

Oxford Academic Health Science Network Annual Report

For the quarter ending 30 June 2015

Professor Gary A Ford CBE FMedSci

Contents

<u>Chief Executive’s Review</u>	2
<u>Case Studies</u>	3
<u>Operational overview</u>	9
<u>Programmes and Themes</u>	
Best Care	12
Clinical Innovation Adoption	16
Research and Development	19
Wealth Creation	20
Informatics	23
PPIEE	26
Patient Safety	28
<u>Stakeholder Engagement and Communications</u>	31
<u>Review against the Business Plan milestones</u>	34
<u>Finance</u>	66
Appendix A – Matrix of Metrics	67
Appendix B– Risk Register and Issues Log	77
Appendix C– Oxford AHSN Core Team	82
Appendix D – List of Key Events held during Q1 and forward look	83
Appendix E– Best Care Stakeholder Map	85

Chief Executive's Review

Oxford AHSN is making good progress in establishing partnership and collaboration across the region. Engagement is growing throughout all our programmes and themes and we have used the Test Bed expression of interest process, through our collaboration with Wessex AHSN, to engage more commissioners. We are also been supporting partners with an Acute Vanguard Bid. Our Best Care Clinical Networks are working more closely with the Strategic Clinical Networks to ensure there is no duplication of plans and to reduce confusion amongst stakeholders as to the purpose of the different networks.

NHS England (South), which oversees the performance of Oxford AHSN, is content with our progress and has signed off our Business Plan for 15/16 and our Annual Report for 14/15 (both are available on the website). We also published a short Annual Review for 14/15 at our annual Partnership Council meeting; this includes examples of high impact case studies including the roll out across the region of Gestational Diabetes Monitoring (a condition that affects 6,000 women in the region) and Carbon Energy reduction to generate £8m cash savings that can go into front line care.

I am delighted to welcome Neil Dardis and Jean O'Callaghan to the Oxford AHSN Board; they have very important roles in chairing the Clinical Innovation Adoption (CIA) and Patient Safety Oversight Groups. I would also like to thank Anne Eden for chairing the CIA Oversight Group and wish her well in her new role with the Trust Development Authority.

Please read through the 3 case studies. I am delighted by the results of the Anxiety and Depression Clinical Network which has achieved a near 10 point improvement in recovery across the region, surpassing its stated aim of a 5% point improvement. Whilst national recovery rates are generally static at an average of 45%, this region, supported by the network is achieving results of 58%, from 48%. The Maternity Clinical Network case study shows that when clinical leaders across the system come together to agree and implement new protocols and standards, patient lives can be saved. The Informatics Case Study presents progress on the rollout a visualisation tool to improve engagement of stakeholders with key outcomes measures in our programmes.

On the 30th June the Isis Innovation and Oxford AHSN Technology Showcase on eHealth and Big Data was held – a high quality programme of keynote addresses, presentations and posters which was attended by over 300 delegates.

Two of our patient leaders, Mark Stone and Carol Munt, have been nominated for an HSJ Award for patient leadership.

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Case studies Q1 2015/16

Case Study 1: Improving recovery rates for people experiencing anxiety and depression

Key points at a glance

An improvement of 10 percentage points in recovery rates* for people experiencing anxiety and depression has been achieved thanks to the work of the Oxford Academic Health Science Network Anxiety and Depression Clinical Network.

Background summary

In 2014 the Oxford AHSN Anxiety and Depression Clinical Network set out to increase the average recovery rate by 5% points. By June 2015 an average increase in recovery rate of 10% points had been achieved (from 48% to 58%) across the Oxford AHSN region as a whole. This means that each month an additional 173 people have been successfully treated for anxiety and depression and are now able to make long-term plans for their lives with greater confidence. The recovery rate in the Oxford AHSN region compares favourably with the national rate which remained constant at 45% during this period.

Challenge identified and actions taken

Based on a review of patients who had not fully recovered, it was agreed that a new approach was needed to further improve outcomes for people experiencing anxiety and depression. This was based on a commitment to continuous performance improvement with patients routinely receiving the best treatment at first point of contact. The Oxford AHSN Anxiety and Depression Clinical Network focused on collecting comprehensive data, accessing high quality research, identifying patient outcome themes and putting the right staff training in place. They built on links with existing networks, particularly IAPT (Improving Access to Psychological Therapies) services which see 30,000 patients a year in the Oxford AHSN region. A critical element was regular workshops to share innovation, best practice and latest research – as well as making time for hands-on training.

