners and central Government.
- The team currently has a portfolio of 50 projects covering all of the above themes.
- The Wealth Creation Oversight Group has been set up with leading experts, both from within and outside the Oxford AHSN region. Smaller working groups, which report in to the Oversight Group, have been established in Oxfordshire and Buckinghamshire. The Diagnostics Industry Advisory Council has been created to support interactions between industry and the NHS.
- The 2014/15 Business Plan objectives for Wealth Creation have been met.
- The Oxford AHSN has supported a number of meetings during the year including BioTrinity 2014, VentureFest, Biotech and Money 2015, and the MediLink Formula 1 to Advances for Healthcare.
- The team has placed a strong emphasis on developing working relationships across the Oxford AHSN region with key stakeholders including NHS partners, universities and technology transfer organisations, industry and Local Enterprise Partnerships. During the year, the team has met with 121 companies.
- During the year the Oxford AHSN ran two seminars on the Healthcare Small Business Research Initiative programme supported by Karen Livingstone of Eastern AHSN, one on the Horizon 2020 programme and hosted a meeting of the British In Vitro Diagnostics Association's Point of Care Working Group. The SBRI Healthcare programme is run by all the AHSNs and leading clinicians from the Oxford network were part of the selection and assessment process. In the last year, 22 companies from the Oxford AHSN have applied for Phase 1 funding. While 5 were interviewed, in a very competitive process the panels decided not to fund any of the projects. Please note in 13/14 32 applications were received from the Oxford AHSN region of which 12 were interviewed, 6 received phase 1 awards and 4 received phase 2 awards. Go to www.sbrihealthcare.co.uk to find out more. Dr Paul Durrands is a member of the Healthcare SBRI programme board.
- A number of projects have been successfully delivered, including an Energy and Sustainability Cost Improvement Programme, support for a successful SBRI grant award to Capillary Film Technology Ltd, an Entrepreneurs Course for clinicians and healthcare work, a business plan for a spin-out company from the Structural Genomics Consortium and the development of a report on open access innovation in drug discovery and the impact of downstream market exclusivity provisions.
- The Oxford AHSN has led the regional bid to locate Innovate UK's Precision Medicine Catapult in Oxford and has undertaken a detailed analysis of capabilities in Precision Medicine.
- Our region is home to more than 550 healthcare and life science companies. Peel Hunt reported that the UK Life Science Industry had a successful year with USD2.9m raised. Companies in the "Golden Triangle" secured over 50% of venture financing, with the Oxford cluster in the lead ($221m), London slightly behind ($147m) and the Cambridge cluster ($131m), collectively the most active UK life sciences R&D clusters. Forty three public markets fundraisings, including 13 IPOs, raised $1,975m.

Circassia Pharmaceuticals plc raised over £200m in March 2014, valuing the company at £581m, making it the largest ever London listed biotech IPO. The Golden Triangle secured 60% of public market financings, with the London cluster in the lead ($551m), followed by Oxford ($485m) and Cambridge ($141m).

Julie Hart has been appointed to the position of Strategy and Commercial Manager on a full-time basis. This replaces her position as Associate Director of Networking where 50% of her time was spent working for the Oxford AHSN. The joint post with OBN will no longer be taken forward. Dr Alice Mortlock has been appointed to the position of Strategic Partnership Manager with effect from the 1st June. This is a joint post between the University of Reading, Royal Berkshire NHS Foundation Trust and the Oxford AHSN.

The second Wealth Creation Oversight Group meeting was held on March 31st 2015. Further meetings were held in Buckinghamshire in conjunction with Bucks LEP to bring together local stakeholders. In Oxfordshire the local working group met for a third time.

The first Diagnostics Industry Advisory Council meeting took place in early March and a strategy to select potential diagnostic projects that could be adopted across the Oxford AHSN region was agreed. The selection process and timescales for delivery is under review.

The Wealth Creation portfolio now has a total of 50 on-going projects. Of these 10 were scheduled to deliver outputs by the end of March 2015. A summary of the project outcomes is set out below:

1. Capillary Film Technology Ltd was awarded under £1 million under the SBRI programme.

2. The Energy and Sustainability Cost Improvement Programme was established to bring NHS Trusts and Universities together to identify potential projects where cost savings could be made in energy consumption. Ten Trusts and two universities took part. Following a baseline analysis, four projects were identified involving six organisations that had the potential to deliver potential savings of £7.8 million per annum with a payback within four years based on an investment of £32 million. Feasibility studies are underway with expert input from the Carbon Energy Fund, which supports NHS infrastructure upgrades. The group that participated in the two workshops will continue to meet on a quarterly basis and the Oxford AHSN will continue to support the roll-out of this programme.

3. The Entrepreneurs Programme was launched at Henley Business School in March with 15 clinicians, healthcare workers and academics selected from local NHS Trusts and Universities. The four-day course provides an overview of the key aspects involved in commercialising innovations.

4. A Business Plan for a spin-out company from the Structural Genomics Consortium, University of Oxford, has been prepared. The company, KDM Pharmaceuticals, will focus on developing novel therapies for inflammatory and autoimmune disorders. The potential to secure seed-funding, led by an experienced management team, is under consideration.

5. As noted above, the Diagnostics Industry Advisory Council has been formed.

6. A meeting of the Point of Care Working Group of the British In-Vitro Diagnostics Association (BIVDA) was held at the Oxford AHSN. A programme demonstrating the utilisation of Point of Care (POC) testing in different care settings within the NHS was shared with a broad industry audience. There was significant interest in the way in which POC had been established in the Emergency Multidisciplinary Unit at Abingdon, Oxon.

7. The Oxford AHSN hosted a visit from UKTI as part of its Medical Devices and Healthcare Briefing Tour. Around 35 UKTI Inward Investment Officers were given an overview of the activities across the region with a focus on adoption of innovation and partnering.

8. A workshop was held exploring issues around models of open access development (where no intellectual property is generated) and whether the current mechanisms for market exclusivity are adequate under such models, or whether new approaches are needed to incentivise downstream investment in drug development. The meeting brought together specialists in intellectual property, drug development and commercialisation of new medicines. The conclusions of the meeting are being written up and will be available on the website. A follow-up meeting involving venture capitalists and other investors is planned for later in the year.

9. The Oxford AHSN has been leading the review process for the Oxford region to be selected as a potential site for the Innovate UK Precision Medicine Catapult. A full review of capabilities in precision medicine was submitted to Innovate UK and was followed by a number of site visits. The submission has been well received and a decision on the location has now been put back until after the election.

10. The timing for the establishment of a pilot study with technology developed by Intelligent Ultrasound has been put back due to delays in finding a suitable site. A Trust within the region has now been identified and discussions are underway to set up the pilot study.

Other areas to note include:

An industry workshop highlighting the adoption process within the NHS was planned for the quarter but was postponed due to commitments around the Precision Medicine Catapult bid. A revised date for the workshop is being considered.

The organisation of the Alumni Summit, scheduled for the 9th and 10th July at the Said Business School in Oxford, is well underway. Registrations are on target and include senior life science executives from outside of the UK and senior figures from within the region and nationally. The programme is near completion and the conference website (www.alumnisummit.com) provides more detailed information on the event. Confirmed speakers include Sir John Bell, Regius Professor of Medicine and Chas Bountra Professor of Translational Medicine from the University of Oxford.

Following detailed review of the Innovation and Assessment System developed by GE Healthcare Finnamore, a decision has been made not to proceed with the proposal. An alternative strategy around inward investment opportunities for the region will be developed.

The annual innovation competition Challenge 2023, an innovation competition for all clinicians in training, is well underway and the final results of the competition will be announced in May 2015. The Oxford AHSN is working closely with HETV and the NHS Leadership Academy on the delivery of the competition.

Work on the Oxford e-health lab is continuing. Participation has broadened to include Brookes University and a submission for funding through the Local Growth Fund has been made.

A joint showcase with Isis Innovation covering digital technologies will be held on the 30th June. The showcase will highlight technologies developed locally and which are under adoption within the NHS across the region.

The Wealth Creation team has continued to engage with industry and local partners to support products and services that could be adopted within the NHS. Several projects, in particular, show potential.

The first is in Gestational Diabetes, where the Clinical Innovation Adoption programme and Best Care Diabetes network has demonstrated strong uptake across the region. Plans to support a programme of

national engagement are in the early stages of development, and further funding for this initiative will be sought.

A second opportunity is examining the feasibility of establishing an innovation hub within the region is underway.

A third area of focus involves a local multinational healthcare company, where several projects are under consideration, and which if taken forward, could lead to a broader strategic collaboration.

A detailed business plan for the SMART City concept is underway and the Oxford AHSN is involved in identifying priorities in healthcare. The website http://oxsmart.city/ is now live.

The Oxford AHSN has been invited to host a Transatlantic and Trade Investment Workshop in partnership with the NHS European Office and British American Business. The workshop will explore the impact of current negotiations and their impact on industry in terms of regulation and the NHS.

Informatics Theme

2014/15 represented a critical first year for the Oxford AHSN informatics team; the task of developing an information service posed an important challenge of engagement across AHSN programmes, with partners and industry. Our aim was to establish a strong and sustainable platform from which to design and develop strategic informatics capability that anticipated and responded to the informatics needs and digital innovations across our network.

Key elements of this platform have included the design and construction of a hybrid data analysis service operation, a process for development of an information governance framework and visualisation tools for data presentation.

To ensure appropriate governance, direction and engagement we have established an oversight group capturing impressive experience from diverse industries, a Chief Information Officer (CIO) forum and a forum for Information Governance leads.

Our first year of operation has seen effective cross cutting informatics support to Best Care, Clinical Innovation Adoption and Patient Safety ensuring we progress our principle aims of reducing unwarranted variability and improving clinical outcomes.

In our second year we will build upon this experience, further developing our strategy for informatics and engaging partners in transformational service initiatives with particular focus on digital maturity, interoperability and patient empowerment

Q4 updates

The informatics team developments:

i.   The informatics team have spent quarter four fully focused on the delivery of initiatives to support current AHSN projects now whilst building a sustainable data platform on which the informatics service will develop.

ii.   Quarter four has represented a key period for the informatics team in terms of a committed delivery programme; both for the tactical and strategic informatics initiatives.

iii.   The team continues to operate in its new form with an associate information governance member working as part of the team. The key recruitment of two permanent data analysts and information manager has happened and will be completed in quarter one of 2015/16. The three positions will reduce the current dependency on contractors filling those places.

iv.   Engagement has continued with all AHSN programmes and themes to manage their data needs in addition to coordination of work commissioned to internal and external organisations.

v.   The business plan has been developed for 2015/16 and the process for developing the informatics strategy has commenced with engagement activity through the CIO forum, Oversight group and the AHSN senior management team.

Q4 Engagement Activities

i.   Best Care Clinical Networks

- Regular meetings between both themes and attendance at the Best Care Managers meeting to extend engagement with the clinical networks continues.
- Informatics has worked closely with the Best Care team to support the networks in the development of their clinical outcome objectives by sourcing data to represent a key metric.
- **Anxiety and Depression** – information hosting arrangement has been set up with Oxford University to securely store IAPT data.
- **Children** – support for the team in the exploration with developer Sitekit of trialing E-redbook in Oxford.
- **Comorbidities** – using data to highlight the advantages of an integrated mental and physical care model in acute settings.
- **Dementia** – Developments with the CRIS initiative; Berkshire healthcare are now involved in the proposal process.
- **Diabetes** – an interactive visualisation model has been produced to compare across CCGs patients receiving 9 key health checks.
- **Early Intervention** – informatics support for the South Region EIP preparedness project.
- **Imaging** – full IG assessment carried out with the network. Technical support provided to enable a tertiary service clinical model and research facility.
- **Maternity** – enabling a link between viewpoint systems so clinicians can view scans of referred women. Currently testing the new link between Milton Keynes (MK) and Oxford. The link from MK to OUH has now been signed off.
- **Medicines Optimisation** – committed to undertake an IG assessment of the networks needs going forward.
- **Out of Hospital** – innovation map planning work to produce a scalable resource that informs on out of hospital services for patients.

ii. Clinical Innovation Adoption – the informatics team have sourced data to support the CIA projects. Data has been collected to support the 2014/15 projects and regular collection cycles set up where necessary. Data assessments were carried out for all 2015/16 projects, and baseline activities have begun for selected projects, the same metrics will be used to monitor going forward.

iii. PPIEE – inclusion of PPIEE in the plans for the data sharing arrangement. The business plan aligns the priorities of both themes to enable collaboration going forward.

iv. Wealth Creation – joint working with wealth creation on diabetes service redesign with Buckinghamshire and support provided for Precision medicines catapult.

v.   Patient Safety – informatics provided representation across all four key areas at the PSC workshop in March, providing support in each breakout group regarding the potential of data. There is now an agreed integrated team structure for Patient Safety and Informatics, the data visualisation project has been developed to include the four focus area and six weekly meetings will be taking place. Support will continue by undertaking a data metrics assessment for all four domains of the Patient Safety Theme.

vi. Support Heart Failure Project – joint assessment data linkage and Personal Health Record (PHR) platform support for the initiative.

Data Visualisation

i.   The Data visualisation model is now complete on both browser and iPad platforms.
ii. Work is being finalised to support model with data to underpin agreed outcome measures.
iii. Separate model produced for Diabetes network to understand variation in diabetes checks.
iv. Patient Safety has an area within the model that will enable the visual representation of key metrics to be selected.
v.   An assessment is ongoing for the Out of Hospital Network to highlight out of hours services across the region.

Hybrid Data Analysis service model:

i.   The model has been designed with flexibility and an agile response in mind.
ii. Analytics (in-house and outsourced) activity during the course of the year has drawn from all components of the model and it is now an established service.
iii. Development of the model further in the new financial year will focus on streamlining the process of request to delivery whilst continuing to map the data assets and resources available to the service.

Information Governance (IG)

i.   Informatics continue to support the clinical networks regarding Information Governance.
ii. The inaugural forum was held in February bringing together the Caldicott Guardians and Heads of IG.
iii. The support for the process of producing an IG Framework agreement was obtained and a draft structure was developed and commented on by forum attendees.
iv. An IG assessment process, in advance of the arrangement, has been put in place.

AHSN Chief Information Officer (CIO) Forum

i.   The focus of the second CIO forum was on interoperability and Oracle provided an engaging presentation on health information exchange platforms.
ii. The CIO forum has agreed to pursue a collaborative agenda focused on interoperability, PHR platforms and the development of the information strategy.
iii. Engagement activity across the CIOs in the region remains a priority.

Informatics Theme Oversight Group

i.   The inaugural meeting took place in February. The priority of the first meeting was for members to introduce themselves and for the chair, Stuart Bell to set out the plans for the oversight group and Mike Denis to provide an introduction to the Informatics projects and plans going forward.

ii.   Drawing on the experience of the industry members the activities of the team were discussed and terms of reference were commented on and agreed.

iii.   Going forward it has been agreed that members will present at future meetings to highlight how information is used in a variety of sectors to support service innovation and improvement.

Activities Outlook 2015/16

i.   The business plan for 2015/16 has now been developed setting out the informatics programmes of work over the next year.

ii.   We will continue to engage key stakeholders to develop the informatics strategy.

iii.   In collaboration with NHS England, we are pursuing a join leadership approach to the national digital maturity programme.

iv.   Groups established over the last year; Oversight Group, Chief Information Officer and Information Governance forums will continue to be key for engagement and governance in 2015/16.

v.   The team anticipates supporting the AHSN innovation test bed process, the Precision Medicine Catapult and the national EIP initiative.

vi.   Working to identify how the informatics teams can support Gestational Diabetes, Intelligent Ultrasound and Falsified Medicines initiatives within the AHSN region.

Patient and Public Involvement, Engagement & Experience (PPIEE)

Governance

The PPIEE theme continues to be developed and coordinated through the Thames Valley and Milton Keynes Patient Experience Strategy Group established between the Oxford AHSN, Thames Valley Area Team (now NHS England South - Central) and Thames Valley Strategic Clinical Networks (SCNs). The Group is now well established and co-chaired by Mark Stone one of our two lay members and by Dr. Justin Wilson, Medical Director of Berkshire Healthcare NHS Foundation Trust. Dr. Wilson also sits on the Oxford AHSN Board. The Group has expanded this year to include representatives from local NIHR research organisations, the local Commissioning Support Unit, Patient Voice South and the third sector, helping to make strategic links across all organisations working in this field.

We will be reviewing the governance arrangements with the Group during 2015/16, to develop further our capacity to draw on local expertise.

Working with our Lay Partners:

Mark Stone and Carol Munt were appointed as Lay Representatives to the Thames Valley & Milton Keynes Patient Experience Strategy Group in 2014. They provide a fantastic level of input across a wide range of activities. An eleven member Lay Advisory Panel, which met for the first time in January, now supports them. We will be working with Mark, Carol and this Panel to develop ways to gain a real breadth of patient, carer and public input, including those groups which are seldom heard.

Carol and Mark's input and involvement stretches far beyond the Oxford AHSN, between them they take part in the following:

- NHS England Thames Valley and Milton Keynes Clinical Senate
- NHS England South (Central) CCG Assurance
- Healthwatch Oxfordshire
- Physician Associate Training
- Motor Neurone Disease (MND) Association
- Steering Group, MND Care and Research Centre, John Radcliffe Hospital, OUH Trust
- NHS Citizen
- Personal Health Budgets User Group, Oxford Health NHS Trust
- Thames Valley & Wessex Leadership Academy
- South Reading Patient Voice
- Reading First Stop Bus Steering Group
- Reading Talking Newspaper for the Blind
- Royal Berkshire Hospital NHS Foundation Trust
- DHOX (Digital Health Oxford) Hackathons
- Personalisation Steering Group, Oxford Health NHS Trust
- Neurology Strategic Clinical Network, NHS England Thames Valley

Carol and Mark not only bring their personal experience as patients and carers, but that of the wider community, other patients, carers and families. They are invaluable members of our team. Their involvement has been and continues to be instrumental in our work in developing the Patient Leadership Programme, the Lay Advisory Panel and the process for selection of 2015-16 innovations as part of the CIA Programme.

To extend our understanding of what matters to patients and the public and to develop joint working, we ran, with Mark and Carol's input, an initial daylong workshop for local general practice Patient Participation

Groups. Over 70 people, for many it was the first time that they had met with other practices groups, attended. The success of the meeting is represented in the request to run a follow-up event later in 2015.

Our Lay Partners also helped to run a stall at the Thames Valley and Wessex Leadership Academy's awards day in the autumn.

Strategy

Our joint strategy *No decision about me, without me* was revised this year, with input from the organisations represented on our Strategy Group, our Lay Partners and Panel. The strategy is supported by individual organisational work plans; for the AHSN this is represented through the PPIEE Business Plan.

The Strategy is underpinned by commitments to the following ways of working:

- Doing things together – we will support patients, carers and the public to be involved throughout our work from shaping early thinking to evaluating the end result.
- Being inclusive - we will actively involve all stakeholders, including those who are seldom heard and ensure that all our communications is accessible to all.
- Doing things once and sharing – we will use existing expertise and structures whenever possible and we will coordinate our work with other organisations.
- To support the Strategy, we have developed a stakeholder map and are ensuring that we understand their existing communication channels so we can build on them rather than necessarily create new ones.

Patient Leadership

We developed and ran an innovative pilot programme for lay people and professionals; ten NHS professionals and ten patient/carers took part. The programme included interactive and taught workshop activities, action learning and individual coaching. We commissioned an independent evaluation that showed a very positive response from all participants; having both patient leaders and professionals working together was particularly well received.