Outcomes

The success in improving recovery rates has led to a number of national plaudits from the NHS and government. David Clark, the Oxford AHSN Anxiety and Depression Clinical Network Clinical Lead (Adults), is now leading a national mental health information network and the Berkshire and Buckinghamshire services were invited by NHS England to share the secrets of their success at national workshops.

Quote

In 2014 the then Health Minister Norman Lamb told the Buckinghamshire service called Healthy Minds: “I wanted to congratulate you on the recovery rate you are now achieving following what strikes me as a quite extraordinary turnaround. I hope that others can learn from the immensely impressive transformation you have effected.”

Plans for the future

The approach is ongoing with a commitment to achieve further improvements in recovery rates. In the most successful areas the recovery rate increased by 20% points. The challenge is to match that across the whole Oxford AHSN region.

Contact for further information

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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

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

* Recovery rate = by the end of treatment the patient has dropped below the clinical/non-clinical threshold for both anxiety and depression.

Case Study 2: Spreading best practice for preterm birth location

Key points at a glance

The Oxford Academic Health Science Network Maternity Clinical Network has revised the referral pathway to the regional specialist neonatal intensive care unit and established network-wide guidelines incorporating best practice. This action has already played a crucial part in averting a life-threatening situation for a mother who developed sepsis and her baby girl born at 25 weeks.

Background summary

Preterm births (before 37 weeks) occur in approximately seven per cent of pregnancies in the UK. Babies born preterm are more likely to die or develop lifelong issues. Evidence shows preterm babies – especially extremely preterm babies born at under 27 weeks gestation – are more likely to survive and thrive if mothers are transferred to a Level 3 specialist neonatal intensive care unit before birth.

Challenge identified and actions taken

The Oxford AHSN Maternity Network, working with the Thames Valley and Wessex Neonatal Operational Delivery Network (ODN), audited cases of all preterm babies meeting the transfer criteria who were born outside the region's Level 3 Neonatal Intensive Care Unit over a two-year period. The Maternity Network used lessons learned to develop and implement an improved and simplified referral pathway to the Level 3 unit at the John Radcliffe Hospital, Oxford, together with network-wide guidelines incorporating best practice. The aim was to establish clear, consistent processes and increase cooperation between maternity units.

Outcomes

A revised policy was implemented in December 2014. Within weeks it was put to the test. A pregnant woman at 25 weeks gestation attended her local hospital in threatened preterm labour. The mother was transferred immediately to the Level 3 unit in Oxford where, although apparently well, she was found to have evidence of sepsis. Antibiotics were given and labour induced. The mother recovered well and the baby girl was discharged to a local maternity unit three weeks later. A life-threatening situation for both was averted. The Maternity Network has also produced a detailed report into preterm births: <http://www.oxfordahsn.org/wp-content/uploads/2015/05/Place-of-Birth-of-Extremely-Premature-Babies-in-the-Thames-Valley-Neonatal-Network-Report-April-2015.pdf>

Plans for the future

Work is continuing on further standardising clinical guidelines and practice across the Oxford AHSN region. A particular focus is ensuring drug use guidelines and protocols are consistent and safe across all units. An audit of use of magnesium sulphate formulations, for example, found each of five hospitals had a different approach leading to confusion among rotating trainee doctors. The Maternity Network is now developing a single guideline.

Contact for further information

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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

Clinical priority or enabling theme

1 – Reducing premature mortality

4 – Positive experience of treatment and care

5 – Treating people in a safe environment and protecting them from avoidable harm

Case Study 3: Informatics interactive data visualisation project: 'In2Vu'

Background summary

Data in the NHS is often displayed in basic tables, graphs and charts, this project aimed to make data visually engaging and interesting initially for AHSN teams with the plan to release it to the wider public to ensure our work is open and transparent.

The interactive application allowed for variation across the NHS to be understood and to drive appropriate implementation of innovation and improvement projects. In addition to providing a tool that would allow change over time to be monitored.

Challenge identified and actions taken

Create a data visualisation application reflecting the key objectives set out by each clinical network and the patient safety collaborative to measure core clinical metrics and variation that exists to support base lining and monitoring of improvements.

The AHSN Informatics team was tasked with co-developing a set of data metrics, identifying available data sources and assembling the required regional data into a single data repository. The initial identification would follow with the development of an interactive map to visually report the identified metrics.