We have secured additional funding from Thames Valley Leadership Academy, the AHSN, the SCN and the Revalidation Team to tender and run a series of further cohorts during 2015/16, extending the programme to cover lay involvement in the revalidation processes.

Other Training

A first PPIEE workshop for AHSN network managers was run in December. It was also very positively received with talks from patients and carers from Berkshire early onset dementia service and Michael Seres, e-patient. We will be planning and running more events, in order to make best use of resources and to share expertise, these will be coordinated with local research organisations.

Research

We have coordinated two meetings to bring together the Thames Valley and South Midlands PPI Research Leads (NIHR Oxford Biomedical Research Council (BRC), Oxford AHSN, National Institute of Healthcare Research (NIHR) Oxford Collaboration for Leadership Applied Healthcare Research and Care (CLAHRC) and the Thames Valley and South Midlands Clinical Research Network).

The NIHR Oxford CLAHRC appointed a Research PPI Coordinator to work with Dr. Sian Rees, who also leads on PPI for the CLAHRC. This will allow us to further develop close working relationships for PPIEE between research, service delivery and innovation. Initial joint work led to development of a shared payment policy with joint work on training and impact assessment planned. It has also led to the draft CLAHRC PPI Strategy adopting the principles for ways of working from our *No decision about me, without me* Strategy.

We will be taking a joint paper on Research PPI to the R&D Oversight Group in the autumn of 2015.

Public Engagement

We are working with Science Oxford, the University of Oxford and Brookes University to establish a set of public engagement activities and events for 2015/16. We have secured an initial £30,000 funding and are awaiting the results of further bids for additional money.

For the second year we worked collaboratively with the Thames Valley and South Midlands CRN and the CLAHRC to run stalls at the opening and closing events of the Oxfordshire Science Festival. These events were a great success: held in the centre of Oxford and Abingdon, we engaged with over 300 people, teaching children about the organs of the body, adults about vaccines, herd immunity and how randomization in research works, and, for the enthusiasts, about innovation in diabetes and islet cell transplant.

Clinical networks

Along with Carol and Mark, we are pleased that a number of networks and groups within the AHSN also have Lay Partners as members of their groups, including the following:

- Informatics Steering Group

- Anxiety & Depression Clinical Network

- Co-morbidity Clinical Network

- Dementia Clinical Network

There have also been early discussions with the Thames Valley Strategic Clinical Network for Maternity, and regional Maternity Research Lead about a joint Maternity patient and carer forum.

Initial PPIEE plans have been developed for each clinical network and are in the process of being reviewed to ensure that lay partners are involved in all the networks, patient important measures are included in monitoring and review is embedded in the ongoing processes for network governance and delivery.

Carol and Mark have both been involved in the CIA programme Oversight Group's selection of innovations for 15/16.

Patient Safety

Patient Safety is a cross cutting theme within the AHSN that is working as part of the national Patient Safety Collaborative programme to create a comprehensive, effective and sustainable culture of continual learning and improvement in patient safety. The Theme is working on a small number of initial projects that contribute to the NHS Outcomes Framework aims of treating and caring for people in a safe environment and protecting them from harm as well as responding to the recommendations in the Francis and Berwick reports.

The development of the Theme commenced in October 2014 with the appointment of Charles Vincent, Clinical Lead Patient Safety. Jill Bailey, Head of Patient Safety, took up her post in March 2015. This report details the progress made since the establishment of these posts and our forward planning for 2015/6.

A Steering Group has been established and is held quarterly to guide, to advise and assist with current and future projects. Programme Leads have been agreed for each of the safety work streams.

A successful workshop was held in March 2015, with over 90 attendees from a wide range of backgrounds and areas with an interest patient safety.

Vision and objectives of the Patient Safety Theme

The aim of the Oxford AHSN Patient Safety Theme is to act as an umbrella organisation and coordinating centre for the patient safety initiatives within the Oxford AHSN region. The principle aims are to:

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

The objectives for the first year are:

1. To establish and provide support to the agreed work streams:
   a. Acute kidney injury
   b. Medication safety
   c. Pressure ulcers
   d. Safety in Mental Health
2. To provide reliable information and monitoring of safety programmes according to a defined series of reliable metrics

Members of the Network (current)

- Charles Vincent, Clinical Lead Patient Safety
- Jill Bailey, Head of Patient Safety
- Siobhan Teasdale, Patient Safety Manager
- Katie Lean, Patient Safety Manager
- Bhulesh Vadher, Clinical Director of Pharmacy and Medicines Management
- Dr. Emma Vaux, Consultant Nephrologist, Programme Director of Quality Improvement Royal
- Ria Betteridge Consultant Nurse Tissue Viability
- Sarah Gardner, Clinical Lead Tissue Viability
- Rachel Robson, Administrative Support Officer PSC

Key stakeholders

- Oxford Health NHS Foundation Trust
- Berkshire NHS Foundation Trust
- Oxford University Hospitals NHS Trust
- Royal Berkshire NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- Frimley Park NHS Foundation Trust
- Milton Keynes University Hospital NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- Bedford Hospital NHS Trust
- Heath Education Thames Valley
- Thames Valley and Wessex Leadership Academy
- Local CCGs
- Oxford Patient Safety Academy
- South of England Mental Health Collaborative
- University of Oxford
- Oxford Brookes University
- University of Bedfordshire
- Buckinghamshire New University
- University of Buckingham
- South Central Ambulance Service

Key programmes / activities being delivered

Programme 1 Acute Kidney Injury (AKI): Lead Emma Vaux

The current drivers for the programme are Patient Safety Alert Stage 3 on standardising AKI, and a national CQUIN to cover the follow up and recovery for AKI. Thames Valley Strategic Clinical Network has identified AKI as a priority and the Royal Berkshire Hospital has developed an AKI bundle, and a plan to trial guidance notes for primary care in collaboration with Berkshire CCG. Dan Lasserson, Lead of Best Care Out of Hospital clinical network, is working with AKI to consider measuring outcomes from primary care to secondary care, and back to primary care. The AKI programme is also due to go live in East Berkshire. Emma Vaux now sits on the national Think AKI intervention stream

Programme 2 Safety in Mental Health: Lead Jill Bailey

This programme is currently focused upon the timely and safe return of both detained and informal patients following leave from adult inpatient wards. Six acute adult wards and one adult rehabilitation wards are participating in Oxford Health NHS Foundation Trust. One acute adult ward has recently joined the programme at Berkshire Health NHS Foundation Trust. Using Institute of Healthcare Improvement (IHI) methodology, five tests of change have been employed and return rates are gradually increasing across four of the Oxford Health NHS Foundation trust wards. All wards have been represented at the South of England Mental Health Safety Collaborative and each conducts their own measurement for improvement following training with Mike Davidge, NHS Elect and support from the Safer Care Team at Oxford health NHS Foundation Trust. Future tests are likely to include Section 17 leave (MHA 1983) interventions. The informatics team are currently working on a suite of measures for the project that has been agreed by the Directors of Nursing for Oxford Health NHS Foundation Trust and Berkshire healthcare NHS Foundation Trust.

Initial testing will take place at Oxford Health NHS Foundation Trust with a plan for re-testing at Berkshire Healthcare NHS Trust.

Programme 3 Pressure Ulcers: Lead Ria Betteridge and Sarah Gardner

Programme 3 will be led by Ria Betteridge and Sarah Gardner. Debra Jackson, Professor of Nursing, Oxford Brookes University has agreed to chair the project group. A draft suite of measures has been agreed in principle with the informatics lead for the project, Katy James. Further work is required to test and refine these. Oxford Health NHS Foundation Trust will provide the test site.

Programme 4 Medicines Safety: Lead Bhulesh Vadher

Programme 4 focuses upon harm associated with the use of sub-cutaneous insulin. Potential measures may include the number of hypoglycaemic events, reliability in prescribing and administration, and competence levels in staff. Jill Bailey and David Tutcher have agreed to initiate this programme once The Oxford University Hospitals Trust Pharmacy Department have adequate staff resources to lead the programme and Katie Lean commences her post at the AHSN. The prediction for state of readiness is June 2015.

Key deliverables / successes achieved during Q4 2015

- Establishment of well attended Steering Board established with good attendance from a wide range of stakeholders.
- Successful initial workshop with over 90 attendees. Participants supported the ethos and content of the initial programme and agreed plans and direction for each of the four initial programmes
- Clinical Leads identified for all programmes.
- Project Chairpersons identified for Safety in Mental Health (Ros Alstead, Director of Nursing and Clinical Standards, Oxford Health NHS Foundation Trust)) and Pressure Ulcers (Debra Jackson, Professor of Nursing, Oxford Brookes University).
- Successful appointments of two Patient Safety Managers (Siobhan Teasdale to commence post April 6th 2015 and Katie Lean to commence post 15th June 2015)
- Successful appointment of Data Analyst. Currently waiting for HR process to complete.
- Commencement of the 3 Bibles project (to condense Trust policies/procedures into key information) as a collaboration between Charles Vincent, John Green and Rachel Evered, Central and North West London NHS Foundation Trust, and Oxford Health NHS Foundation Trust. Berkshire Healthcare NHS Foundation Trust has also agreed to collaborate. Paper in submission to the BMJ.
- Engagement meeting with Jan Fowler, NHS England, Thames Valley.
- Engagement meetings underway with Clinical Commissioning Groups in Oxfordshire and Berkshire
- Engagement with Health Education Thames Valley (HETV) to develop collaborative plans with the Oxford Patient Safety Academy to meet the learning requirements of staff across provider organisations.
- PSC is a nominating organisation for the IQ Initiative (formerly 5,000 Fellows Programme) with the Health Foundation. Recruitment process underway. PSC to provide shortlisting and recommendations to the Health Foundation.
- The PSC web pages are under development.
- We now have well established working relationships with the Informatics Team. Both the Mental Health and Pressure Ulcer projects have identified a suite for measures for testing.

Performance

Key Milestones for the Theme

The PSC has achieved its milestones set for this year. We have also been successful in appointing the core team during March 2015 ahead of the milestone set for July 2015.

Budget

The Theme budget is currently in a healthy state with no overspend.

Future plans

- Establish the Oversight Group and review Steering Board membership; Jean O'Callaghan, Chief Executive of Royal Berkshire NHS FT, has agreed to chair the Oversight Group.
- Establish project plans and project teams for the coming year for each of the clinical programmes
- Develop programme of improvement methodology and measurement for improvement training for Safety Managers and project teams
- Agree working arrangements and programme with Patient Safety Academy and develop shared communications strategy.
- Facilitate collaboration between HETV/Academy programme
- Work collaboratively with the South of England Mental Health Patient Safety Collaborative to plan deliver and review training across the region
- Conduct scoping exercise in collaboration with the Health Foundation to understand local capability and capacity for improvement in patient safety
- Develop current plans to establish a network of coaches skilled in improvement methodology across the region
- Contribute towards the Falls project reference group
- Visit the possibility of a sepsis programme in collaboration with the CIA Programme
- Shortlist and recommend applicants to the Health Foundation for the IQ Initiative
- Deliver learning events for stakeholders based upon the outcomes of the workshop held in March 2015.
- Consolidate work on testing project measures for the Mental Health and Pressure Ulcer programmes, and agree measures for the Acute Kidney Injury and Medicines Safety programmes.
- Develop the AHSN PSC web pages.

Key (unresolved) Issues going forward

- The capability and capacity for patient safety improvement work across the region has not been formally scoped but early indications are that this region does not have well-established improvement architecture and significant investment by our partners will be needed to deliver the strategy to meet the PSC Aims, and needs of our population.

Stakeholder Engagement and Communications

A key event during the quarter was the AHSN Partnership Board meeting held on 26 March in Reading. The Board considered the Business Plan for 2015/2016 and endorsed its proposals subject to a further discussion in September in relation to Partnership contributions. The Board received a detailed update on the sustainability project work with the Carbon Energy Fund and on the progress with the 2014/2015 Clinical Innovation Projects and plans for the coming year.

During the meeting, it did become clear that as partners and their organisations from the NHS, universities and from industry continue to get involved in the activities and the governance of the AHSN, benefits are being realised.

The possibility for secondments from the Pharmaceutical Industry into the AHSN to support specific areas of work is now being taken forward. It is hoped that the clinical networks and the R & D programme may benefit from this very positive engagement with the Association of British Pharmaceutical Industry. In addition, the AHSN has engaged actively with other industry Networks including OBN, the ABHI (Association of British Healthcare Industry) and, most recently, with the British In Vitro Diagnostics Association (BIVDA). Engagement with these bodies is very important and particularly in relation to the Clinical Innovation Adoption and Wealth Creation Programmes.

The preparations for BioTrinity 2015 have also provided an opportunity for academics, industry and the NHS to showcase their work at two Innovation Showcase Sessions. A wide range of partners will be taking part in this including SBRI contract winners Isansys, and Dr. Al Edwards at the University of Reading and CTF and Brainomix.

The Patient Safety Workshop held in early March provided a great opportunity for engagement and it is clear that huge opportunities exist – and will be taken – to engage across the Network in crucial work focused on improving patient safety. The team has now be recruited and will be up to full strength by the end of June.

The new AHSN Offices provide an excellent environment and increasingly our meetings rooms are being used and hot desks and breakout space is being made available to partners. The view from the window – herons, ducks, ducklings and other waterfowl do provide a real attraction.

Initial data show that several hundred people attended AHSN events and workshops and a second stakeholder survey will be undertaken in Q1 for 2015/2016 to judge the effectiveness and value of the events and how best the AHSN can meet the needs of its partners and stakeholders. In addition, the AHSN attended some very large events – e.g. BioTrinity and Venturefest which allowed engagement with large numbers of individuals from specific interest groups.

The Newsletter goes from strength to strength and March, the 1000th subscriber was noted – an increase of some 200 over the quarter and an increase of nearly 500 over the year.

Twitter continues to be active, not only as the @Oxford AHSN but through individual clinical networks. Twitter provides a great instant means of communication and also a way of highlighting the successes of our partners through the 'retweet' button. Followers increased from 703 at the start of Q4 to over 853 at the end of the year.

The website continues to be updated and is a particular source of information for partners on events and on the work programmes. Hits have continued to increase with just under 300,000 hits at the end of Q4.

The AHSN now benefits from the election of its Head of Communications, Martin Leaver, as the Co-Chair of the AHSN Network Communication Leads meetings. We are planning to support all AHSNs through working together at certain events, including Innovation 2015 in September. Similarly, Dr. Nick Scott-Ram attends the AHSN Commercial Directors meetings.

Review against the Business Plan milestones

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
Establishment of core team and infrastructure	Designation in May 2013	✓						
	Licence in place with NHS England (contract variations agreed in Q2 and Q3 to reflect funding for PSC and general programme reserve uplift)	✓		✓	✓			
	Agreement of funding contributions from NHS organisations and Universities (contributions agreed for 2014/2015)	✓	✓	✓				
	First Partnership Council Meeting and presentation of communications strategy and plan to first Partnership Council Meeting		✓					
	Delivery of the Annual Report		✓				◆	◆

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	IT infrastructure for Oxford AHSN implemented (to be completed Q3, linked to the office move – further development in Q4)					✓		
Best Care	Establishment of 9 Clinical Networks	✓						
	10th clinical network introduced – Out of Hospital		✓					
	Establishment of the Best Care Oversight Group			✓				
	Open publication of Annual Report for each Clinical Network (1st report due April 2015)					✓	◆	◆
Clinical Innovation Adoption	Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations. Focus on portfolio only					✓		◆
	Establishment of a Clinical Innovation Adoption Programme	✓						

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	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	✓	✓					
	Establish full process for Clinical Innovation Adoption (CIA) Programme and its Oversight Group (Providers, Commissioners) to include PPIEE		✓					
	Work across the NHS on High Impact Innovations and CQUINs to include appropriate adoption of NICE approved drugs, devices and other medical interventions. Identify five – 10 Innovations that will have agreed implementation plans	✓				✓	♦	♦

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	Identification of potential funding sources for innovation initiatives (cf RIF, SBRI Grand Challenges etc.) SBRI and Horizon 2020 briefing meetings held (see also Wealth Creation)		◆	✓				
	Creation of an innovation dashboard (including uptake)					⟶	◆	
Continuous Learning	Agreement of Memorandum of Understanding between Oxford AHSN and HE Thames Valley	✓						
	Establish Patient Safety Academy – launched in Q2	✓		✓				
	Bid for Patient Safety Collaborative			✓				
	Establish Patient Safety Collaborative – launched 14 October				✓			
	Establish and promote MSc programme for Evidence Based Medicine – programme recruited to and launched			✓				

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	Agreed plan for 2014/15 initiatives with HETV	✓						
	Dementia staff training – bid for 2014/15 strategy development – agreed with HETV that this would not proceed			X				
	Dementia staff training –strategy development and rollout of staff training agreed with HETV that this would not proceed			X				
	Skills for the Future – explore development careers event with HETV and LEPs aimed at attracting 5th and 6th formers to careers in health and life sciences. Ensure addresses skills required to support Genomics technologies			✓				
	Health and Well Being - develop engagement plan with HETV for Health and Well Being Boards – link to Sustainability. NOT to be progressed			X				

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	Continuous Improvement – develop and rollout of the Intermountain Brent James, and other similar, techniques to broad range of staff to support Innovation Adoption programme. Support Best Care and addresses Berwick CIA has secured funding			✓				
	Industry/NHS secondments – establish routine management secondments between NHS and Industry (target 5 x 1 year secondments per annum) - support culture of collaboration and partnership with industry – no response from industry via ABPI – NOT to be progressed			X				
Integration & Sustainability	Establishment of Integration & Sustainability Oversight Group by Q1 Year 2. One high visibility demonstration project showcasing radical sustainability redesign of healthcare service delivery (NOTE this work stream has now been subsumed within the Out of Hospital Clinical Network)			✓				

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
Research & Development	Establishment of R & D Oversight Group (2nd meeting in Q3)			✓	✓			
	Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics			→————————→			◆	
	Support LCRN delivery of single sign off and 70–day benchmark for clinical trials (moved to year 3 as – realistic as need to establish R&D Director network in year 2)					→——→	◆	
	Support CRN Delivery of 10% increase in patients recruited to clinical trials (moved to year 3 as – realistic as need to establish R&D Director network in year 2)						◆	
	Establishment of baseline from NHS partners for commercial research activity (moved to year 3 as – realistic as need to establish R&D Director network in year 2)			→————————→			✓	

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	Establish network of R&D Directors in NHS providers, agree strategy for commercial research development and support commercial research plans for each NHS providers			→		◆		
Wealth Creation	Establishment of Wealth Creation Oversight Group	✓		✓				
	Develop Wealth Creation strategy and operational plans	✓			✓			
	Appoint Director of Commercial Development	✓						
	Appoint Commercial Development Managers for Berkshire and Buckinghamshire/Bedfordshire			✓				

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

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	Working with LEPs, Universities and NHS partners, clarify for industry the "go to" partners in the Oxford AHSN for different stages of the product cycle – establish account management approach for working with industry (local, national and international)			✓				
PPIEE	Establishment of PPIEE Oversight Group (joint with TV LAT)	✓						
	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE	✓						
	PPI/PPE plans for each clinical network in place and to support CIA (to be finalised)		✓	✓				
	PPI/PPE reported on in each network annual report and reviewed by patient/public panel					✓	◆	◆

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	Common metrics for PPI agreed in use in local research (moved to year 3)					→	◆	
	Establishment of baseline for PPIEE across the geography					→	◆	
	Framework for supporting organisational and system–based patient centred care developed and implemented across all partner organisations (To Yr 5)					→	→	◆
	Patient story programme –2 year programme, starting by 31/3/13, to embed the patient story as a routine part of health care development and training	✓						
Informatics Strategy & Information Governance	Appoint Director for Information Strategy – joint appointment with Oxford AHSC IT Team in place	✓			✓			

Programme/ Theme	Milestone	Yr1	Yr 2 Q1	Yr 2 Q 2	Yr 2 Q3	Yr 2 Q4	Yr 3	Yrs 4-5
	Baseline survey of information systems and databases in use completed		✓					
	CIO forum established and met in December 2014			✓				
	Oversight group established – meeting in Q4				◆			
	Informatics strategy agreed						◆	
	Framework for information governance in place						◆	
	A Clinical Network database system that provides access to common health records and facilitates communication across databases in a secure fashion						◆	
	Network platforms for patient monitoring, patient diaries and patient reported outcomes						◆	

Finance

Oxford AHSN's outturn for 2014/15 is a deficit of £36k (NB cumulative surplus for first 2 years is £24k) – see Appendix A.

Income of £6.7m exceeded budget by £1.8m made up of £0.6m funding from NHS England for the Patient Safety Collaborative and £1.2m for Early Intervention Preparedness Programme for NHS England (South). Other income exceeded the Q3 forecast by £300k; we are hosting the funding for the HETV Leadership Academy and the AHSN Challenge 2023 competition (£200k). Partner contributions to the AHSN were £479k.

Expenditure for the year of £5.3m exceeded budget by £1.5m; £1.2m being the committed spend for Early Intervention Preparedness, £0.2m Challenge 2023 and £150k for Patient Leadership.

Expenditure was higher than the Q3 forecast by £300k; reflecting the £200kChallenge 2023 and £150k for Patient Leadership.

Oxford Academic Health Science Network

Appendix A – Best Care PIDs

Anxiety and Depression Clinical Network

Outcome Objective	Metric to be Measured
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

1) **Improving recovery rates and reducing variation** Quantify variations in access rates and outcome by service, clinical condition, and patient demographics. Use this analysis to restructure provision, as appropriate, to further enhance outcomes.	

Milestone:

• Engage Improving Access to Psychological Therapies (IAPT) services across the Oxford AHSN to join the network – complete December 2014	**Complete**
• Convene first workshop to explore performance data from each of the services and agree on key initiatives for improving recovery rates – complete January 2015	**Complete**
• Convened collaborative of all service leads to agree key questions to be included in the analyses and how findings will be disseminated taking into account commercial sensitivities – complete January 2015	**Complete**
• Convene second workshop to continue working with the individual services to improve their recovery rates based on analysis of monthly, local performance data – complete January 2015	**Complete**
• Utilise different data sets for analysis (e.g. Fingertips) to support services to improve their recovery rates – complete January 2015	**Complete**
• Good engagement across the Oxford AHSN and workshops focused on improving recovery rates have been held, third workshop held on 1st April	**Complete**
• Publications on 'Buckinghamshire Service Innovation' and Public Transparency in IAPT in terms of data' for distribution to commissioners and those delivering talking therapies – due June 2015.	
• Upload for analysis 12 month outcome data for all IAPT services – Due June 2015	
• Implement change based on 12 month data. Initial quarterly progress report – due October 2015	
• Implement 2nd quarterly progress report and upload of 3 month data to quantify progress – January 2016	
• Analysis of repeat data and report on findings – December 2015	
• Repeat collaborative conference with all 5 services to digest findings and agree next set of targets – due December 2015	

KPI's:

Increase in average patient recovery rate across the AHSN over the past 12 months of 8.8% which has already surpassed the agreed target of 5%

2) **Dissemination of Service Innovation Projects** Improve speed of uptake of successful innovations occurring locally	
Milestones:	
• Assess current status of all 5 innovation projects and agree any additional outcome measures that need to be used - Complete	**Complete**
• Convene a conference for all 5 IAPT services to present innovations and agree which services would wish to be new adopters - Complete	**Complete**
• Work with new adopters to agree an adoption plan - Complete	**Complete**
• Innovations have been adopted at all participating Trusts: o Luton: Psychological Perspectives in Primary Care (PPiPCare) o Milton Keynes: Cognitive Behavioural Therapy for Insomnia o Bucks: Diabetes o Oxon: Chronic Obstructive Pulmonary Disease o Berkshire: Heart2Heart • First quarterly report on the progress of innovation adoption - Due June 2015 • First report on outcome achieved with newly adopted innovations – Due October 2015 • Repeat conference of 5 all IAPT services to assess progress and agree further implementation plans, with initial adopters of a particular innovation being mentors for late adopters of the same innovation – Due February 2016	**Complete**
3) **Improving data completeness in Children and Young People (CYP) Improving Access to Psychological Therapies (IAPT) Services** Identify Routine Outcome Measures (ROMs) used with children and young people and support services in improvement of data completeness rates. Good engagement with all service and data leads in the Oxford AHSN geography. This project has revealed severe deficiencies in CYP IAPT data collection and completeness (Child Outcomes Research Consortium (CORC) dataset), and has been delayed as a result. The Network has provided training and support for Trusts to significantly improve collection of outcome data in CYP, which will have a positive impact at the regional level beyond the scope of the PID.	
Milestone:	
• Identify all service leads and data leads within each Child and Adolescent Mental Health Service (CAMH), establish collaborative and agree on scope for project - Complete	**Complete**
• Explore and record what ROMs are submitted by each of the services - Complete	**Complete**
• Identify and collect baseline data for paired outcome data collected by collaborating CAMHs and submitted to national database CORC - Complete	**Complete**

• Meet collaborating CAMHs to discuss current collection of ROMs/paired outcome data within each of the services, to consider variability across services and within services - Complete	**Complete**
• Collect Q4 baseline paired outcome data from each of the services directly to compare with national baseline data as the latter thought to be unreliable - Complete	**Complete**
• Reporting delayed until Q4 data is available - Due May	
• To agree action plan/ interventions to increase paired outcome data collection within each service and to have started implementation of 3 month action plan – Due June 2015	
• Collect data to assess level of paired outcome data collection following first wave of improvement plan – September 2015	
• Feedback to CAMHs on change in data collection, discuss change with services, review action plan/ interventions and revise as needed – Due October 2015	
• Second wave of interventions to run October/ November/December - focus on increasing ROM/ Paired Information completion (quantity) and quality of data. May include improving recording of diagnosis/presenting problem – February 2016	
• Collect data to assess level of data collection and review and feedback to collaborative/service leads. Revise action plans as necessary – Due March 2016	
• Conference and dissemination of results. Planning appropriate next steps and agree support – March 2016	

Children's Clinical Network

Outcome Objective	Metric to be Measured
To improve the health of children by providing better quality prevention and treatment of the leading causes of hospital admission.	Number of hospital admissions of children for these 5 disease areas (bronchiolitis, pneumonia, asthma, fever/sepsis & gastroenteritis)

1) Addressing variation in Paediatric Care Investigate and publish report focussing on: admission rates, day case rates, length of stay and variation between hospitals. Use report to prompt discussions for the introduction of regional guidelines for in- and out-of-hospital management of pneumonia as well as e-learning packages.	
Milestones:	
- Variation report conducted and circulated to providers and published on AHSN website – Dec 2014 - Variation report conducted and circulated to commissioners – Mar 2015 - Audit of practice against 1 Quality Standard, led by clinician in DGHs – on track for gastroenteritis audit against NICE guidelines June 2015 1 Training package implemented in District General Hospitals (DGHs) across Oxford AHSN – June 2015	**Complete** **Complete**

2) Variation in Immunisation – establish a team of Children's Network Nurses to identify the factors that may have contributed to the variation in uptake and produce comprehensive report with recommendations to improve the uptake in 2015 / 2016.	
Milestones:	
- Report on flu immunisation coverage across the Oxford AHSN – Initial report produced Nov 2014 - Final flu report produced Mar 2015 - Report produced evaluating the effectiveness of the Vaccine Knowledge app Mar 2015	**Complete** **Complete** **Complete**
KPI's:	
Number of surgeries across Oxford AHSN reaching target of 40% uptake of flu vaccine in 2 to 4 year olds - Data being analysed for 2014-15 season. Visits to 'flu page of the Vaccine Knowledge website – 14,000 views August – Jan	

3) Variation in Research Increase the uptake of children into clinical trials and observational studies in trusts other than Oxford and Reading, by supporting the appointment of research nurses to all hospitals across the region.	
Milestones:	

• Programme implemented to support research nurses in DGHs, including quarterly teleconference and bi-annual regional conference	**Complete**
• Report published on research activity across the Oxford AHSN	**Complete**
• ChiMES - UK Childhood Meningitis and Encephalitis Cohort Study – open at Milton Keynes, Wexham Park, Oxford and Royal Berks. Due to commence in June 2015 at Stoke Mandeville Hospital	
• Nurses in post at Wexham Park and Milton Keynes. Nurse appointed at Stoke Mandeville, starts May 2015	

KPI's:
Number of children enrolled into research studies outside of Oxford and Reading – 59 children currently enrolled (was 16).
Engagement of Consultants at Royal Berkshire Hospital to take on responsibility of Principal Investigator – 2 consultants currently research active.

Mental - Physical Comorbidities Clinical Network

Outcome Objective	Metric to be Measured
TBC	TBC

1) **PID 1 To produce evidence-based guidance for commissioners on patient psychological medicine service evaluation and development**
   The comorbidities network has a single PID which encompasses 6 work streams:

   i.   Initiation and then expansion of clinical and research collaborations
   ii. Launch of network
   iii. Map of existing inpatient psychological medicine services.
   iv. Production of guidance for commissioners and Trusts regarding the development of new and expansion of existing psychological medicine services based on a review of research evidence and piloting of outcome measures.
   v.   Development of services for patients with mental-physical comorbidity
   vi. Increase awareness of the challenge of mental-physical comorbidity for patients, their families and the NHS.

   In collaboration with the Thames Valley Cancer and Children and Maternity SCNs and relevant AHSN Clinical Networks (Maternity), a detailed mapping of relevant services to cancer and women's services in the region is being carried out. This has broadened the scope of this particular work stream. The findings from this will be presented in reports to, and meetings with, Trusts and CCGs as well as at educational events. An evidence-based commissioning guidance document, including recommendations about outcome measures, will be produced and presented to network area commissioners and trust boards in July 2015.

Milestone:	
• Initiation of clinical collaborations –Completed April 2014, initial meeting held of Oxfordshire and Berkshire clinicians to begin collaborations. Agreement to a series of further meetings, with meetings diarised	**Complete**
• Initial map of existing services focusing on services to inpatients - Complete August 2014. Report produced describing all current services, provision and gaps including any baseline outcomes, or other metrics, as relevant, and available	**Complete**
• Launch of network – Complete September 2014	**Complete**
• Expansion of collaborations – Complete March 2015, 6 meetings with psychological medicine clinicians held, including clinicians from additional areas in the network.	**Complete**
• Pilot of outcome measures – Due May 2015, pilot conducted in in JRH, Horton, RBH with >300 pts participating to date	
• Updated service map –Due June 2015, in progress and will provide document describing all current services, including details of service provision and aims and service changes since August 2014	
• Service map for outpatients and special groups - In progress, outpatient report due June 2015 and special groups report due in September 2015	

- Guidance for commissioners; evidence-based commissioning guidance document agreed, including recommendations about outcome measures, produced & presented to network area commissioners and trust boards – Report due July 2015
- Meeting with commissioners (and trust leads) to present local data from mapping and guidance on service development and quality measurement – Due October 2015 - in progress, meeting with individual commissioners and trust managers ongoing to understand needs. Event planned for summer 2015.
- Evidence of service development in the AHSN area (increased clinical time, changes to existing service to deliver evidence-based care) – Due August 2015, 3 meetings held to date
- Increased awareness of mental and physical comorbidity challenge; at least 6 educational meetings held in the AHSN area with the aim of improving knowledge of the mental and physical comorbidity challenge – Due March 2016, 3 meetings held
- Evidence review; at least two literature reviews completed on the prevalence or treatment of mental disorders in medical inpatients – Due December 2015
- Work with AHSN informatics team; feasibility determined of using HES and other datasets to provide relevant data about comorbidity – this work will be dependent on informatics team resources – due October 2015

Oxford Academic Health Science Network

Dementia Clinical Network

Outcome Objective	Metric to be Measured
Improve the patient and carer experience in memory assessment pathway	TBC

<table>
<tr><td colspan="2">1) Reduce Variation
This work stream aims to develop common agreement amongst specialists using a webinar series to discuss and share clinical consensus on practice and diagnosis. The network is also the forum used to debate the content of dementia specific Patient Reported Outcome Measures (PROMs) in line with the national programme. Once this has been agreed across the region commissioners will be approached to rationalise the demands for data to focus on agreed PROMs. The Dementia Clinical Network is also supporting Trusts through the Memory Services National Accreditation Programme (MSNAP). The network is also reviewing existing datasets to assess whether there is significant unwarranted variation in clinical outcomes and the patient experience across the geography.</td></tr>
<tr><td colspan="2">Milestone:</td></tr>
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At least 10 of 30 dementia specialist consultants across the network participating in at least 33% of virtual dementia CPD meetings - convene first workshop to explore performance data from each of the services and agree on key initiatives for improving recovery rates – complete December 2014
Programme of 5 dementia CPD meetings targeting unwarranted variation identified from analysis of existing dementia metrics - partially completed, 4 of 5 Sessions held to date final session planned for the beginning of July 2015
Core of at least 5 dementia-related PROMS in use across at least 3 Trusts - delayed (due March 2015) proposal presented to Dementia Advisory Board group 22/4/2015.
Increase in inter-rate reliability in application of diagnostic criteria for mild cognitive impairment, and mixed dementia versus Alzheimer's disease, using a panel of vignettes. Initial and summative assessment of diagnoses following attendance of a programme of CPD meetings - delayed (due March 2015), expected completion July 2015
8 of 13 Trust localities across the network working through the Self-Review Phase of the Royal College of Psychiatry Memory Services National Accreditation – completed March 2015
Programme of 5 dementia CPD meetings targeting unwarranted variation identified from analysis of data from dementia specific PROMs – due June 2015

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Complete

Delayed

Delayed

Complete

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<tr><td colspan="2"></td></tr>
<tr><td colspan="2">2) Data Capture
This project aims to validate the use of an SMS based data capture system and pilot the use of a panel of dementia specific PROM across the Oxford AHSN geography and the development of an appropriate, agile data capture system.</td></tr>
</table>

This project has been significantly delayed due to engagement issues with the providers of the preferred technology platform (True Colours). KPI delivery dates will be revised to reflect the alternative approach and technology platform being used.	
Milestones:	
• 50 care givers pilot use of SMS to provide patient outcome, experience and resource utilisation data: 35 from a mental health Trust and 15 from an acute Trust – Project severely delayed due to difficulties engaging with True Colours. Alternative SMS text system used to deliver test question to 30 carers (Oxford & Berkshire), 14 responses received. Revised test question to be submitted to a new cohort of 30 patients May 15	**Delayed**
• 40 patient records created in CRM dementia patient record system with SMS response data: 28 from a mental health Trust and 12 from an acute Trust - Delayed (Due Dec 2014) – Proof of concept completed January 2015. Test record updated using SMS response	**Complete**

3) **ΔG™ Nutraceutical**

The project faced a number of challenges following unsuccessful negotiations with a major retailer with an interest in medical foods.

This delayed the planned palatability work with the International Food network. In addition Delta G were unable to obtain a food certificate/licence for the product in the UK and it is unlikely that this will be reconsidered. In light of the challenges and the reduced benefit for the dementia patient group at this time, the project was closed.

4) **Younger People With Dementia (YPWD)**

YPWD in Berkshire West delivers a service model which provides structured and meaningful activities for patients, education courses for patients and carers and specialised carer support through an Admiral Nurse and dementia care adviser, with positive outcomes. In pursuit of this, YPWD (Berkshire West) has very recently been successful in an application for a bid which includes the roll-out of pilot groups into Berkshire East. This work stream is proposing to support the charity with its aims of sustainability and the pilot roll out into Berkshire East in 2015/16.

The PID will now be expand to accommodate the additional activities required to deliver free taster sessions, evaluate the impact of the experience for patients/carer and feedback to the East Berkshire commissioners, in order to attract their funding.

Milestone:	
• Prepare a funding strategy and plan for 2015/6 – complete December 2014	**Complete**
• Formulate the plan for roll-out into East Berkshire – completed February 2015	**Complete**
• Produce an analytical report to quantify patient outcomes from the YPWD service intervention – on track June 2015	
• Compile the YPMD (Berkshire West) Service Operations Manual – due November 2015	

• Evaluate the roll-out of the YPWD service interventions in Berkshire East – due March 2016	

Oxford Academic Health Science Network

Diabetes Clinical Network

Outcome Objective	Metric to be Measured
Improve the patient experience associated with diabetes care, and reduce the incidence of diabetes-related complications	% diabetes patients receiving 3 combined tests (blood-sugar / blood pressure / cholesterol - connected with the most complications).

1) Gestational Diabetes Telehealth System allowing the upload of annotated blood glucose results to the antenatal diabetes team and advice by text message to replace some of the routine follow-up appointments. Project has been a collaboration with Oxford AHSN Clinical Innovation Adoption team providing implementation support, and is now in place in 3 of 5 trusts in the region. Funding has been provided to extend this to the remaining 2 trusts.	
Milestones:	
- Successful launch at RBH showing 26% reduction in clinic visits - Milton Keynes launch was 1st March - GW and HWWP/FP will have GDm active by year end 15/16 - Project won "Best Digital Initiative" at Quality in Care Diabetes Awards Sustainability: a sustainability assessment has been built into this project with data relating to carbon footprint savings	**Complete** **Complete**
2) Young Adult Diabetes (6 month delay) Aim to share best practice and innovation in Type 1 diabetes, improve care pathways for young Type 2 diabetes and institute common pathways for testing for monogenic diabetes across the network to avoid young adult disengagement.	
Milestones:	
2/3 specialist nurses recruited (Delay due to lack of suitable candidates.) - Final project report is expected Dec 2016 - Report on current numbers of young adults in service including numbers with Type 2 and monogenic diabetes and current referral rates for genetic testing remains outstanding but data is being collated.	**Delayed** **Delayed** **Delayed**
3) Islet Cell Transplantation	

Improve access to transplantation service from peripheral centres using a hub-and-spoke clinic network to enable initial assessment and follow-up locally with procedures taking place in Oxford.

Milestones:	
- Meetings with secondary care consultants arranged - Referrals from peripheral sites already being made within project timelines - Survey of patients and GPs being planned and an investigation of the prevalence and management of hypoglycaemia and Islet Cell Transplantation awareness amongst diabetologists in development with outcomes presented to Diabetes UK - Sustainability: plans to capture travel distance and time savings associated with peripheral clinics	**Complete** **Complete**

4) Reducing Variation in Diabetic care
Reduction in variation by developing an integrated IT system that combines data from primary and secondary care, enabling the visualisation of diabetes related care processes across the region. Work stream engaged closely with SCN to allow usability/usefulness outside of AHSN.

Milestones:	
- Pilot system demonstrated. (Delay due to identification of preferred supplier and loss of key personnel from the informatics team) - On-going: development of system specification with Informatics	**Complete**

Oxford Academic Health Science Network

Early Intervention Clinical Network

Outcome Objective	Metric to be Measured
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 numbers Not in Education, Employment or Training (NEET) - the % of people in Early Intervention in Psychosis (EIP) service and the % of this that is NEETs vs the % of NEETs not in EIP

1) **Common Assessment** This work stream will support the implementation of standardised clinical assessments for psychosis on every young person presenting to mental health services with psychosis by establishing an agreed schedule of clinical assessment and criteria for Early Intervention Services (EIS). The clinical assessment and criteria have been agreed locally as per the original plan. However, with the introduction of a *national* common assessment, the implementation of a local common assessment has been paused, pending the outcome of the national work. However, the Early Intervention Clinical Network is leading the national expert reference group in developing this common assessment, and as such is ideally placed to be amongst the first wave of implementers.	