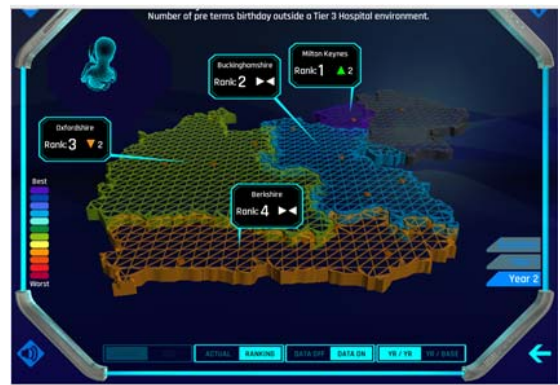
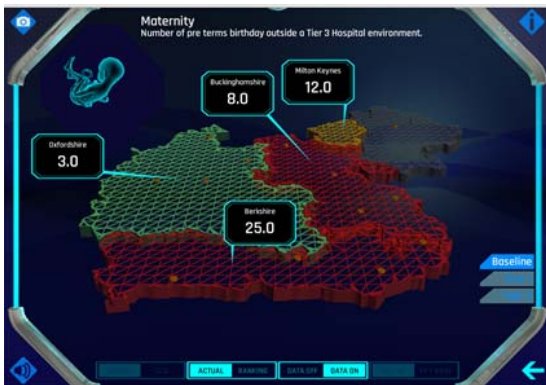
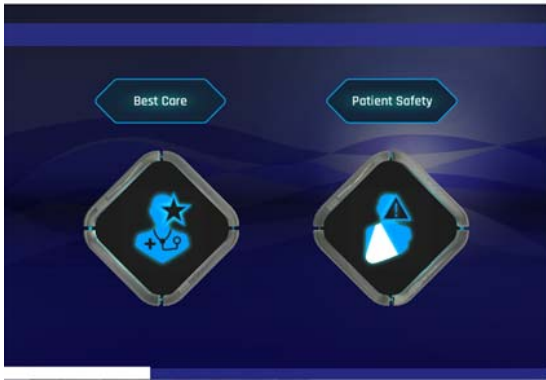
Outcomes

We reviewed the expertise and innovation capability of several third party interactive application designers. From this engagement and review process we decided to partner with Fosse Games, who have since worked on and developed the interactive application.

The requirements and design process was addressed through various workshops between the Informatics team and Fosse Games. Emphasis was placed on the importance of local management, scalability and sustainability.

The informatics team engaged with AHSN clinical network leads and managers to decide on the key metrics to be used in the model to visually represent their clinical outcome measure. In establishing the agreed metrics, the Informatics team carried out data exploration exercises before the data was then extracted and fed into the 'In2Vu' application.

After review and amendments, the application was completed and is currently in consultation phase. The model is controlled via spreadsheets which the Informatics team directly manage. The model is available as a web browser and the iOS 'app' version has been published via iTunes, but for now is only available to authorised users.



Plans for the future

Once the initial consultation phase is complete in conjunction with the clinical networks, an assessment of improvements will be made with the flexibility and sustainability allowing most updates to be easily and locally managed. The plan is to extend the model further to allow lower geographical areas to be represented including GP level data as well as hospital specific outcomes. The aim is that the model will become extremely data rich with networks being able to display various metrics that reflect their work across the AHSN.

Contact for further information

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Operational Review

This is the quarter 1 report of year 3 of the 5 year NHS England license. The report goes to all members of the Oxford AHSN Partnership Board – NHS providers, CCGs, Universities, HETV, SCN, industry trade bodies (ABPI, ABHI, BIVDA) and Local Enterprise Partnerships.

Our seven programmes and themes are on track with over 100 active workstreams. Most importantly, engagement in the programmes continues to build across the region. All of our work is with and through our partners – we were able to showcase progress at our Partnership Council, our Annual General Meeting. I have picked out some of the highlights from the programme/theme reports for the first quarter:

1. Governance – there are two changes to the AHSN Board with Neil Dardis, CEO of Buckinghamshire Healthcare, joining to chair the Clinical Innovation Adoption Oversight Group and Jean O’Callaghan, CEO of Royal Berkshire NHS Foundation Trust joining to chair the Patient Safety Oversight Group. We would like to thank Anne Eden for chairing Clinical Innovation Adoption and helping to get the programme firmly established in the region.
2. Governance. I am pleased to report that NHS England was content with Oxford AHSN’s progress in 2014/15 and has approved our Business Plan for 2015/16.
3. Best Care. Most clinical networks have delivered variation reports which will be published on the AHSN website and communicated too providers and commissioners to discuss findings and next steps.
4. Best Care is also monitoring breadth and depth of engagement across its clinical networks with about 1,500 clinicians and non-clinicians from providers, commissioners, universities and industry. The clinical networks will update the stakeholder map each quarter and address any gaps.
5. Best Care. The Anxiety and Depression Network, led by Professor David Clarke, has made great progress, raising the rate of reliable recovery from 48% to 58%, whilst the national average has remained static at 45%. Case Study 1 in this report gives further detail on this work – which has been successful due to strong clinical leadership, very capable management, and the availability of reliable, timely data.
6. Best Care. Maternity Network as standardised protocols for pre-term births in the region which is already improving patient outcomes (Case Study 2)
7. Best Care. Round Two - the Best Care Oversight Group will evaluate proposals from new and existing clinical networks in the autumn to secure funding for years 4 and 5 of the 5 year license period.
8. Clinical Innovation Adoption. All acute NHS Trusts have adopted the Intermittent Pneumatic Compression Sleeves for stroke. Since implementation, utilisation has increased from 0 to 50% on average with earlier adopters higher than 80%.
9. Clinical Innovation Adoption. Four new projects have been initiated with Trusts, CCGs and Unitary Authorities: Alcohol, Falls, Secondary Fractures, Cardiac Rehabilitation and IV Diuretics in an ambulatory setting.
10. Wealth Creation. The commercial team took the lead in providing support for the development of the Oxford AHSN and Wessex AHSN expression of interest for a Test Bed. The scope of the Test Bed is “keeping people well and out of hospital using digital, diagnostic and precision medicine innovation.” Specifically, the Test Bed will focus on four themes:
 - a. Improving health and social outcomes for patients with Long Term Conditions
 - b. Reducing childhood admissions through the use of innovative diagnostic technologies
 - c. Reduce hospital admissions and improve quality of life in people with respiratory disease
 - d. Applying innovation across the stroke care pathway to reduce mortality, disability and improve Quality of Life.

11. Wealth Creation. The team has 50 projects that are at various stages of progress across all of its key priorities - (i) facilitating innovation pathways towards adoption; (ii) increasing investment into the region; (iii) building a culture of innovation within the NHS; and (iv) building long-term partnerships with industry.
12. Wealth Creation. The Isis Innovation and Oxford AHSN Technology Showcase on eHealth and Big Data was held on the 30th June. A programme of keynote addresses, presentations and posters was attended by over 300 delegates. This event is a good example of the strengthening partnership between Isis Innovation and Oxford AHSN.
13. Wealth Creation. Oxford AHSN was a cornerstone sponsor of BioTrinity 2015 for a third successive year. Over 960 delegates from the life sciences sector attended the event in London in May. The Oxford AHSN ran a workshop on “Design for Successful Innovation” which highlighted the role of design in product development. New partners include Queen’s University Belfast, and SBRI Contract Winners P1Vital and Message Dynamics.
14. Wealth Creation. Oxford AHSN has also been working with HETV and the NHS Leadership Academy on Challenge 2023, which is an innovation challenge competition for NHS learners in the Thames Valley. Trainee doctors from Frimley Health won the competition with a simple and scalable solution to improve the sleep of inpatients which will aid recovery.
15. Wealth Creation. Following the success of the energy and sustainability benchmarking project, a working group has been established to support the further development of business cases with six partners in collaboration with the Carbon Energy Fund. The first meeting was held on 20th May. The project is attracting the interest of other AHSNs.
16. Wealth Creation. The second part of the Entrepreneurs Programme was completed in April at Henley Business School. Feedback from the participants was very positive.
17. PPIEE. Two of our patient leaders, Mark Stone and Carol Munt, have been nominated for an HSI Award for patient leadership.
18. Informatics. A plan for AHSN Informatics strategy has been initiated, which has been reviewed with the Oversight Group and CIO forum.
19. Informatics is finalising modifications to data visualisation project, In2Vu, ahead of its release to AHSN programmes (Case Study 3). This has been demonstrated to the clinical networks.
20. Patient Safety. The team is in place and Jean O’Callaghan has agreed to chair the new theme Oversight Group.
21. Patient Safety. The Pressure Ulcer work stream is led by Ria Betteridge and chaired by Debra Jackson. The provisional harm reduction aim is ‘to ensure that 100% patients in our care are free from pressure damage by March 31st 2018.’
22. Patient Safety. AWOL - to reduce failure to return to the ward following leave or time away by 50% in one year.’ Six wards are participating in Oxford Health NHS FT and one in Berkshire Healthcare NHS FT. The project has been presented to Central and North West London NHS FT. The Chair of the South of England Mental Health Collaborative is also in discussions with CNWL regarding membership of the South of England Mental Health Collaborative.
23. Stakeholder and communications activity has stepped up a gear. The Oxford AHSN website has been refreshed and content updated. Visits to the site grew by 19% to 49,085 during Q1 (Q4 2014/15 = 41,142) – we have changed from measuring hits to visits as this is a more meaningful measure of measuring the website. It is anticipated that activity will increase following updated content and refresh. Our Newsletter continues to increase its circulation with subscribers having risen from 1,007 in April to 1,143 in June. Twitter activity is strong and provides a really useful way to highlight relevant work within the Network’s partners and stakeholders and to point the way to interesting