Milestone:	

• Agreed schedule of clinical assessments and criteria for EIS - Delayed (due October 2014), local assessment agreed but implementation delayed due to pending decision on National Common Assessment	**Delayed**
• Proportion of staff working in EIS trained in standardized clinical assessment of psychosis –Completed March 2015	**Complete**
• Completion of baseline data on new assessments – Due April 2015, delayed due to agreement on National Common Assessment and implementation of EPR across participating Trusts	**Delayed**
• New patients entering EIS fulfilling criteria for EIS on standardized clinical assessment – Due April 2015 delayed due to issues identified above	**Delayed**
• Agree baseline data metrics and IT data collection methods – Local metric and method agreed but collection itself delayed due to issues identified above (due April 2015)	**Complete**

2) **Enhancing care continuity and extending the model of early Intervention** The Early Intervention in Psychosis Services (EIPS) will ensure best practice is implemented across the AHSN by improving the transition between child and adult mental health teams and extending early intervention and improved transition for young people with other conditions. This project is now dependant on implementation of EPR in participating Trusts which has been delayed (Oxford due May 2015, deadline for other participating Trusts is October 2015).	

Milestones:	

- Baseline data on current rates of care continuity (i.e. where appropriate, young people's care handed over from a Child and Adolescent Mental Health (CAMH) to Adult Mental Health (AMH) team, with continued follow up by AMH team) – Complete August 2014 - Proportion of staff working in EIS trained in standardized clinical assessment of psychosis (90%) – Complete January 2015 - Improved care continuity in young people with psychosis in a single NHS Trust – Delayed, data will be sought from the Electronic Patient Record (Milestone and implementation due May 2015) and manual audit of service. Single Trust will be Oxford Health. - Improved care continuity in young people with a mental illness other than psychosis, in a single NHS Trust - In progress, network plans to focus on eating disorders as next mental illness in line with national priority. Preliminary discussion in progress within Network team on how best to support and implement improvements – In progress (due April 2016), Network plans to focus on eating disorders as next mental illness in line with national priority. Preliminary discussion in progress within Network team on how best to support and implement improvements. - Improved care continuity in young people with mental illness other than psychosis, informed by EIPS model across the AHSN – On track (April 2018)	**Complete** **Complete**

3) **Reduce Variation** This project aims to reduce variation in quality of care and improve outcomes for young people with psychosis across the Oxford AHSN by establishing a care quality baseline and measurements, and establishing plans for improvement. Establishing plans for improvement is dependent on the agreement of Trust Action plans which are being linked in to the South East Early Intervention in Psychosis Preparedness work hosted by Oxford AHSN. The impact of the Trust action plans and variation in care quality in EIP will be re-assessed in March 2016

Milestone:

- Measure of care quality agreed in EIP across AHSN – Completed October 2014 - Identify baseline for care quality measure across AHSN – Completed January 2015 - Action plan for improving care quality in each Mental Health Trust – Due April 2015 this is being linked in with the South England EIP-Preparedness work action plans and is delayed. These must be submitted by July 2015, and should be submitted sooner. - Fidelity of services to the EIPS model of care (National Institute for Mental Health in England) and narrative report from services on pressures of maintaining NICE compliance – Completed December 2014 - Re-measure care quality – On track (due October 2015) - Reduction in variation of care quality for EIPS across AHSN – On track (due April 2016)	**Complete** **Complete** **Delayed** **Complete**

• Percentage of young people in employment or education after 3 years EIP compared to peers – On track (due April 2016)	

4) Research Recruitment

The EI network aims to increase research activity and recruitment to research amongst young people experiencing a first episode of psychosis by focusing on increasing the number of active research studies within the Oxford AHSN and improving recruitment to current studies.

Milestone:

• Research champions identified in EIP teams – Complete August 2014 • Number of research studies and current activity identified – Complete October 2014 • Database of research ready participants in EIP – Due July 2015 • Accruals to Portfolio research studies – Due April 2016	**Complete** **Complete**

KPI:

The Prevalence of Pathogenic Antibodies in Psychosis (PPiP) research study currently has 238 young people participating in the study. This is an increase of 8% (18 more young people taking part since Oct 2014).

Imaging Clinical Network

The Imaging Network has encountered severe delays across all of its work streams. In some cases these have been partially mitigated by finding alternative data sources, or progressing work streams in single locations rather than across the whole AHSN geography.

Outcome Objective	Metric to be Measured
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.

1) Reduce variation in scanning protocols (6 month delay) Audit varying protocols in use across network for prostate MRI & interstitial lung disease, and agree standardised "best".	
Milestone:	
• Identify variation in MRI prostate reporting among participating hospitals - Due Oct 2014, anticipated April 2015 (6 month delay)	**Delayed**
2) Creation of specialist opinion network (1yr Delay) Establish a virtual network of specialist radiologists, utilising image data transfer, to reduce the need for the full spectrum of specialists at each trust at all times. The ILD Network was not implemented as early as predicted, due to a delay in clinical decision making. This can now start, because the network can be can be run using the existing Image Exchange Portal. There are Information Governance issues around the circulation of images that the network is trying to address through data sharing arrangements. Meetings have been held with two commercial providers of image sharing services & with Trust IT staff.	
Milestones:	
• 30% of ILD patients entered into an AHSN-wide specialist opinion service for image/patient transfer over a 3 month period (Complete)	**Complete**
• Establish current number of on-call specialist opinion networks & staff, & their actual & predicted demand & costs. Due June 2014. Anticipated June 2015 (1 yr delay)	**Delayed**
KPI:	
30% of ILD patients entered into an AHSN-wide specialist opinion service for image/patient transfer over a 3 month period.	
3) Early PET-CT in Lung Cancer (6 month delay) Implement PET-CT scanning without prior CT scan, resulting in more efficient staging with minimal extra cost. Due to access issues with the original dataset, data will now be taken from the national	

lung cancer database LUCADA to assess the impact of the change in pathway. The database will be available from May.	
Milestone:	
• Start enrolment for fast track referral - Due Oct 2014, anticipated April 2015 (6 month delay)	**Delayed**
KPI:	
80% of patients scanned according to new referral criteria (OUHT) – Anticipated April 2015	
4) <u>Imaging trial development and delivery (10 month delay)</u> Accelerate the adoption of effective new techniques.	
Milestones:	
• Identify trial resources in all 7 hospitals (complete). • Agree 1 network project (complete) - Lung cancer follow-up protocol chosen. • Identify at least 1 member of the public for the network team - due July 2014 • Anticipated July 2015. (<u>1 yr delay,</u> due to dispute of Patient Rep. payments) • 1 network project submitted for ethics/R&D review. Due Sept 14. Anticipated July 2015 (<u>10 month delay)</u>	**Complete** **Complete** **Delayed** **Delayed**
KPI:	
1 network project submitted for ethics/R&D review – Anticipated July 2015	

Oxford Academic Health Science Network

Maternity Clinical Network

Outcome Objective	Metric to be Measured
Reduce the number of pre-term births occurring outside the Tier 3 Hospital environment	The number of pre-term births that take place in each district general hospital that should have happened at the John Radcliffe Hospital

1) **Care and Consistency** – developed and continue to develop standardised, but locally agreed and individually adjusted guidelines and patient pathways, including: management of singleton intrauterine growth restriction, Rhesus, pre-term labour and in utero transfer and magnesium sulphate regime for eclampsia.	
Milestone:	
• All 4 guidelines agreed • Oversight of implementation ongoing	**Complete**
KPIs:	
Guidelines in 4 key areas agreed with key stakeholders from all Trusts – Complete Evidence of compliance (25%) with guidelines/referral pathway for all 4 areas – Audit report due Dec. 2015 5% Improvement in outcomes – Report due Dec 2015	
2) **Information Sharing** – developing the connection of ultrasound reporting software between hospitals and tertiary centres, allowing remote viewing of scans. This addresses variability of care, and improves access to data for research.	
Milestones:	
• Successfully linked Milton Keynes and OUH • Progressing well with Royal Berkshire Hospitals Trust and Wexham Park Hospital	**Complete**
KPI:	
50% increase in non-OUH patient data available for research & audit – Due March 2016	
3) **Place of Birth of Severely Premature Babies** – audit and causal analysis of all cases of severely premature babies that were not delivered in L3 unit with subsequent recommendations, guidelines and pathways implemented to improve morbidity and mortality.	
Milestone:	
• Report and recommendations to be published 29th April 2015 plus very successful case study	

KPI:
Preliminary reports indicate the number (of premature babies not delivered in an L3 unit) has reduced since project commenced.

Medicines Optimisation Clinical Network

Outcome Objective	Metric to be Measured
Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients	The number of A and E presentations due to asthma

1) **Reduce variation in medicines use across the region**
An estimated £300m of medicines are wasted every year in the UK in primary care alone, of which £150m is preventable
Many patients are exposed to medication errors, including almost 9% of hospital prescriptions and up to 2/3 of care home residents
The aim is to reduce variation in the service provision of the Medicines Optimisation Clinical Network, across the whole Oxford AHSN geography.
This will initially concentrate on pharmacy service provision and widen further to include the whole medication pathway
The clinical processes that will be scoped, benchmarked and for which action plans will be produced are those included in the NHS England Medication Safety Thermometer, and include medicines reconciliation rates, delayed and omitted doses

Milestone:	
• Acquire database hosting and management services for data collection – Complete • Put in place 'rules' and 'standards' for data collection and submission across AHSN. Due June 2015.	**Complete**

KPI:
Medicines reconciliation rate as per NICE 'Technical patient safety solutions for medicines reconciliation on admission of adults to hospital (PSG001)' and NPC 'Medicines Reconciliation: A Guide To Implementation' – Greater than 80%
Delayed and omitted doses measure needs to be standardised and once baseline is established, variation between participating organisations will be reduced - 5% improvement

2) **Improved adherence to medicines (asthma) across the region**

This project seeks to help patients to adhere to prescribed medicine regimes. This will be achieved in three ways;
    • by providing a smartphone app which will encourage them to become interactively involved in the self-management of their asthma condition;
    • by equipping community pharmacists with Cognitive Behaviour Therapy (CBT) skills and techniques to help patients overcome issues and beliefs that prevent them from using medicines as intended
    • by gathering and analysing data from recipients of these interventions, opportunities to improve management of asthma (including reduction in 'over medication' and improved

access to clinical trials normally restricted to patients treated at nationally renowned centres of excellence)	

Milestones:

• Smartphone app functional design and technical requirements agreed	**Complete**
• CBT-based training scheme designed and piloted	**Complete**
• Service evaluation criteria established	**Complete**
• Capture Hospital Episode Statistics (HES) data to show current/baseline levels of A&E attendance for asthma – Complete	**Complete**
• Deliver Smartphone App for asthma patients – Due Mar 2015. Anticipated May 2015	**Delayed**
• Pilot and evaluate the psychological intervention training scheme for community pharmacists - Due Apr 2015. Anticipated Jun 2015	**Delayed**

KPI:

Reduced number of asthma attacks (fewer paramedic callouts and attendances at A&E) amongst patients that have used the app and/or received counselling from a CBT-trained community pharmacist.

Reduced use of 'reliever' inhalers amongst patients that have used the app and/or received counselling from a CBT-trained community pharmacist.

3) **Improved transfer of care across the region**
The likelihood that an elderly medical patient will be discharged on the same medicines that they were admitted on is less than 10%. Between 28-40% of medicines are discontinued during hospitalisation and 45% of medicines prescribed at discharge are new medicines. 60% of patients have 3 or more medicines changed during their hospital stay. Adverse drug events occur in up to 20% of patients after discharge and it is estimated that 11-22% of hospitalisations for exacerbations of chronic disease are a direct result of non-compliance with medication.
This project seeks to improve medicine treatment for patients discharged to their homes from hospital, by alerting their community pharmacist to the need for follow-up. A web-based electronic referral service which allows the hospital pharmacy to transfer information on discharge medicines to the patient's nominated community pharmacy is being introduced. This will allow hospital pharmacy staff to highlight potential problems to the community pharmacist, who will arrange for a post-discharge review of the patients medication to ensure that problems are identified and resolved.

Milestone:

• Acquire licence to use referral service – Complete	**Complete**
• Awareness and training completed for hospital pharmacists. - Complete.	**Complete**
• Awareness raising in community pharmacies completed - Complete.	**Complete**
• Referral service 'live' - Due May 2015	

KPI:

Reduced number of medicine related incidents (e.g. number of GP visits, number of paramedic call-outs, number of A&E attendances, number of re-admissions) amongst patients that have received a follow-up medicines review under this scheme.

4) **Develop strategic partnerships with the pharmaceutical industry to improve care for patients**
This project will be focused on developing a strategic and active relationship with the Pharmaceutical industry in order to meet the challenges outlined in the strategic paper 'Innovation, Health and Wealth' published by the DH in June 2013.
The challenge both for the NHS and for its industry partners is to pursue innovations in patient outcomes that genuinely add value but not cost – the NHS for its productivity and quality goals and industry for its international competitiveness.
Adding value and reducing cost is the basis of the NHS QIPP challenge.
The network has progressed partnerships in 2 areas.
1. – a strategic partnership with Quintiles, who offer a tailoring and introductory service between new entrants into the UK market and prospective NHS customers. This could accelerate the development of innovations within the network.
2. – partnering with industry in delivering the improved adherence to medicines (asthma) work stream. Several companies, including GSK, Astra Zeneca and Boehringer have presented proposals around baseline data gathering, app development and post-project impact evaluation.

Milestones:

• Involvement of potential industry partners in project work	**Complete**
• Evaluation of proposals for strategic working to take place on 1st April 2015	**Complete**
• Novel approach to joint working established	**Complete**

KPI:

Active working relationship with 1 pharma company – Complete

Active working relationship with 5 pharma companies – Due June 2015.

Out of Hospital Clinical Network

Outcome Objective	Metric to be Measured
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

1) **Innovation Map** Indicate to providers, commissioners and the public, the services available for ambulatory care and the older person living with frailty within the Oxford AHSN geography; providing up to date information, increasing public awareness and mapping engagement.	
Milestone:	
• Produce a reference report detailing additional information received and urgent care plans / activities – Due May 2015 • Present map and report at Network Launch – Due May 2015	
2) **Data analysis and benchmarking** Benchmark CCG areas against: 1. Ambulatory care sensitive conditions (ACSC) admitted to acute care 2. Out of hours activity for older persons living with frailty (mapped against locality, calendar day and time) 3. Referrals from GPs for acute assessment 4. Ambulance service activity and the collector of patient and carer experience data to determine impact and inform the pace and design of wider rollout.	
Milestones:	
• Receive ACSC data for all acute trusts – complete • Out of hours – receive data for all providers – Ongoing, in discussions with CSU & providers to receive this • Referrals from GPs – Initiate request for data June 2015 • Ambulance service activity – Initiate request for data June 2015	**Complete**
KPI:	
Receiving regular data from all providers & commissioners (as above)	
3) **Training Needs Analysis** Gathering information from personnel within the current workforce and strategic decision makers, aiming to provide further clarity about the training needs of the community and primary care workforce, allowing a move towards more integrated care.	

Milestone:	
- Focus groups – complete by May 2015 - Workshops – complete by May 2015 - Interviews – complete by May 2015 - Report due June 2015	

Appendix B- Best Care Stakeholder Table

	Bedfordshire	Berkshire (unspecified)	East Berkshire	West Berkshire	Bucks	Milton Keynes	Swindon	Oxfordshire	Thames Valley Region	National	Out of Region	Total
AHP	3	9	4	1	7	2	1	70			2	99
Commissioner managerial	2	5	7	3	8	8	1	26	14	11	3	88
Commissioner medical	1	4	12	10	16	11	1	34	9	6	10	114
Council Social Services	1		4	1	6			9				21
Dr Hospital	27	33	35	31	35	26	6	126	2	3	13	337
GP		1	3		1			7			1	13
Health Scientist								2				2
Honorary Consultant Doctor		1			2			21	1			25
Industry Private		1						15		20	13	49
Midwife			2	4	4	3		18	1		1	33
Nurse	14	25	10	7	5	11		57		1	1	131
Other		5	7		5			5			3	25
Patient Carers		1						3			3	7
Pharmacist			1					2				3
Provider manager	26	18	15	11	11	11		65	13	2	11	183
University Academia	7		1	19	9			65	4	9	14	128
3rd Sector	1	2		1				8		9		21
Total	82	105	101	88	109	72	9	533	44	61	75	1279

Appendix C - Achievements by Project – 2014/15

Project: Gestational Diabetes Mellitus Health

Gestational Diabetes m-Health
Clinical Champion - Dr. Lucy McKillop, Consultant in Obstetric Medicine,   **Oxford University Hospitals NHS Trust**

Gestational Diabetes may develop in the third trimester during pregnancy. In order to minimise the risks to the pregnancy, intensive medical treatment and follow-up is instituted so as to attempt to normalize blood glucose. This involves very frequent home blood testing and hospital visits every 1-2 weeks, a time consuming and difficult process for the women involved. A system which allows less regular face-to-face contacts with HCPs while still providing adequate input when required would be hugely advantageous. The tele health in gestational diabetes project (GDm-health) is a collaboration between Obstetric medicine, OCDEM and Biomedical Engineering to produce a system whereby blood glucose readings are transmitted (with appropriate annotations) through a smartphone to the specialist diabetes midwife and the midwife, or other staff, can send messages back to the patient advising on dose titration or asking them to attend a clinical appointment. The business cases for GdM have been approved by Trusts based on raising demand, capacity and safety. The alternative for Trusts would be to increase capacity by opening up additional clinics. In addition, the system offers better clinical management as patients at risk can be more closely monitored, which may lead to a reduction in the risk to the fetuses and neonatal care requirements - and increasing the probability of normal deliveries. Research is underway into the impact on neonatal care requirements and caesarean sections.

	Savings	Savings achieved to date
Cost per additional clinic is £100k. Eight additional clinics across the region required without GdM	£800k (clinics)	Rolled out to 3 Trusts 2014/15 - £300k
Reduction in neonatal care required	£1,224 (per patient)	
Reduction in caesarean sections	£2,400 (per patient)	

Estimated numbers of women who could potentially benefit from this Innovation across the Oxford AHSN region are:

Clinical Commissioning Group	Number of births/year	Estimate of number of women with GDM*
Bracknell and Ascot	1554	77-248
Chiltern and Aylesbury	6197	309-991
Milton Keynes	3887	194-621
Oxfordshire	8217	411-1314
South Reading and North & West Reading	2748	134-440
Slough	2704	135-433

Newbury and District and North & West Reading	1896	95-303
Wokingham	1963	98-314
Windsor Ascot & Maidenhead	1860	93-298
Bedfordshire	5411	271-866

this is dependent on the prevalence of risk factors for GDM (such as non-white ethnicity and obesity) in the CCG population

(Data from Public Health England published report March 2014, for deliveries in 2012 calendar year)

*North and West Reading CCG, have patients within West Berkshire Local Authority and Reading Local Authority. That is why they appear twice in table above as the data is only provided on a local authority footprint and not by CCG.

What we've achieved

During 2014/15, the GDm has been implemented at the Oxford University Hospitals NHS Trust, Royal Berkshire Hospital NHS Foundation Trust and Milton Keynes University Hospital NHS FT. Plans are underway with Frimley Health NHS Foundation Trust (business submitted and approved) aim to implement at Frimley Park Hospital and Wexham Park Hospital during 2015/16. Also Great Western and Bedford Hospitals have expressed an interest. The objective is to get all Acute Trusts in this region using the system.