events and activity. Followers increased from 914 in April, the 1,000th follower was achieved during the NHS Confederation Conference and June has seen this continue rising to 1,084 followers after the 'Twitter active' ISIS/Oxford AHSN Showcase meeting held on the last day of Q1.

24. We continue to support the Academic Health Science Centre (AHSC) through the work of Wealth Creation Informatics and the R&D programmes. Megan Turmezei, Director of Corporate Affairs produced the AHSC Annual Report.

We are on track to deliver the key milestones in 15/16 (Details of the milestones for each Programme/Theme can be found on page 37).

Programme/Theme	Key Milestone	
Corporate	Oxford AHSN 5 Year Strategy	Progress to date (Q1)
Best Care	Delivery of first tranche of networks PIDs	On track
	Variation reports produced	Completed
Clinical Innovation Adoption	First tranche of innovations adopted	On track
R&D	Trust R&D plans developed	Trusts have agreed to produce
Wealth	Alumni International Conference	On track for 8-10 July
	Regional diagnostics council for industry	Established
Informatics	Information Governance Framework	IG consultant in place. Consultation planned for Q2
PPIEE	Provider engagement	Planned for Q3
Patient Safety	Programmes mobilised	Programmes established
	Measurement regime in place	Progressing
Stakeholder engagement and communications	Raising awareness and profile of AHSN's work, activities, events and partners	Activity increased. Newsletter and Twitter followers increased significantly in Q1

Our time and resources will always be focused on working with local partners. However, we do regularly meet with colleagues from other AHSNs and join in national events (eg NHS Confederation) to share our work and to learn from them; looking for innovations and best practice that we can bring to our partners.

We are forecasting to be on budget at the end of the year. Expenses are tracking against budget and revenue forecast is £300k better than budget.

Programme risks and issues are reviewed regularly. No new risks or issues have been escalated to the Oxford AHSN Board this quarter.

Dr Paul Durrands ACA CMILT

Best Care

Delivery

The first quarter of year 3 has seen substantial delivery across the networks. This reflects project plans, laid down at the inception of the clinical networks some 15 months ago, which have remained largely on-track.

In many cases the delivery takes the form of a report, highlighting variation across the region. Where this is the case, the network is now using this report to engage with the health community and to agree steps to address the adverse variation. The specific deliverables are laid out in the chart by network below.

Network	Delivered
Anxiety and Depression	2 nd annual report on unwarranted variation in recovery rates across the region, including root cause analyses. Use findings to agree change areas and strategy - delayed to follow after annual regional conference where draft report recommendations will be ratified. Recovery in the region improved by 10 percentage points (Case Study 1)
	Report on implementation of innovation uptake across the region and identification of any further support required. Five Trusts across the Oxford AHSN geography have adopted at least one new service innovation each from a panel of 7 key innovations.
Children's	Report on previous year's flu campaign, identifying areas of poor immunisation and identify optimal approaches and interventions.
	Report on variation across the region in 5 major causes of paediatric admission. Report discussed and revised with all commissioners in region. Standardised guideline across region agreed in 1 area as a result (pneumonia). Further areas in pipeline.
Dementia	Funding strategy and analytical report on the patient outcomes from the Young People With Dementia Service Intervention. Report on sustainability in the Dementia Clinical Network.
Diabetes	Report on the effect GDM-Telehealth implementation package has had in non-OUHT centres in the AHSN region.
	Report on young adult engagement in the service and current referral rates for genetic testing in the AHSN region.
Early Intervention	90% of staff working across region in Early Intervention services trained in standardised clinical assessment of psychosis.
Imaging	Report on frequency of use and cost of on-call networks – delayed but in production, due July.
Maternity	Report on "Place of Birth of Extremely Premature Babies in the Thames Valley Neonatal Network" following new guideline for transfer implementation. (Case Study 2)
Medicines Optimisation	Recommendation on waste reduction and Cognitive Behavioural Therapy training following pilot of "improve adherence to medication" scheme. Bid for further rollout funds submitted to local Health Education Authority.
Mental-Physical Comorbidity	Document all current services for outpatients with comorbidity in order to determine where variation lies.

This progress also reflects the two key elements of the Clinical Networks – an ability to deliver tangible products, and engaging with stakeholders across the region to improve care.

The AHSN is discussing with Medical Directors across the region about the benefit of holding a meeting to highlight the findings of the networks and other programmes and themes to prompt further local support for their work. It is vital that once attention has been raised around variation in care, discussions are followed through with commissioners and providers so that action is taken and services are improved. This will now be the focus for many of the strands of work in the clinical networks.

Engagement

In the 2014/15 Annual Report we published of the Best Care "stakeholder engagement map". This is a tool to analyse adequately the strength of its engagement, and to share useful interactions/contacts. These efforts reflect the importance which the programme places on broad and high-quality engagement. The second iteration of the stakeholder map are shown in **Appendix E**. Generally, it shows that the Clinical

Networks have successes in engaging healthcare professionals from a broad range of backgrounds and across the region. It has also highlighted where there are gaps which will be addressed.

Our Mental Health focused Clinical Networks held a very successful event in June to highlight the work being done in these key areas. More than 60 people from across the AHSN geography attended, including local patients and representatives from Trusts, Clinical Commissioning Groups, Higher Education Institutes and Voluntary and Community sector organisations. There were updates from all of our mental health-related clinical networks and our partners at the Strategic Clinical Network, showcasing the work that has been carried out in the past 12 months. Delegates also participated in a short workshop session which provided a unique opportunity for each of the Clinical Networks to discuss their current and future projects and a chance for delegates to help steer future projects and goals of the Oxford AHSN Clinical Networks. Feedback from the event included

- “Very good presentations: well prepared & delivered. Achieved comprehensive review of the work done by the networks of AHSN”
- “Informative, knowing who is who and doing what”
- “Refreshing, exciting and motivating”

Clinical Network Highlights

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

Key indicators of network performance are also tracked in the Business Plan Milestones chart (at the end of this report). Looking at the traffic light summary for the programme, there has been a significant improvement in the performance of the **Medicines Optimisation Network** in Q1. This is largely due to the recruitment of a network manager and the development of a robust delivery plan. This plan is ambitious, but if even partially successful will show measurable improvement in adherence and outcomes from August 2015. The Medicine Use Reviews project (project 4) has gone ‘live’ in its first hospital, in line with the Business Plan Milestone. The remaining hospitals in the region are expected to follow within the next quarter.

The **Anxiety and Depression Network** has made great progress in its 12 months of operation, raising the rate of reliable recovery from 47.8% to 57.9%, whilst the national average has remained static at 45%. The case study in this report gives further detail on this work – which has been successful due to strong clinical leadership, very capable management, and the availability of reliable, timely data. Two of the three Business Plan Milestones have been achieved ahead of plan, which again is a reflection of the strong performance of this network.

The **Imaging Network** by contrast has suffered from the lack of availability of data across the region. There remains a need for investment at trust level in data sharing systems which are compatible across the region (i.e. interoperability) – and the clinical network is being supported by the AHSN Informatics team in its efforts to make this case. There have also been developments in standards which have made some of the plans obsolete. Despite this, the clinical network has started to make progress towards interoperability of systems region-wide, the creation of an on-call network, and in agreeing new protocols for MRI prostate scanning. This last achievement was identified in the Business Plan Milestones as a key indicator for this quarter.

The **Out Of Hospital Network** faces the challenge of positioning itself within a very broad field with broad expectations. The clinical network has been successful over the past 12 months in engaging with the full spectrum of healthcare organisations in the region. It is now vital that it is able to describe an offering to these stakeholders which is pertinent and achievable. It is likely that its role will be strategic and advisory rather than one of implementation.