Benefits

- Assists with patient self-management
- Remote clinical monitoring with alerts
- Regular opportunity to communicate with patient
- Reduction in unnecessary clinic visits so increased capacity
- Further research underway on impact on difficult births and birth defects

Project: Intra Operative Fluid Management

Intra Operative Fluid Management
Clinical Champion – Dr. Emmanuel Umerah, Anaesthetist and Deputy Medical Director,   **Frimley Health NHS Foundation Trust**
Benchmarking exercise to review the adoption of Intra Operative Fluid Management across the AHSN region.
Where we are Now
Qualitative and quantitative data/information was collected from September to end of February 2015. All NHS providers participated, 9 of 12 CCGs engaged and 3 suppliers have not engaged. Reports will be available as of April 2015 and a feedback event is being hosted on 30th April 2015. An executive summary report will be produced May 2015 for sharing with NHS England and other AHSNs to share the learning.
What we've achieved
Over 140 Anaesthetists from across the region and central Manchester hospitals have participated in the user survey, this will give value feedback on barriers to adoption and needs from perspective of clinicians, help inform national policy. All NHS providers have completed the data set and data collection tool, which provides information on how technology has been adopted and how it is being used. Interestingly, more than 80% of Anaesthetist's see value in using IOFM devices. The results highlight the variability of training levels and device availability across the region. The data also offers insight into how what procedures IOFM technology is used for and the types of devices used. This will provide feedback to NHS England to inform national policy. A summary report containing qualitative and quantitative results for the region and bespoke reports for acute providers have been produced. Further work will be conducted during 2015/16 to address the identified barriers to adoption.
Potential Savings
Based on the NHS England NTAC report; it is estimated for the Oxford AHSN region;   It is estimated that potentially 47,000 people across the Oxford AHSN region could benefit from IOFM technology being used during their operation. Based on estimated savings this would equate to savings of £24.3Million across the region.   Part of the benchmarking exercise is to identify the right case mix that would benefit from these operations, therefore this figure will change, once more accurate information has been analysed from the benchmarking exercise.
Benefits
The benefits of IOFM technology adoption are;   1. Reduce rate of re-admission and re-operation   2. Fewer post-operative complications   3. Reduce emergency admissions into intensive care after surgery   4. Low risk of cardiac complications minimally or non-invasive monitoring   5. Reduce risk of catheter (CVP, arterial, PAC) related infection   6. Reduce length of hospital stay, patients are 'fit for discharge' sooner

Oxford Academic Health Science Network

Project: Intermittent Pneumatic Compression Sleeves for Stroke

Intermittent Pneumatic Compression Sleeves
Clinical Champion - Dr. Matthew Burn, Stroke Consultant, Clinical Lead for Stroke **Buckinghamshire Healthcare NHS Trust**
To work in partnership with Thames Valley Strategic Clinical Network, East of England Strategic Clinical Network and acute NHS Trusts within the Oxford Academic Health Science Network to assist with the implementation and evaluation of the use of Intermittent Pneumatic Compression (IPC) devices for immobile stroke patients as part of a major national initiative led by NHS Improving Quality (NHS IQ). The National Institute of Health Research funded the CLOTS3 Trial which showed IPC is highly effective in reducing deep vein thrombosis and pulmonary embolism after stroke and reduced early mortality.
Achievement to date
- All Stroke Units within the Oxford AHSN Region have the IPC Sleeves embedded into clinical practise with utilisation increasing steadily across each unit.   - All Stroke Units are committed to sustaining use of the IPC Sleeves into 2015/16
Strategic Goals
- Rapid adoption of the use of IPC sleeves in appropriate stroke patients in all acute stroke units in the Oxford AHSN Region   - A reduction in the risk of symptomatic, or asymptomatic DVTs in patients immobilised by stroke, leading to a measurable reduction in the incidence of DVT   - A reduction in stroke mortality across the AHSN region
Benefits
Reduce mortality and the number of strokes across the AHSN region
Regional Performance – Utilisation of IPC Sleeves across Stroke Units in the Oxford AHSN 2014-15
The table below shows the utilisation of IPC Sleeves across Stroke Units who were partaking in the NHSIQ IPC Sleeve program. It should be noted that not all Stroke Units went live at the same time and data for January are still outstanding for some units

Oxford AHSN & Thames Valley SCN - IPC Project

Stroke Unit IPC Utilisation

Legend:
- No. Stroke Patients Discharged in Month
- No. Of Hospital Identified Eligible Patients
- CLOTS3 Trial Eligible Patient Target - No.
- % of Eligible Patients - IPC Applied in 72hrs

2014-15
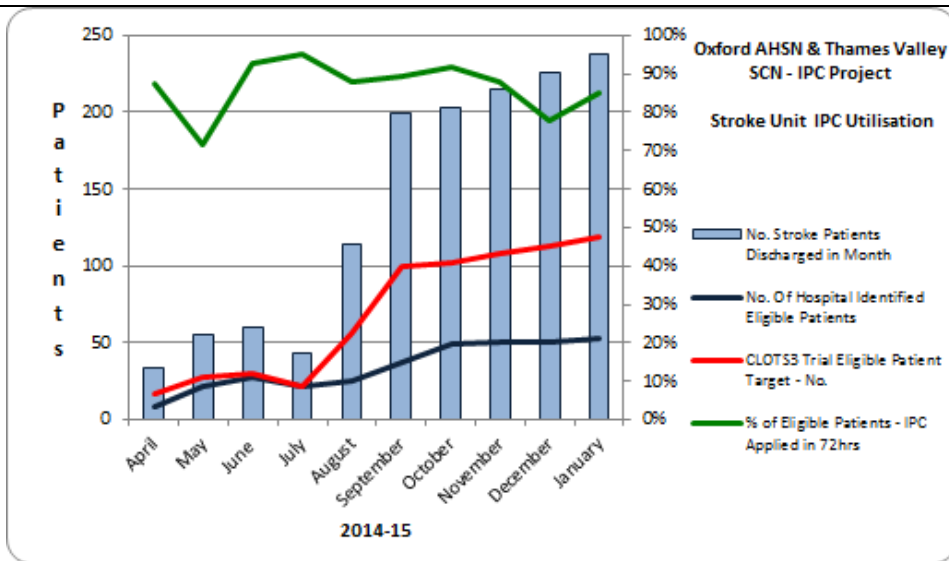
Project Commenced in 1st April 2014. Handover from Thames Valley Strategic Clinical Network to Oxford AHSN – 1st September 2014.

Approach Across AHSN
Engage with Stroke Clinicians at participating Stroke Units across the AHSN region upon handover from TVSCN. Support units through implementation and go live which included unblocking any issues they may have with logistics and supplier training. Further support provided with business cases and facilitation of commissioner discussions around sustaining the technology beyond the NHSIQ Pump Priming Period into 2015/16.

Next Steps
Oxford AHSN has an action plan in place which will focus on reducing the variation in IPC use between Stroke Units within the region.

Oxford Academic Health Science Network

Project: Rheumatoid Arthritis (RA)

Rheumatoid Arthritis (RA)
Clinical Champion – Prof Peter Taylor, Norman Collisson Professor of Musculoskeletal Sciences, University of Oxford and Director of Clinical Sciences, Botnar Research Centre, Oxford
The Oxford AHSN has identified the early detection and treatment of early inflammatory arthritis in secondary care as a key area for improvement. There is evidence that many people with rheumatoid arthritis experience unnecessary delays between their first presentation with symptoms of persistent synovitis, and subsequent diagnosis of rheumatoid arthritis. After diagnosis they do not always receive the optimum treatment outlined in NICE guidance. There are also variations in the resources allocated to rheumatoid arthritis across local health economy boundaries. A brief survey of acute Trusts within the AHSN demonstrated a wide range in the referral times for first appointment, following of NICE guidance and commissioning of services using Best Practice Tariffs for Early Inflammatory Arthritis. Recent publication of professional standards for homecare and the future availability of biosimilar medications for RA are also potential opportunities to review and improve service delivery.
Achievements to date

- Provisional analysis of regional patient prevalence and service availability.
- Analysis of relevant NICE guidance and the National Tariff Payment System Best Practice Tariffs for Early Inflammatory Arthritis.
- Mapping of the current EIA / RA pathway at Oxford University Hospitals (OUH) NHS Trust.
- Proposed implementation of change of service provision at OUH (i.e. 3 week direct access for RA patients) and introduction of the Early Inflammatory Arthritis Best Practice Tariff for consideration by Oxford CCG.
- Identified clinical leads for all Acute Trusts in the Network and requested information on their patient pathways and treatments.
- Requested benchmarking data from the National Audit of Early Inflammatory Arthritis.

It is estimated 23,000 people with Rheumatoid Arthritis in Oxford AHSN region would benefit from implementation:
- RA002: The percentage of patients with RA on the register who have had a face to face review in the preceding 12 months. NICE2012 menu ID:NM58
- RA003: The percentage of patients with RA aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 12months. NICE2012 menu ID: NM56
- RA004: The percentage of patients aged 50 or over and who have not attained the age of 91 with RA who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 24months. NICE2012 menu ID: NM57

Rheumatoid Arthritis (RA)				
		% of Patients Receiving Intervention 2013/14		
CCG Name	**Prevalence (%)**	**RA002**	**RA003**	**RA004**
Milton Keynes	0.61	76.2	86.8	85.6
Bedfordshire	0.76	83.0	86.2	85.1
Bracknell & Ascot	0.57	87.7	93.2	88.4
Chiltern	0.59	86.9	89.0	87.4
Newbury District	0.67	82.9	84.1	78.3
North & West Reading	0.58	90.8	90.7	90.1
Oxfordshire	0.6	87.1	89.7	85.5
Slough	0.53	92.5	91.8	85.0
South Reading	0.44	89.5	92.8	88.0
Aylesbury Vale	0.71	88.8	94.9	89.0
Windsor, Ascot & Maidenhead	0.52	88.7	90.4	86.1
Wokingham	0.63	87.7	92.3	90.4
Range	(0.52-0.76)	(76-92)	(84-94)	(78-90)

Benefits

- Faster access to diagnosis and treatment leading to improved outcomes for patients with EIA and RA
- Implementation of evidence-based best practice
- Reduce variation in clinical practice
- Simplification of payments for EIA via best practice tariff implementation
- Potential efficiency savings enabling more patients to be treated within current resources

Next Steps

- Early Inflammatory Arthritis specialists and Clinical leads stakeholder workshop.
- Mapping of current service availability, pathways and contracting mechanisms across the AHSN Region.
- Identification of gaps between current service provision and best practice, including use of medicines.

Project: Eating Disorders – Support Hope and Recovery Online

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Support Hope and Recovery Online (SHaRON) –

Clinical Champion– Simon Thomson, Principal Psychotherapist, Eating Disorders Service Manager,

Berkshire Healthcare Foundation Trust

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This innovation demonstrate another example of the benefits of shifting care delivery models to utilise technology more effectively.

SHaRON is a safe and highly secure social networking service, designed initially to provide a space for people who are struggling with a diagnosed eating disorder. It is an online environment that is moderated by experienced clinicians and ex-service users who want to support others using their experiences of what worked for them in their own recovery. The mental Health Service is able to provide 24 hour therapeutic support and advice 7 days a week. SHaRON is split into four distinct sub-networks; anorexia, bulimia, binge eating and Parents and Carer. The system offers user created profile pages, the uploading of images, instant messaging, chat rooms, forums, blogs, access from all devices and bookable on line therapy sessions. The key barrier to adoption of the SHaRON system has been the request for data and analysis that demonstrates the benefits. The Oxford AHSN worked with Berkshire Healthcare Foundation Trust and Janssen to:
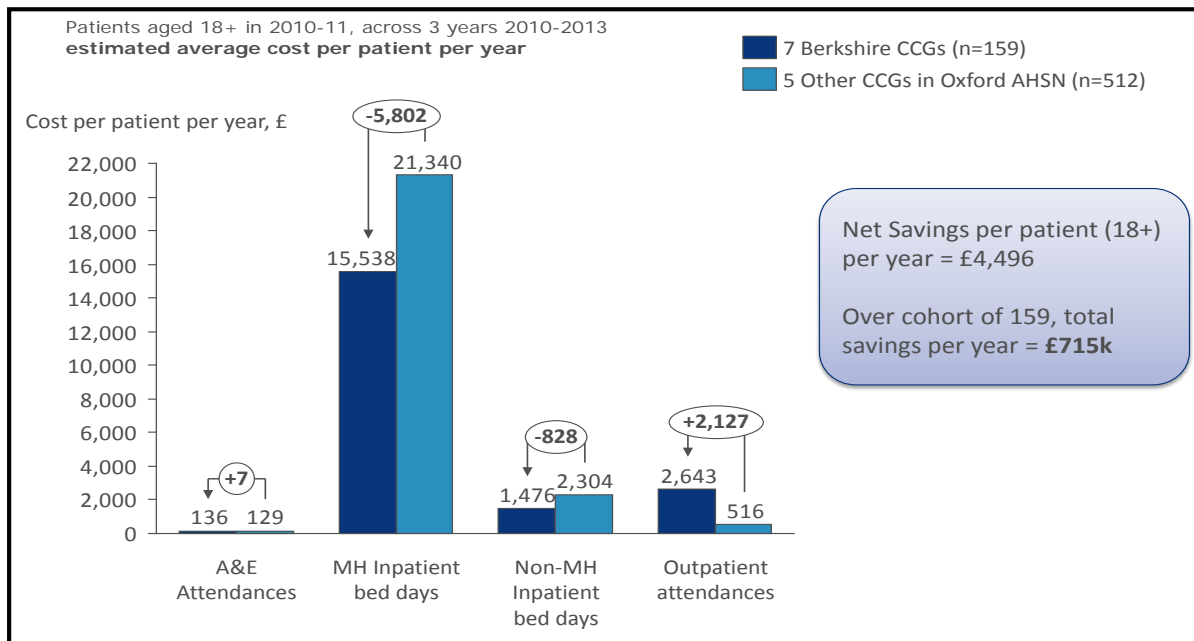
- Develop pragmatic criteria to identify patients with eating disorders, both within HES data (secondary care) and within MHMDS data (mental health care)
- Understand the number of patients with eating disorders within Oxford AHSN's area, with a breakdown by CCs and at BHFT.

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The analysis below shows that Berkshire Healthcare Foundation Trust is:

- Offering much more face-to-face follow-up appointments, and
- Shifting care to cheaper telephone or telemedicine settings (which is the service provided via the SHaRON initiative).

This leads credence to the assumption that the higher rate of OP attendances is contributing to lower need for inpatient beds.

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Achievements to date

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Patients aged 18+ in 2010-11, across 3 years 2010-2013
estimated average cost per patient per year

Berkshire HC NHS FT (n=131)
Other Trusts (n=540)

Cost per patient per year, £

-4,732

+25

-616

+2,541

Net Savings per patient (18+) per year = £2,782

Over cohort of 131, total savings per year = **£365k**

	A&E Attendances	MH Inpatient bed days	Non-MH Inpatient bed days	Outpatient attendances
Berkshire HC NHS FT	151	16,520	1,606	3,047
Other Trusts	126	21,252	2,222	505

Patients aged 18+ in 2010-11, across 3 years 2010-2013
estimated average cost per patient per year

7 Berkshire CCGs (n=159)
5 Other CCGs in Oxford AHSN (n=512)

Cost per patient per year, £

-5,802

+7

-828

+2,127

Net Savings per patient (18+) per year = £4,496

Over cohort of 159, total savings per year = **£715k**

	A&E Attendances	MH Inpatient bed days	Non-MH Inpatient bed days	Outpatient attendances
7 Berkshire CCGs	136	15,538	1,476	2,643
5 Other CCGs in Oxford AHSN	129	21,340	2,304	516

The graphs above shows savings by Trust and CCG as approximately £3k and £4.5k respectively per patient. This equates to £365k for the Berkshire patient cohort of 131 and £715k for the 7 Berkshire CCGs (patient cohort 159).

- There appears to be clear evidence that Berkshire Healthcare NHS Foundation Trust's SHaRON service is providing benefits to patients.
- While the exact amount of quantitative benefits may be arguable, it is clear that there is a benefit.
- This aligns well with qualitative feedback from patients and staff collected over the years.
- It is further credible when we consider that the SHaRON service was not implemented in isolation – the entire service delivery program was modified to allow more frequent interactions with patients and enable more varied means of reaching out to patients.
- Further analysis work is needed to absolutely prove causality and accurate assessment of savings.

Project progress to date
• Met Oxford Health who were not interested in adopting this system and plan to develop their own. • Met with Central North West London NHS FT who are keen to participate. • Outcome metrics for project agreed. • Data Sources for project outcome metrics identified. • Janssen Health Care identified as partner to produce data analysis completed.
Potential Savings
As part of the project a health economics review is being undertaken to quantify the savings in terms of containing increasing demand, reducing staff requirements and reducing the re-referral rate. A conservative estimate of savings is £3k per patient.
Benefits
• Provides excellent patient experience. • Has significantly reduced repeat re-referrals. • Increased productivity (activity is going up, staff levels have reduced and stayed steady). • Reduced the number of appointments. The system includes the ability to book client therapy sessions at times to suit the client, and recording of clinical session in SHaRON for inclusion in other clinical systems.
Next Steps
• Project approach and scope to be considered with Central and North West London NHS FT

Project: Electronic Blood Transfusion (EBT)

Bedside Electronic Blood Transfusion Management
Clinical Champion – Dr Mike Murphy, Professor of Blood Transfusion Medicine, University of Oxford and Consultant Haematologist, Oxford University Hospitals and NHS Blood & Transplant

Blood transfusion is a complex multi-step process with a correspondingly high opportunity for error that may have fatal consequences.

Implementing a bedside electronic clinical transfusion management system is regarded as best practice and has been shown to reduce the risk of patient identification errors and improve the safety of the blood transfusion process. The system is also used for blood sample collection, greatly reducing the potential for human error in labelling of blood samples in the pre-transfusion phase.

Based on a QIPP Case Study of implementation at Oxford University Hospitals NHS Trust, this technology was chosen for potential implementation within Oxford AHSN as one of the Clinical Innovation Adoption Programme's 2014/15 Top Ten Projects. The Oxford University Hospitals implementation has realised cash releasing savings and improved productivity gain as follows:

- Gross savings were £920K of which £420K were cash releasing.
- Cash releasing savings from reduction in blood use (10% reduction).
- Productivity savings through nursing/laboratory time.

Because of the complexity and scale of potential change for each organisation, the CIA Oversight Group agreed the technology should be rolled out one Trust per year:

- Phase 1 of implementation involves in-depth audit and assessment of an organisation's current blood transfusion practices and a cost / benefit analysis.
- Progression to full implementation of the technology is dependent on the outcome of Phase 1, Trust priorities and available funds.

Strategic Goals

- To address poor implementation of clinical blood transfusion procedures as documented in incident reports to the Serious Hazards of Blood Transfusion scheme (SHOT) (for example, blood sample mislabelling, poor patient identification and mismatched transfusions), and minimising the resulting clinical risks.
- To improve the efficiency of hospital blood transfusions: for example, more rapid availability of blood for urgent cases, reduced staff time in checking blood, less waste and reduced use of blood.

Benefits

- Improved patient safety
- Safer, auditable clinical processes
- Productivity savings:
    - Healthcare professionals
    - Laboratory professionals
- Financial savings may also be achievable but will depend on the effectiveness and efficiency of transfusion processes in individual Trusts.

Achievements to Date

Buckinghamshire Healthcare NHS Trust (BHT) was the first organisation to undertake Phase 1. Achievements at BHT include:

- Process mapping to understand the current patient pathway and changes required to successfully integrate the technology into the patient pathway
- In-depth baseline data assessment benchmarked against the service at Oxford University Hospitals NHS Trust
- Assessment of IT, estates and other infrastructure needs
- Development of an outline Business Case.

Detailed baseline assessment data for Buckinghamshire Healthcare Trust and Oxford University Hospitals are shown below:

12 month period	Buckinghamshire Healthcare Trust	Oxford University Hospitals
Number of group & save samples	27,000	49,000
% of group & save samples rejected	3.7%	0.4%
Number of clinical areas for transfusion	43	120
Blood usage – numbers of Units issued for transfusion (red cells)	14,828	37,181
% Blood wastage (red cells)	2.7%	
Blood fate % traceability	97%	99.8%
Number of unfated blood tags / week	7-15	2
Time taken on unfated tags process / week	5-6 hours	1-1.5 hours
Incidence of Wrong blood in Patient	0	0
Incidence of Wrong Blood in Tube (WBIT)	1:4,500	1:26,690

In-depth mapping of the process for vein-to-vein blood transfusion and post-transfusion traceability was also undertaken across both hospital sites within the Trust.

In summary the phase 1 assessment for BHT showed that:

- Although the current process for vein-to-vein blood transfusion is complex and inefficient of staff time, the systems and processes in place, and the staff who manage them are relatively effective at running the service.
  - Wastage levels of blood are below the national average.
- From a safety perspective although in places the service is currently not being performed to the expected standards of patient safety, there have been no wrong blood in patient incidents in the last 6 years.
- However, there are a number of opportunities to improve the current system, improving patient safety and staff productivity, including:
  - Reducing opportunities for error for patients undergoing blood transfusion.
  - Freeing up patient-facing time for clinical staff.
  - Freeing up processing time for laboratory staff.
  - Simplifying complex processes around mandatory traceability of blood units.
    - The process for unfated blood tags in particular is complex, labour-intensive and would be substantially streamlined by implementing this new technology.
  - Reducing wastage associated with rejected samples.

The benefit gained (or risk reduction) against the cost to implement analysis obtained through the base-lining work has resulted in the Trust deciding not to proceed with a full implementation at this stage due to capital demands and other pressing priorities. The base-lining work does show areas of risk exposure that could be tightened up on using the present approach.

Next Steps
BHT is unable to progress to Stage 2 at this time as it is not a priority for the Trust. The lesson learned from the base-lining work conducted by the AHSN with BHT was that the first base line work should be a desktop activity so as to provide an indicative view as to clinical and financial benefit and cost to implement. The AHSN is currently working with Bedford Hospital to assess whether implementation of electronic bedside blood transfusion management is potentially viable, prior to progressing to more in-depth analysis of current systems and processes at the Trust and business case development.

Project: Catheter Acquired Urinary Tract Infection (CAUTI)

Catheter Acquired Urinary Tract Infection (CAUTI) – Bladder Scanners
Clinical Champion- Catherine Stoddart, Chief Nurse **Oxford University Hospitals NHS Trust**
The Oxford Academic Health Science Network identified the reduction of catheter acquired urinary tract infections (CaUTI) as a key area for improvement. Public Health England states that evidence has shown that by reducing catheterisations in patients, the number of CaUTI will also reduce. The use of Bladder scanners as part of a pathway redesign is evidenced as providing improvement in the rate of CAUTI. Public Health England states that 17.2% of Health Care Associated Infections (secondly only to pneumonia) are attributed to Urinary Tract Infection (2011) with the highest prevalence in the over 65 age group and particularly in the over 75 frail elderly groups. The AHSN aims to address this issue with all Trusts however, in the first wave of roll out, we are working in close partnership with two acute trusts and one community healthcare provider to optimise the reduction and prevention of CaUTI across clinical pathways in these settings.
Achievements to date
An initial survey was conducted to determine whether Trusts were aware of Bladder Scanners, presently possessed the technology, used it well or would be interested in having the technology. The results showed that 7 out of 11 trusts do have scanners. However, Trusts often do not have enough scanners, have not integrated them in the pathway, are unsure of their utilisation and have limited staff competence to perform scans. As bladder scanners are only part of the solution, it was important for us to consider all factors that may contribute to the problem and aim to redesign the clinical pathway to include non-invasive monitoring where appropriate.

Achievements

- Five Trusts agreed to participate:
    - Oxford University Hospitals NHS Trust
    - Oxford Health NHS Foundation Trust
    - Berkshire Healthcare NHS Foundation Trust
    - Great Western Hospitals NHS Foundation Trust
    - Bedford Hospitals NHS Trust.

3 of the Trusts have now achieved project set up and 2 more will follow shortly.

- Catherine Stoddart, Chief Nurse, Oxford University Hospitals NHS Trust has agreed to be Clinical Champion
- Regional CaUTI Workshop for Directors of Nursing from the region held September 2014
- Generic project plan and key milestones have been agreed with the project leads.
- CQUIN drafted and submitted to the relevant CCGs.
- Baseline work underway to ascertain Trust performance and underlying causes for infection (includes collation and review of clinical Protocols and clinical policies relating to UTI management).
- Comparative work shared to determine variation across the region.
- Identification of common issues across the first wave trusts such as:
    - Data capture of CAUTI incidence
    - Lack of standardisation of Protocols
    - A need to increase competencies amongst clinical staff for prevention and management of CAUTI

- o Training of staff to use bladder scans and identification of when to use within the care pathway
- o Availability of bladder scanners (i.e. not enough scanners, not working or not available where needed)
- o Lack of clinical guidance relating to the use of Bladder Scanners within the patient pathway

- o Unable to record the use and associated results of bladder scanning when undertaken

Potential Savings

During the October 2014 there were 133 patients admitted at the time with a UTI in those Trusts who are partaking in the first wave of this programme, **this would equate to an additional care costs of £176k (National Safety Thermometer, 2014).** In a study posted in the Journal of Clinical Nursing in 1997, it was estimated that 80% of all Urinary Tract Infections (UTIs) were associated with catheters. There a number of benefits namely reduction of patient harm, improved patient experience, improvement risk management and clinical governance. In terms of financial savings the Department of Health (Urinary Catheter Care Bundle as of the Saving Lives Programme) believes that the cost to the NHS of treating UTIs was in the region of £124m with the extra financial cost of urinary tract infection estimated at £1327 per patient (Plowman et al. 2000). In addition, patients with UTIs are known to have an additional average length of stay of up to 6 hospital days (Plowman et al. 2000).

Regional Performance

Trusts submit a monthly return to the NHS National Safety Thermometer. Data is collected by frontline teams. It may be recorded directly into the NHS Safety Thermometer tool, through alternative input devices, or on paper for subsequent rekeying. The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care (external) over time. From July 2012 data collected using the NHS Safety Thermometer is part of the Commissioning for Quality and Innovation (CQUIN) payment programme. The national dataset records the following information from Trusts:

- Any patient being treated for a UTI
- Record if the treatment started before the patient was admitted to your organisation (Old) or
- After admission to your organisation (New)

Treatment for a UTI is based on clinical notes, clinical judgement and patient feedback.

Values: No UTI, Old UTI, New UTI

The Oxford AHSN approached the National Data Observatory to provide (on a monthly basis) UTI metrics (taken from The National Safety Thermometer) for all the Trusts across our region. These metrics will be used to monitor progress / success at Trust Level of the CaUTI Project.

Table One below shows the National Safety Thermometer Urinary Tract Infection data (as at February 2015) both at national and local level for those Trusts taking part in the first wave of the Oxford AHSN CaUTI Project. Nationally, the data shows that 0.8% of reported patients nationally had both a catheter and a UTI, 0.4% had both a catheter and an old UTI whilst 0.3% had a catheter and a new UTI. Analysis of the data clearly shows variation in prevalence of CaUTI between the national and local data sets, with scope for improvement and reduction of CaUTI across all Trusts.

Table One : Urinary Tract Infections (UTIs) in patients with a catheter

Measure	Time Period	National	Oxford University Hospitals NHS Trust	Great Western Hospitals NHS Foundation Trust	Bedford Hosptials NHS Trust	Oxford Health NHS Foundation Trust	Berkshire Health NHS Foundation Trust
	Month	%	%	%	%	%	%
Proportion of CA with any UTI reported via NHS Safety Thermometer: proportion of patients surveyed in all inpatient settings	February 2015	0.8	1.0	1.3	1.8	0.4	0.4
Proportion of CA with an old UTI reported via NHS Safety Thermometer: proportion of patients surveyed in all inpatient settings	February 2015	0.4	0.7	0.9	1.5	0.2	0.2
Proportion of CA with a new UTI reported via NHS Safety Thermometer: proportion of patients surveyed in all inpatient settings	February 2015	0.3	0.3	0.3	0.8	0.3	0.2

Approach

Engage with Directors of Nursing from NHS Trusts across the AHSN region. Host a regional CaUTI Workshop for Directors of Nursing to attend and agree the scope of the project. Obtain agreement by each trust to participate and form local project task and finish project groups. In summary this programme seeks to:

- To reduce catheter acquired urinary tract infections
- To raise the profile of risk of CaUTI within our partner organisations in our region and to highlight the significance of the clinical risk associated with them
- Design and implementation of a clinical pathway (to include the use of portable bladder scanning machines) that will ensure patients are not given a catheter if they do not require one
- Propose a strategy which includes a set of changes for adoption and spread across the rest of the Oxford AHSN region

Next Steps

Ensure subsequent monthly CaUTI Project meetings are set up with each Trust. The AHSN will meet with the Trust CaUTI project lead on a regular basis to agree the project plan milestones and actions required (initially), and subsequently to ensure the project is on track, facilitate with resolving any issues and blocks.

Ensure each Trust receives the monthly National Safety Thermometer AHSN Dashboard.

Continue to engage with Bedford Hospitals NHS Trust who until recently have not responded to any communications from the Oxford AHSN. The AHSN Clinical Innovation Adoption Manager will liaise with Bedford Hospitals NHS Trust Deputy Chief Nurse and ascertain whether they still wish to take part in the programme.

Continue to engage with Berkshire Healthcare NHS Foundation Trust Deputy Chief Nurse to establish whether they still wish to take part in the programme.

Project: Atrial Fibrillation & ECG Project

Atrial Fibrillation & ECG Project
Clinical Champion- Dr. Piers Clifford, Consultant Cardiologist and Clinical Lead for Cardiology **Buckinghamshire Healthcare NHS Foundation Trust**

Atrial Fibrillation (AF) is a leading cause for stroke. Stroke levels are high in the Oxford AHSN region. The reasons for choosing the project were twofold.

- The AHSN identified that prevention of Stroke is a strategic heath need priority for its region as Stroke is the leading cause of disability in the UK.
- NHS IQ estimates that there are approximately one million people living with Atrial Fibrillation in the United Kingdom, which left untreated is a major risk factor for stroke

Atrial Fibrillation accounts for 15% of all strokes equating to approximately 25,000 per annum in the United Kingdom (Public Health England, 2014).   The AHSN is working with Thames Valley Strategic Clinical Network, Public Health England, Clinical Commissioning Groups, GPs, The British Heart Foundation and The Stroke Organisation across Thames Valley to optimise the detection and management of Atrial Fibrillation (AF) related stroke prevention in primary care.

Regional Performance

In 2012-13 prevalence of AF was 1.46% of the UK population which rose to 1.52% in 2013-14 with recent figures suggesting that this has risen even further to 1.74% and possibly 2.0%. Prevalence of a disease is the number of people in a population living with that disease at a particular time. Table One below shows the comparison for CCGs in the Oxford AHSN region against the national average. Showing a more than two fold variation in reported prevalence.

Table One : AF Prevalence - Oxford AHSN Region

	Prevalence %	
CCG Name	**2012-13**	**2013-14**
NHS AYLESBURY VALE CCG	1.57	1.7
NHS BEDFORDSHIRE CCG	1.46	1.49
NHS BRACKNELL AND ASCOT CCG	1.09	1.24
NHS CHILTERN CCG	1.64	1.71
NSH MILTON KEYNES CCG	1.00	1.05
NHS NEWBURY AND DISTRICT CCG	1.39	1.43
NHS NORTH & WEST READING CCG	1.31	1.36
NHS OXFORDSHIRE CCG	1.43	1.5
NHS SLOUGH CCG	0.66	0.76
NHS SOUTH READING CCG	0.79	0.84
NHS WINDSOR, ASCOT AND MAIDENHEAD CCG	1.59	1.51
NHS WOKINGHAM CCG	1.44	1.46
TOTAL	1.33	1.38
Prevalence Across England	1.46	1.52

Analysis of Table One reveals a range of variation in prevalence of AF across the AHSN region with NHS Slough CCG and NHS South Reading CCG being considerably lower. Prevalence can depend on a number of factors including (but not limited too) age, social demographics, region and sex. Slough CCG has high levels of social deprivation and equally high levels of mortality from cardiovascular disease for the under 75 age group compared to both the national average and other CCGs within the Oxford AHSN Region. Therefore, one would expect a much higher prevalence of AF than is being recorded. This variation in AF prevalence across the Oxford AHSN region (particularly for those CCGs were there is a higher social deprivation) suggests that not enough is being done by CCGs with those low prevalence GP Practices to identify patients with AF who are at risk of stroke. In addition, the graph below shows the percentage of patients by CCG who have a CHADS2 score of greater than 1 (and who all should be considered for some form of anticoagulation) who are receiving anti-coagulants (not including aspirin) within the region. Further drill and analysis would identify those GP Practices who should be seeking to take action and offer anticoagulation to more of their patients.

% Of Patients With A CHADS2 Score Of >1 Recieving Anticoagulents (Not Aspirin) in 2013-14 By CCG
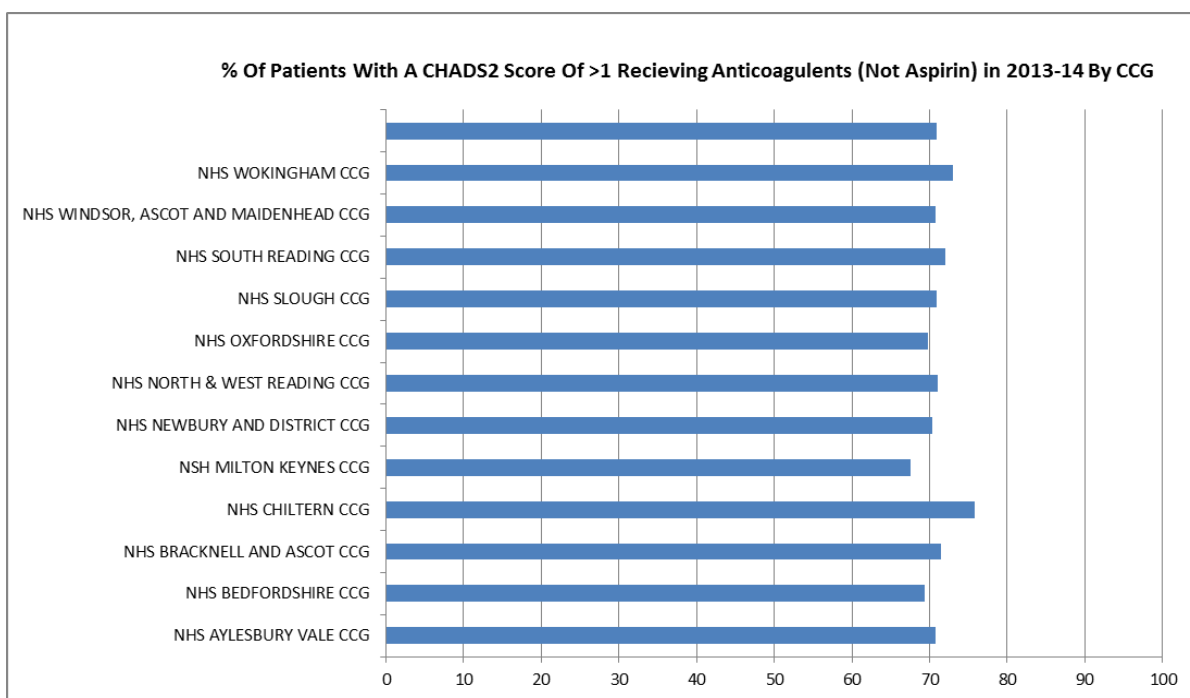
The average for the region is 71% which is marginally better than the national average of 69%. However, there are still 30% of patients in the Oxford AHSN region who should be considered for some form of anticoagulation and are not receiving any treatment. General Practitioners should be anticoagulating in the region 80% of their patients who have a CHADS2 Score of between 2-4 and 90% who have a CHADS2 Score of greater than 5. In addition, Table Two below shows that the number of admissions (including average length of stay) to hospital following a stroke in the Oxford AHSN region by CCG for 2013 along with the associated hospital costs. In addition, it is known that there are a number of patients who are suffering strokes who had AF and were not being anti-coagulated. Additional analysis needs to be undertaken to understand the extent of the patient numbers at both Trust and CCG level.

Table Two : Number of Stroke Related Hospital Admissions by CCG – 2013

CCG	Total Inpatients 2013	Ave Los	Total Inpatient Cost
NHS Wokingham CCG	180	17.0	£752,487
NHS Windsor, Ascot and Maidenhead CCG	202	20.6	£856,844
NHS Swindon CCG	203	9.1	£692,964
NHS South Reading CCG	117	13.4	£445,469
NHS Slough CCG	134	22.0	£643,170
NHS Oxfordshire CCG	866	20.0	£4,552,273
NHS North & West Reading CCG	126	17.2	£562,257
NHS Newbury and District CCG	125	21.8	£580,094
NHS Milton Keynes CCG	231	20.2	£952,807
NHS Chiltern CCG	384	20.4	£1,794,373
NHS Bracknell and Ascot CCG	148	15.8	£664,354
NHS Bedfordshire CCG	508	17.3	£2,052,960
NHS Aylesbury Vale CCG	225	22.6	£1,085,309
Total	3449	18.3	£15,635,361

The Approach

There are three key components to this project:

- To increase anticoagulation rates across the population at risk
    - General Practitioners should be anticoagulating in the region 80% of their patients who have a CHA_2DS_2-VASc Score of between 2-4 and 90% who have a CHA_2DS_2-VASc Score of greater than 5

    - General Practitioners should be actively identifying those patients on anti-platelets and moving them onto the most appropriate anti-coagulant for treatment of AF

- To increase the efficacy of management of International Normalised Ratio (INR) through Time within Therapeutic Range (TTR)
- To identify patients with asymptomatic Atrial Fibrillation

The project aims to:

- Address required improvements to outcomes for patients with AF with regard to detection, management and stroke prevention in primary care
- Improve clinical pathways and practice (to include GPs, Secondary Care and Community Pharmacists)
- Promote the use of the Guidance for Risk Assessment Stroke Prevention Atrial Fibrillation (GRASP AF) (and CHA_2DS_2-VASc scoring) the Warfarin Patient Safety Tools (or similar) in General Practice
- Introduce and embed a range of innovations such as point of care testing and hand held ECG machines in GP Practices, self-service point of care AF testing and use of New Oral Anticoagulants where appropriate within clinical and patient pathways

- Propose a strategy which includes a set of changes to services to improve clinical outcomes, adoption and spread across the rest of the Oxford AHSN region

Initial work on this project started with:

- The West and East Berkshire Federation Medicines Management Team and Berkshire Public Health
- Buckinghamshire CCGs (Chiltern & Aylesbury)

Due to the similarity of the work and objectives, collaborative working was established through a steering group chaired by a clinical lead. Membership of this group includes Oxford AHSN, TVSCN, PHE, Pharmaceutical Companies (including Boeringher Ingelhem who has been very supportive in providing support and regional data), The British Heart Foundation and The Stroke Organisation who discuss the strategic requirements of the region and work streams required to address the issues. Other pharmaceutical companies are also assisting within the project.

Project progress to date

- Clinical Leads appointed: Dr. Piers Clifford and Dr. Matthew Burn
- Steering group in place
- West and East Berkshire commissioning the CSU to install GRASP-AF onto GP systems and to train the GPs
- Pilot projects due to start with Bucks CCGs in May
- Exploration of new models of care being investigated

Benefits & Savings

The Health & Social Care Information Centre provides Quality and Outcomes Framework Data for achievement against Atrial Fibrillation for every GP Practice level by CCG in the United Kingdom. The Quality Outcomes Framework Data for 2013/14 highlighted that there were 44,300 people registered with Atrial Fibrillation in the Oxford AHSN region. Of these, 7,405 had a CHADS2 score of greater than 1 and should have been receiving some form of anticoagulation, but were not. Reasons for this include; GPs not regularly reviewing patients, patients not attending the review or where a medication cannot be prescribed due to a contraindication or side-effect.

Public Health England states that 1 stroke will be prevented for every 25 patients with AF who are anti-coagulated. In addition, one death will be prevented for every 42 patients with AF who are anti-coagulated. In the context of the Oxford AHSN, if 100% of patients with known AF were receiving some form of anticoagulation, this would prevent 296 strokes and 176 deaths in the first year. The estimated cost of a stroke due to AF is estimated to be £11,900 in the first year after stroke occurrence. (NHSIQ, 2013). The estimated cost of a stroke related death in hospital is circa £8,000 (NHSIQ). Therefore, failure to anti-coagulate these patients could potentially cost the region approximately £2.8m in the first year alone. The estimated cost of maintaining oneself managing patient on warfarin for one year is approximately £95 (NHSIQ). The cost of anti-coagulating all those patients (using Warfarin) in the AHSN region who are identified as requiring treatment would cost the region circa. £700k per year. The estimated one off saving to the region by effectively anticoagulating all the untreated patients with AF is circa £2.1m which could be spent on other aspects of patient care.

NICE guidance recommends that anti-coagulant therapy is the only option for stroke prevention in patients with AF. It is known that there are cohorts of patients within GP Practices who are still being treated for AF with anti-platelets and who should be identified, reviewed and moved onto some form of anti-coagulation. Moving patients from anti-platelet onto

effective anti-coagulation will further minimise the risk of stroke and consequently realise further financial savings for the region.

Next Steps

Work with Aylesbury Vale Clinical Commissioning Group Medicines Management Team to run a pilot project and focus on a few GP Practices where they know there is scope for improvement around detection and treatment of patients with AF. The approach centres around a supportive discussion with GPs to ascertain how they can be supported with work to reduce the number of patients at risk on their register. This will include understanding; if and how they case find, tools used, how they prescribe and manage patients on anticoagulation (which includes increasing anticoagulation uptake levels up to 80% for patients with a CHA_2DS_2-VASc score of between 2 and 4, and up to 90% for patients with a CHA_2DS_2-VASc score of equal to and above 5), approaches to dealing with difficult to manage patients (which will include working with Buckinghamshire Healthcare NHS Foundation Trust who operate a secondary care anticoagulant NOAC referral clinic run by hospital pharmacists), pathways in place for both the patient and GP, educational materials and resources in use along with understand what barriers and blocks might be in place which we could help them resolve

- Work with Berkshire Public Health alongside Public Health England to also run a pilot project across West Berkshire Federation focusing on GP Practices where they know there is scope for improvement around detection and treatment of patients with AF
- Work with Buckinghamshire Healthcare NHS Foundation Trust, Boeringher Ingelheim and The Stroke Organisation to stage an opportunistic AF screening campaign across key localities in Buckinghamshire in May. Roll out this approach across the rest of the AHSN Region. Berkshire Public Health has expressed an interest in being the next site
- Initiate a Thames Valley wide drive on reduction of AF led by the AHSN Clinical Champion which will involve working with a number of Pharmaceutical Companies to agree to fund and work in collaboration with Oxford AHSN to:

  o Deploy patient identification / case finding toolkits to GPs via companies such as PRIMIS

  o Employ a third party review team who can visit GP Practices and work with them to review and treat patients with AF

  o The benefit of doing this would be:

    ▪ Remove the barrier of time and resource constraints

    ▪ Large scale optimisation would provide a significant reduction in strokes

    ▪ Minimise and possibly remove any governance and medical legal risk

- Further collaboration and sharing of work to date with other AHSNs (including West of England AHSN) across the United Kingdom who are also working on CVD AF related programmes
- Continue to work collaboratively with the Thames Valley Strategic Clinical Network and Public Health England alongside The British Heart Foundation, The Stroke Organisation
- Finalise and share an Oxford AHSN AF and Stroke Strategy (with our partner organisations) which has considered a range of pathways and clinical models of care (still being developed) that can be used by our partner organisations in collaboration with the Oxford AHSN to tackle AF (see Table Three)

In addition, these pathways and models of care offer additional opportunities to introduce and utilise a range of innovations such as point of care testing, handheld ECG machines in GP Practices, self-service point of care AF testing and self-treating and use of New Oral Anticoagulants where appropriate.

The Oxford AHSN is working on developing the model options for delivery of care illustrated below:
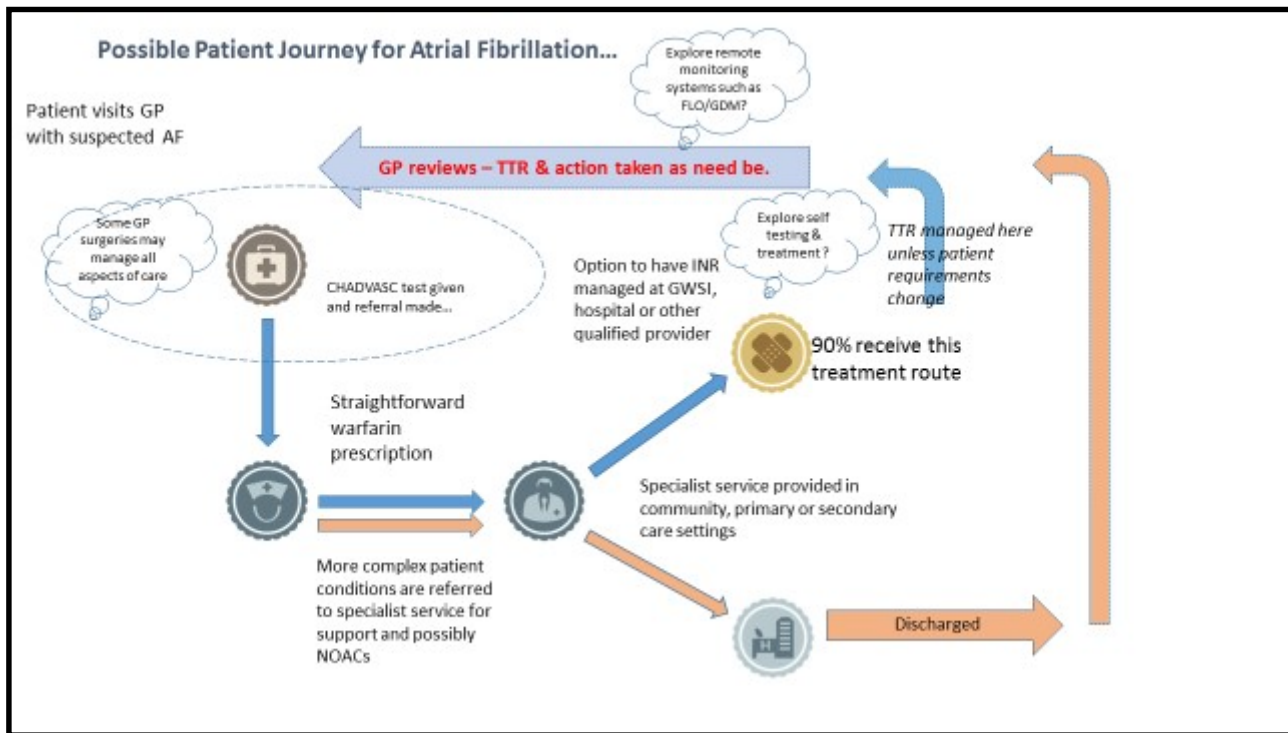

Possible Patient Journey for Atrial Fibrillation...

Table Three : Oxford AHSN – Suggested Options for provision of care for patients with AF

Sector	Treatment location Options that can be Developed			Identify AF patients
	Option 1	Option 2	Option 3	
General Practice	GP Led Management – GP diagnoses, prescribes and manages or GPs do diagnosis only and refer to special clinic.	Specialist Locality GP AF Clinics, prescribing and monitoring INR. These clinics may also identify complex patients and have the authority to refer them on to a specialist clinic (or may have the ability to manage these patients themselves).	GP Practice Nurse Led Prescribing – trained nurses at practice with specialist knowledge and prescribing rights	Opportunistic Screening
Secondary Care	Specialist Pharmacists or Nurse Led Prescribing Clinics, advising for more complex conditions supported by cardiologists and other specialities (depending on co-morbidities) within the acute trust.		Secondary Hospital Outreach Clinics but to community hospitals	
Pharmacists in the Community	Community Pharmacists advising on AF, monitoring INR, authority to change prescription/refer patients back to GP		Private Providers	
Any Qualified Provider	Commercial Providers	GPs with Specialist Interest	Private Providers	
Commissioners	Commission the above and Screening Campaigns with Public Health and Charities			

Patient Led	Self-testing and management monitored by GP (or any willing provider).	

Project: Dementia

Dementia
Clinical Champion – Dr. Jacqui Hussey, Consultant Old age Psychiatrist,
Berkshire Healthcare Foundation Trust (BHFT)

The Oxford AHSN initially began work on a project within Dementia during 2014/15 and considered running this as one of the 10 innovations within the CIA Programme. At the time the focus was on the uptake of NICE TAs within the region and specifically NICE TA guidance 217 which covers Donepezil, galantamine, rivastigmine and memantine for the treatment of AD (review of NICE TA guidance 111). Donepezil, galantamine and rivastigmine (AChE inhibitors) are recommended options for managing mild to moderate AD and memantine is recommended for moderate AD when patients are intolerant of or have contraindications to AChE inhibitors or for severe AD. The process for selection of CIA Programme Innovations includes seeking a Clinical Lead for the project who is the expert offering guidance and facilitating engagement with the wider clinical community across the region. Advice was sought from the Clinical Lead who suggested that an initial proposal should be made and then evaluated with comment from the Dementia Board.

Ultimately the objective of the project should be to improve the care of patients with this progressive condition. The aims of treatment are to promote independence, maintain function and treat symptoms including cognitive, non-cognitive (hallucinations, delusions, anxiety, marked agitation and associated aggressive behaviour), behavioural and psychological symptoms.

There is no cure for Alzheimer's disease. Current management involves the treatment of cognitive, non-cognitive and behavioural symptoms. AChE inhibitors (donepezil, galantamine and rivastigmine) and memantine are the pharmacological treatments available specifically for Alzheimer's disease. The medication is also prescribed across the network for patients with mixed dementia (AD and vascular pathology) and for Lewy Body/Parkinson's dementia.

Where we are Now

It was agreed that the objective should be to improve the outcomes for patients and as such the project would require a more in depth approach to the reasons for variation. The issues would require identification through analysis of the care pathway of patients, starting with diagnosis through to treatment

The Oxford AHSN Dementia Network was initiated in 2014/15 and has started work on a project that aim to reduce variation in management of patients with the condition. Resources have been agreed for the Network's activities based on their core deliverables. The CIA Programme wishes to extend the reach of the network's activities for further benefits to be realised within this area.

The anticipated next steps will be:
1. Decide on the scope
2. Evaluate the cost
3. Procure the required resources

Possible Project Areas for Exploration

The original idea was to consider the following factors:

Phase 1
- Regional prevalence of dementia
- Identification of patients diagnosed as having dementia along with rates of referrals by CCGs
- Classification of the diagnosed patients into mild, moderate or severe at time of referral and by diagnosis, including Mild Cognitive Impairment (MCI).

- Obtainment of data on treatment offered to diagnosed patients with respect to type of medication linked to diagnosis and severity of dementia.
- Evaluation of link between diagnosis and treatment by CCG, locality and waiting times

Depending on the findings of the evaluation of diagnosis to treatment in phase 1 or other issues such as rates of referral, we will map out Phase 2 activity. For instance, deep dive into rates of referrals with solutions such as GP education where need be or in the case of referrals to Memory Clinics, reviewing practice within these clinics. In addition, it will be necessary to do an economic analysis to determine the patient, carer and cost benefits that increasing memory drug prescribing will offer to the NHS. The Oxford AHSN will explore the possibility of working with Social Care on an economic case.

The Dementia Network has already started work with memory clinics which is where this project will start.

An example of this is the project on memory clinics and accreditation status (see table below). The location of Memory Clinics has been mapped along with their accreditation status. The Network intends working with these Clinics to get them over the bar for this accreditation. In the process of doing so, there may be an opportunity to work on a focused project within these clinics and across the region such as referral rates and treatment approach. As an example, a Research Nurse might be required to support such a task and the CIA Programme would work with the Clinical Lead to determine the best way to do this.
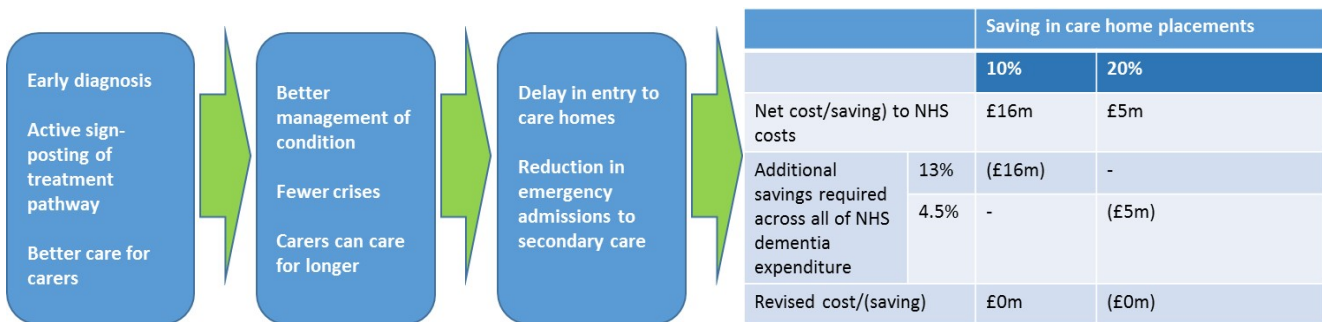
What we've achieved

Established that this a worthwhile project to pursue.

A clinical Champion has been appointed: Dr. Jacqui Hussey

Discussion held as to the best way to collect and collate the information from the memory clinics

Potential Savings

It has been hypothesized that early diagnosis and early intervention upstream would save significant funding to both Acute and Social Care services. On a purely financial basis and just concentrating on the NHS component, the investment boils down to: investing 'upstream' to yield savings 'downstream' in two key areas; reduced use of care homes and a reduction in overall healthcare costs by for example reducing the number of emergency admissions to acute hospitals. On this second area of saving, across the NHS older people occupy some 60% of hospital beds and it is estimated that 30% of these people have dementia[i]. In addition a report[ii] (commissioned by the NAO noted that c70% of patients with dementia in an acute hospital setting were medically fit to be discharged. This potential saving model will be explored once the data and information from Phase 1 has been assessed.

		Saving in care home placements	
		10%	20%
Net cost/saving) to NHS costs		£16m	£5m
Additional savings required across all of NHS dementia expenditure	13%	(£16m)	-
	4.5%	-	(£5m)
Revised cost/(saving)		£0m	(£0m)

Benefits

People taking the drugs typically experience improvements in thinking, memory and communication which benefits patient and carers.

i. Royal College of Psychiatrists (2005). 'Who cares wins. Improving the outcomes for older people admitted to the general hospital: Guidelines for the development of Liaison Mental Health Services for older people.

ii. The Balance of Care Group in association with the NAO and the Lincolnshire Health Economy ' Identifying Alternatives to Hospital for People with Dementia
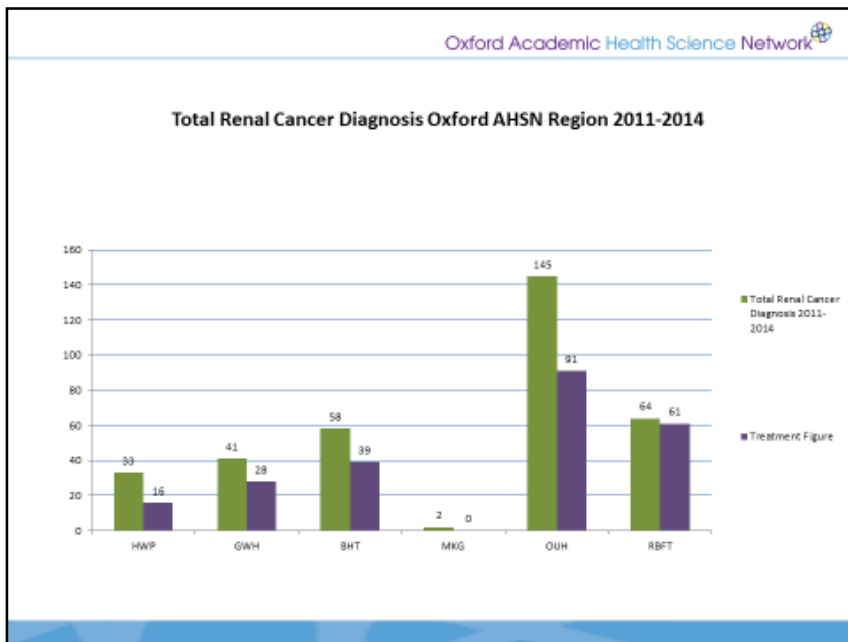
Project: Renal Cancer

Renal Cancer
Project Overview
Renal Cancer was selected as a 2014/15 project as a topic of interest suggested by the Cancer Strategic Clinical Network. The objective was to ascertain time to treatment for renal cancer patients.
Where we are Now

Total Renal Cancer Diagnosis Oxford AHSN Region 2011-2014

Initial analysis was done in October 2014 however, subsequent progress has been slow due to (1) clinical engagement and interest (2) data collection has been challenging.

The initial analysis shows that this may be an area for concern. The Oxford AHSN will engage with the Cancer network to recommend that this is followed through via their network.

What we've achieved
Initial analysis as above.
Potential Savings & Benefits
Patient survival rate and extension of life. No additional analysis was conducted.
Next Steps
This project has been closed. Initial findings will be shared with the Cancer SCN.

Oxford Academic Health Science Network

Appendix D- Financial review

OXFORD AHSN FINANCE PLAN

Model Period Beginning	01-Apr-14	01-Apr-14	01-Apr-14
Model Period Ending	31-Mar-15	31-Mar-15	31-Mar-15
Financial Year Ending	**2015**	**2015**	**2015**
Year of the 5 Year Licence Agreement	**2**	**2**	**2**
INCOME (REVENUE)	Budget	Fcast	Outturn
NHS England funding	3,824,783	3,453,218	3,453,218
Partner contributions	420,000	479,809	479,809
HETV income for continuous learning	637,000	487,000	512,000
Other income		1,381,800	1,643,739
NHS England funding - PSC income		620,199	620,199
Total income	**4,881,783**	**6,422,026**	**6,708,965**
AHSN FUNDING OF ACTIVITIES			
Best Care Programme	1,250,030	2,557,378	2,488,986
Clinical Innovation Adoption Programme	400,900	461,501	481,209
Research and Development Programme	124,200		
Wealth Creation Programme	668,400	721,197	901,196
Informatics Theme	374,250	391,258	391,258
PPIEE Theme	106,210	241,096	391,096
Patient Safety Collaborative & Patient Safety Academy Theme	741,000	620,199	620,199
Contingency for programmes	100,000	48,855	
Programmes and themes	**3,764,990**	**5,041,484**	**5,273,945**
CORE TEAM AND OVERHEAD			
Pay costs	658,640	587,814	579,733
Non-pay costs	293,520	746,045	787,389
Communications, events and sponsorship	143,900	85,025	103,628
Total core team and overhead costs	**1,096,060**	**1,418,885**	**1,470,750**
Surplus/(deficit)	**20,733**	**-38,342**	**-35,730**

Appendix E - Matrix of Metrics

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
1	Focus upon the needs of Patients and local populations (A)	To support and work in partnership with commissioners and public health bodies to identify and address unmet health and social care needs, whilst promoting health equality and best practice. • deliver best care in a population-centred healthcare system • identify and address unwarranted variation by disseminating evidence-based best practice, making the patient and the population at the centre of care • tackle local priorities: which include long-term conditions, mental health conditions and the development of new approaches in medicine	- Number of local priorities addressed - Number of patients positively impacted through the introduction of best practice ('reduction in unwarranted variation')	*Best Care Programme (Clinical Networks)* Establishment of the Best Care Oversight Group Open publication of Annual Report for each Clinical Network: • Anxiety & Depression – Prof David Clark • Children – Prof Andrew Pollard • Dementia – Dr Rupert McShane • Diabetes – Prof Stephen Gough • Early intervention in mental health – Dr Belinda Lennox • Imaging - Prof Fergus Gleeson	1,2,3,4,5	£1,145,200	All ten Clinical Networks now established and building well. Early deliverables to demonstrate impact due April 2015. Exception review process now in place with 1 Network (Dementia) Oversight Group established & several quarterly sessions held (see "Best Care" section of report). Update for Clinical Networks included under "Best Care" section of report. Annual Report publication will follow at Year End.

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				• Maternity –Mr Lawrence Impey • Medicines optimisation – Mr Boo Vadher • Co–morbidity in mental and physical health – Prof Mike Sharpe • Out of Hospital – Dr Daniel Lasserson			
				Population Healthcare Theme This work is being delivered within the Best Care Programme		£54,830	Activities subsumed within Best Care Programme
				Sustainability Theme Establishment of Integration & Sustainability Oversight Group by Q1 Year 2. One high visibility demonstration project showcasing radical		£50,000	Work plans have been agreed with three clinical networks – these are now being reviewed to assess impact and any refinement to approach required.

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				sustainability redesign of healthcare service delivery			
2	Speed up innovation in to practice (B)	To improve clinical outcomes and patient experience - support the identification and more rapid uptake and spread of research evidence and innovation at pace and scale to improve patient care and local population health. • complete the translational research process and accelerate the diffusion of innovation into mainstream practice • align and integrate clinical services and the translational research infrastructures to bring rapid benefits to patients and deliver NIHR priorities	- Number of innovations adopted (of the 10) - Average time to introduce the 10 innovations (from the start of Oxford AHSN involvement)	*Clinical Innovation Adoption Programme* Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations Establish full process for Clinical Innovation Adoption (CIA) Collaborative and its Board (Providers, Commissioners) to include PPIEE Adopt 5-10 innovations per annum Identification of potential funding sources for innovation initiatives (cf RIF, SBR, Grand Challenges etc.) Creation of an innovation dashboard (including uptake)	1,2,3,4,5	£400,900	All ten innovations progressing well along the '10 step' process, with Clinical Champions identified. Now progressing with local engagement planning to confirm organisation by organisation commitment and local project implementation leads. Oversight Group established and several meeting held. 4/10 of the projects for 14/15 completed. 15/16 innovation agreed by CIA Oversight Group. Lay members included in review of Innovations

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

[1] Includes the additional £553,532 for the Patient Safety Collaborative as per NHS England Contract Variation Letter September 2014 & the additional £66,667 for the Patient Safety Collaborative as per NHS England Contract Variation Letter December 2014

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				Informatics Theme Baseline survey of information systems and databases in use completed Informatics strategy agreed Framework for information governance in place		£374,250	Recruitment to the core team substantially complete and data analysts in place Good engagement with stakeholders across the region and leaders of all Clinical Networks as part of completion of baseline survey and commencing informatics strategy development. Informatics is providing excellent support to Best Care, CIA, and Patient Safety. The theme has achieved real traction over the last 4 months and the team's work is evident in the quality of the data and analysis available to the programmes.

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
3	Build a culture of partnership and collaboration (C)	To promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities. • develop an effective continuous learning network • create a genuine partnership that develops a culture of learning, sharing and common purpose, which breaks down organisational boundaries to deliver transformational change	- Network activity - Network breadth / depth	*Central Team / Support* First Partnership Council Meeting and presentation of communications strategy and plan to first Partnership Council Meeting Delivery of the Annual Report IT infrastructure for Oxford AHSN implemented Presentation of communications strategy and plan to first Partnership Council Meeting	1,2,3,4,5	£1,296,060[2]	Fourth AHSN Partnership Board met on the 26 March approved the 15/16 Business Plan and reviewed progress in 14/15. Collaborative IT rolled out across the core team – and clinical networks. Office moved at the end of Q3 with space available for flexible use by partners Communications and branding work underway in alignment with developing marketing plans in Wealth Creation. Guidelines provided for each clinical network and work being done for Patient Safety Collaborative

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

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
							Websites updated regularly and newsletters issued on monthly basis with significant rise in number of subscribers
				Patient & Public Involvement, Engagement and Experience Establishment of PPIEE Oversight Group PPI/PPE reported on in each network annual report and reviewed by patient/public panel Common metrics for PPI agreed in use in local research Establishment of baseline for PPIEE across the geography Framework for supporting organisational and system–based patient centred care developed and implemented		£106,210	Patient Experience Strategy Group established between the Oxford AHSN, Thames Valley Area Team and Thames Valley Strategic Clinical Networks (SCNs). A Lay panel has also been established to support the work of the joint Strategy Group. PPIEE plans are being developed with all Clinical Networks within Best Care. Similar plans have also been developed to support the 10 CIA innovation candidates.

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				across all partner organisations			A pilot Patient Leadership Training Programme has run (10 NHS Leaders + 10 Patient Leaders), and plans in place for a series of programmes in 2015 A PPIEE component module has been developed to be delivered as part of the Evidence Based Fellowship Programme.
T	Create wealth (D)	Through co-development, testing, evaluation and early adoption and spread of new products and services. • facilitate sustainable economic development and wealth creation in alignment with Best Care including innovation adoption and with the R&D programme • work closely with the LEPs, Universities and NHS partners to	- Number of jobs - Value of commercial research income in NHS providers	*Research & Development Programme* Establishment of R & D Oversight Group Establishment of the CRN with AHSN support Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics	1,2,3,4,5	£124,200	Third Oversight Group held on 30 March 2015 with good attendance from HEIs and increased attendance from NHS including Local Clinical Research Network – joint work being planned – commercial research and developing research in primary care Group established to develop research and

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
		grow local life sciences clusters by promoting innovation, adoption and dissemination, entrepreneurship and by strengthening relationships with industry and business		Establishment of baseline from NHS partners for commercial research activity Establish network of R&D Directors in NHS providers Strategy for the development of commercial research agreed Develop commercial research plan in each NHS provider			HEI/NHS engagement for research by nurses, scientists, pharmacists and AHPs. Synopsis of R & D activities relating to health and life sciences prepared as part of joint work with Wealth Creation and now being updated by Universities.
				Wealth Creation Programme Develop detailed implementation plans for strategy with LEPS, Universities and NHS for inward investment Establish pipeline of innovations for commercialisation – ensure industry and academics can access the NHS clinicians they need to work		£668,400	Database of organisations, contacts and opportunities covering in-bound and outbound innovations established Wealth Creation Oversight Group meetings held quarterly. Development of internal account management system in progress, along with strategies for sharing information and contacts

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				on concepts and pilots of new products and services -work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective Establish detailed working arrangements with Local Enterprise Partnerships for all aspects of wealth creation related to Life Sciences and healthcare Establish working arrangements with LEPs and other stakeholders for European funding 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			with LEPs in progress. 121 companies engaged. The AHSN Wealth Marketing Plan approved by July AHSN Board and strategy presented to AHSN Partnership Board in November. Scoping of commercial support to R&D and Best Care (Innovation Adoption) in progress. Analysis of Universities research strengths in preparation for circulation to potential partners (reviewed by R & D Oversight Group and being updated and extended) Precision Medicine Catapult (PMC) to Innovate UK coordinated and bid developed.

No.	Core Licence Objective, Over-arching Programme & Project Title	Purpose	Health or Wealth delivery measure for March 2015 (Y2)	Milestone activities (Y2)	Outcome Framework Domain (where applicable)	Associated Funding	Current status
				working with industry (local, national and international)			Alumni conference to be coordinated, due to be held July 2015.
						£4,861,050	

Appendix F - Risk Register and Issues Log

Risk Register

#	Prig/Theme	Risk	Description of Impact	Likeli hood	Impa ct	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of cross-organisati on 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	AHSN Chief Executive	Program me SROs	06-Sep-13		AMBER

#	Prig/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
							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) 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	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	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31–Jul–14		AMBER

#	Prig/Theme	Risk	Description of Impact	Likeli hood	Impa ct	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
		delivery without AHSN support					We will commit to fund the clinical networks until March 2016 but need to review future funding beyond March 2016 in September 2015/16.					

Issues Log

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
18	Oxford AHSN Corporate	**Funding clarity of NHS England funding**	Minor	Financial	Funding for 15/16 has been confirmed and partners have agreed to continue to make contributions at the same level as 14/15. NHS England has confirmed AHSN funding for years 4 and 5 at £3.2m Further discussions at the Partnership Board will take place with regard to a potential increase in partners contributions in years 4 and 5	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28/11/2013	Action – 80% Complete	

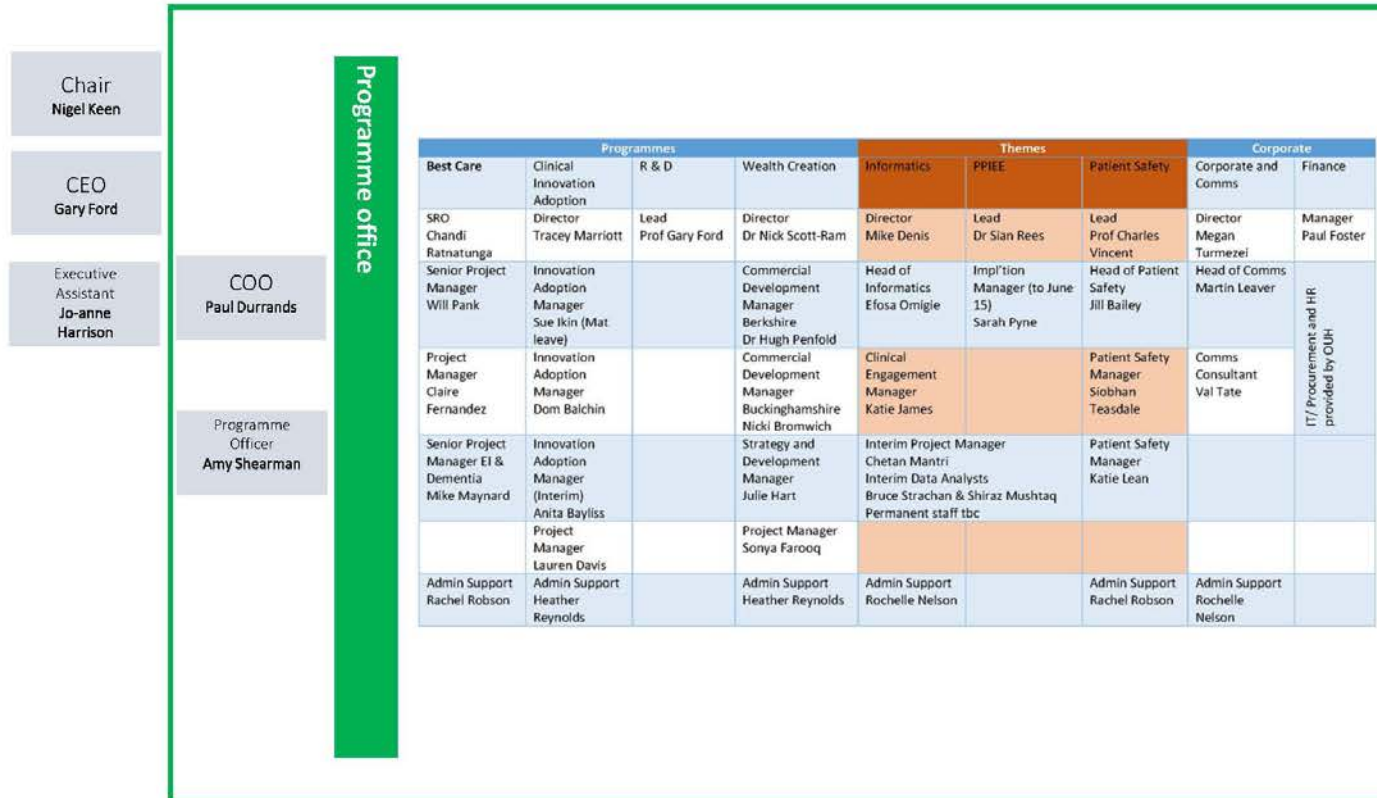| #	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
19	Oxford AHSN Corporate	**The interface with, and respective roles of, the Strategic Clinical Networks (SCN) and the Senate remain unclear.** **There may also be elements of duplication.**	**Minor**	Strategy	Results of the improvement architecture review are pending post the election. The AHSN is working closely with the SCN to ensure there is no wasteful duplication of effort and resource.	AHSN Chief Executive	Best Care SRO	03/06/2014	Action - 60% Complete	
20	Oxford AHSN Corporate	**Improve clarity across the team with regards our strategic purpose** **Issue of getting stuck in and being very hands on (and believing that we have to do everything ourselves) rather than networking across our partners to**	Minor	Process	Develop a clear statement of purpose, with high level objectives, deliverables and KPI for each Programme / Theme To also clarify how this purpose will be delivered in line with the issue listed at 21 below. Have established a monthly Strategy (Programme & Theme Leads) meeting to air, discuss and resolve cross programme strategic	AHSN Chief Operating Officer	AHSN Chief Operating Officer	03/06/2014	Action - 100% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		support them to deliver			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. All programmes and themes have detailed plans and governance.					
21	Oxford AHSN Corporate	**Improve understanding of**	Minor	Process	Joint bi-weekly review meetings for Best Care	AHSN Chief Operating	AHSN Chief	03/06/2014	Action - 100% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		inter-dependencies between the Themes and Programmes

Examples of where one programme team reshapes the work of another (and not involving or informing that team of having done so) without following due process just because the activity may be related to their programme | | | and Clinical Innovation Adoption with Informatics in attendance
Monthly progress reporting at Management Meeting
Visibility of Programme & Theme activities via the SharePoint infrastructure
CRM system for contact tracking and management being implemented to ensure knowledge of activities is widened and extended across the clinical networks.

Senior Management team work closely together to ensure the work of the AHSN is fully joined up. | Officer | Operating Officer | | | |

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
23	Best Care (Clinical Networks)	**Failure of the Dementia Clinical Network to deliver fully**	Minor	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. New network manager appointed Jackie Hussey, Berks Healthcare is providing a lot of support	AHSN Chief Operating Officer	Best Care SRO	31/07/2014	Action - 80% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					on the memory clinics. Recent review of the network satisfactory.					
25	Oxford AHSN Corporate	**Lack of awareness by local partners and national stakeholders of progress and achievements of the AHSN**	Minor	Culture	Each clinical network and programme to develop a comms plan which will be combined in an overarching comms plan/grid Regular refresh of website and continued use of social media. Improve annual report. Events - improve marketing and evaluation of events.	Director of Corporate Affairs	Director of Corporate Affairs	19/01/15	60% complete	

Appendix G – Oxford AHSN Core Team

Chair
Nigel Keen

CEO
Gary Ford

Executive Assistant
Jo-anne Harrison

COO
Paul Durrands

Programme Officer
Amy Shearman

Programme office

	Programmes				Themes			Corporate	
	Best Care	Clinical Innovation Adoption	R & D	Wealth Creation	Informatics	PPIEE	Patient Safety	Corporate and Comms	Finance
	SRO Chandi Ratnatunga	Director Tracey Marriott	Lead Prof Gary Ford	Director Dr Nick Scott-Ram	Director Mike Denis	Lead Dr Sian Rees	Lead Prof Charles Vincent	Director Megan Turmezei	Manager Paul Foster
	Senior Project Manager Will Pank	Innovation Adoption Manager Sue Ikin (Mat leave)		Commercial Development Manager Berkshire Dr Hugh Penfold	Head of Informatics Efosa Omigie	Impl'tion Manager (to June 15) Sarah Pyne	Head of Patient Safety Jill Bailey	Head of Comms Martin Leaver	
	Project Manager Claire Fernandez	Innovation Adoption Manager Dom Balchin		Commercial Development Manager Buckinghamshire Nicki Bromwich	Clinical Engagement Manager Katie James		Patient Safety Manager Siobhan Teasdale	Comms Consultant Val Tate	
	Senior Project Manager EI & Dementia Mike Maynard	Innovation Adoption Manager (Interim) Anita Bayliss		Strategy and Development Manager Julie Hart	Interim Project Manager Chetan Mantri Interim Data Analysts Bruce Strachan & Shiraz Mushtaq Permanent staff tbc		Patient Safety Manager Katie Lean		
		Project Manager Lauren Davis		Project Manager Sonya Farooq					
	Admin Support Rachel Robson	Admin Support Heather Reynolds		Admin Support Heather Reynolds	Admin Support Rochelle Nelson		Admin Support Rachel Robson	Admin Support Rochelle Nelson	

IT / Procurement and HR provided by OUH

Appendix H – List of Key Events held during Q4 and forward look

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

Other events are listed on our website www.oxfordahsn.org

Month	Week 1	Week 2	Week 3	Week 4	Week 5
January 2015				22nd AHSN Board meeting	26th AHSN Digital Health Workshop Missenden Abbey, Bucks
					28th Biomedical Research Open Day Open University
					28th Digital Oxford Launch
February 2015	3/4th Biotech and Money conference[3]	9th Best Care Oversight Group meeting			
March 2015	3rd Patient Safety Collaborative workshop Milton Hill House	AHSN stand Oxford Science Fair stand and events 10th Patient Partnership Groups Workshops	AHSN stand and engagement in Oxford Science Fair stand and events	26th March AHSN Partnership Board meeting	
	3rd-4th MEDTEC UK Healthcare Technologies		17th Best Care Programme Board meeting	23rd Oxford Literary Festival the power of evidence-based psychological therapies	31st Early Intervention in mental health event

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[3] http://biotechandmoney.com/london/

Month	Week 1	Week 2	Week 3	Week 4	Week 5
April 2015			15-17th Personalised Medicine World Conference	23rd Medicines Optimisation Road Show 24th Diabetes Annual Network Meeting	30th AHP Leading Workforce transformation
May 2015		11-13th BioTrinity	19th 2023 Innovation Challenge Finals		
		14th Health Education Thames Valley Partnership Council			
		15th Out of Hospital Network Launch			
June 2015			17th AHSN Partnership Council meeting Magdalen Centre, Oxford		30th Isis Innovation/Oxford AHSN Innovation Showcase e-health and Big Data