The **Early Intervention in Mental Health Network** continues to develop standards and services to meet these standards, both across the AHSN as laid out in its project plans, and across the south region. It is a key contributor to the emerging common assessment and Referral-To-Treatment standard being developed nationally. Delays in agreeing the national minimum dataset have in turn delayed AHSN-level deliverables, and this is reflected in the updated Business Plan Milestone chart. However, locally agreed datasets are now being rolled out, with the expectation that these will fulfil the national requirement also.

Collaboration

The clinical networks have also been careful to ensure maximum value by working closely with colleagues in the Thames Valley Strategic Clinical Networks (SCNs). At the programme level the Best Care management attend the SCN Oversight Group meetings, and are invited to the individual network steering groups. Equally, the SCN management also attend the Best Care Oversight Group meetings and Programme Board meetings. There is also a monthly progress and planning meeting between the two programme managers, and the work plans of both programmes have been reviewed and ratified by the other. This ensures that work is planned to be complimentary rather than duplicated, and that the SCNs and Best Care can work together to be as responsive as possible to their stakeholders.

Amongst the networks, the (Best Care) Diabetes Network has developed a shared work plan with their counterparts within the SCN Cardiovascular Disease network, and is jointly working on improving the uptake of key care processes in the community. It has struggled to launch satellite islet cell transplantation clinics, despite a widespread awareness campaign covering every GP surgery in the region. This has seen referral numbers rise threefold (up to 8 in 18 months), but still being at a low level. The metrics for this project will be reviewed in Q2, in order that the potential population benefit can be reassessed. Although there are also delays to the variation project (project 4), there has been enormous progress in identifying and obtaining a dataset which is acceptable to all parties across the region (also a Business Plan Milestone). This is due to be available to the network in October 2015, and plans will be in place to analyse this dataset rapidly, and agree and implement necessary action plans.

The Children's Network and the Maternity Network sit on the SCN Children's and Maternity Network steering group, and vice versa. Generally, and in other networks, wherever there is joint purpose, the AHSN and SCN have combined efforts and agreed how best to share the work out between them.

The Best Care programme also continues to support the fellowships in evidence based healthcare, together with funding and support from Health Education Thames Valley and the University of Oxford. The first cohort (7 healthcare professionals from across the region) has just completed its first year of learning modules with an event to showcase and receive feedback on their proposed projects for years 2 and 3. The 6 healthcare professionals of the second cohort have all accepted their offers, and are due to be enrolled into the University of Oxford in September. Health Education Thames Valley (HETV), the University of Oxford, and the

AHSN continue see real value in this 3 year course, as it develops the workforce of the region and creates local healthcare champions. HETV is exploring the possibility of integrating some training from the NHS Leadership Academy into the course for the second or third year, in order to maximise the impact these fellowships will have in their communities.

Finally, the Best Care programme has recently announced that it will be running a new bidding and selection process for its networks in October 2015, in order to re-evaluate its priorities, and to allow new networks the opportunity to emerge and develop. It is hoped that all existing networks, as well as several new ones, will submit strong proposals.

Clinical Innovation Adoption (CIA)

Overview

We are delighted that Neil Dardis, CEO at Bucks Healthcare Trust, has agreed to be the new Chair for the Clinical Innovation Oversight Group following on from Anne Eden (former CEO at BHT). During Q1 we have met all of our milestones. Update on progress to date is as follows:

Projects

- All organisations have adopted the Intermittent Pneumatic Compression Sleeves for stroke. Since implementation, utilisation has increased from 0 to 50% on average with earlier adopters at the +80% mark.
- Gestational Diabetes Mellitus Health: During Q1, all remaining Trusts have been offered and have agreed to implement, GdM during 2015/16. Independent research conducted by one of the 3 Trusts already deployed shows that the system has created a 26% increase in capacity for additional clinic demand and 50% increase in staff productivity.
- Atrial Fibrillation and ECGs: During this quarter, we have worked with BHT and the Stroke Association to agree using ECGs at scheduled events in popular public venues in Buckinghamshire so as to identify asymptomatic Atrial Fibrillation. Boehringer Ingelheim has provided funding support. The Clinical Lead, Dr Piers Clifford at Buckinghamshire Healthcare NHS Trust will review all 200 planned ECGs and write to patients/GPs where AF has been identified.
- Atrial Fibrillation and anticoagulation: An AF regional proposal has been created to focus the scope of this project on AF stroke reduction. The proposal has also collated all service models such as specialist secondary or primary care clinics commissioned by CCGs. The most immediate issue for addressing is patients with Atrial Fibrillation who are still on Anti-platelet drugs rather than anticoagulants as they are high risk for stroke.
- Electronic Blood Transfusion: Bedford Hospital has been identified as the next Trust for deployment during 2015/16. We have also agreed to audit all trusts to assess level of risk over the coming year.
- Intra Operative Fluid Management Technologies: Final personalised reports for Trusts have been shared. The Executive summary is being edited and will be shared with NHS England, Trusts, CCGs and suppliers in Q2.
- The Rheumatoid Arthritis Project: A regional workshop was held in May to how trusts work now, innovations that will impact this project (including bio-similars) and next steps.
- Central North West London has expressed interest in the Berkshire Healthcare Eating Disorders system (SHaRON) which is the 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).
- 4 new projects have been initiated with Trusts, CCGs and Unitary Authorities: Alcohol, Falls, Secondary Fractures, Cardiac Rehabilitation and IV Diuretics in an ambulatory setting.

At the CIA Oversight Group meeting held 1st July, it was agreed to close the Renal Cancer project. This project was initiated at the recommendation of 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.

The CIA Director has attended and supported a number of events this quarter:

- A successful application and presentation to ISIS Innovation for seed funding of the Gestational Diabetes Health system. This will enable exploration of commercialisation of this product.
- Lectured to entrepreneurs on Clinical Innovation Adoption at the Wealth Creation event at Henley Management College.
- Attended meetings on Precision Catapult bid and joint Test Bed application with Wessex AHSN.
- Attend national meeting for AHSN Service Improvement Directors.
- Presented at the Oxford AHSN Annual Mental Health Meeting.

The CIA course work details have been finalised 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. The course has been approved by the CIA Oversight Group and will be advertised during Q2 for sign up of candidates from Trusts/CCGs in the region.

For progress, please see Clinical Innovation Adoption Dash Board below.

		Strategic Needs & Priorisation			Local Planning				Local Implementation		
		1	2	3	4	5	6	7	8	9	10
Projects	No of Planned Implementations 2014/15	Needs Assessment and horizon scanning	Innovation Assessment & PPIEE	Sign off priority Innovations	Product/Service Specifications written & agreed	Local Project Initiation Plan agreed	Project initiated	Implementation Planning	Trust Board Approved	Implement Change	Measure & Manage
Bladder Scan(CAUTI)	OxHealth, Great Western, OxHealth								At this stage by Sept15 (3 Trusts)		2015/16 - OH, OUH and GWH
Ambulatory ECG Monitor	Bucks GPs/Public Health						At this stage by Sept15			2015/16 - Complete and roll out over other counties	
Support Hope & Online Recovery Network	BHFT/OxHealth/ CNWL				1 Trust at this stage by Sept15		Engagement with CNWL underway. Completion expected March 2016			1 Trust using/1 not adopting	
Electronic Blood Transfusion	BHT/Bedford						At this stage all Trusts by Sept 2015			2015/16 - Complete Bedford/Baseline all others	
Intermittent Pneumatic Compression Management	All regional Stroke Units									Completed all Stroke Units Mar15	
Warfarin & Anticoagulants TA	Berks, Aylesbury & Chiltern, OxfordCCG/GPs						1 County at this stage by Sept 15	2015/16 - Complete and roll out over other counties			
Renal Cancer TAs	OxHealth, MK, RBH, BHT								CLOSE PROJECT		
Monoclonal Antibodies for Rheumatoid Arthritis TAs	Providers/CCGs/GPs				At this stage for other Trusts by Sept15						1 Trust complete Mar15
Dementia (Alzheimers Disease TA)	BHFT/OxHealth/CNWL				At this stage by Sept15				2015/16 - Complete and roll out over other counties		
Gestational Diabetes	OxHealth, MK, RBH						2015/16 - Complete roll out to all other Trusts (BHT, GW, FH, Bedford)			3 Trusts complete Mar15	
Intra-operative fluid management	All Regional Acute Trusts plus Manchester, regional CCGs. Project done in collaboration with NHS Benchmarking				18		2015/16 -Executive summary to be shared with NHS England and all participating Trusts, CCGs and Suppliers. Finds suggest a good case for inclusion in Enhanced Recovery Pathway. What more can be done to increase uptake?			Completed end of April; SDIP embedded and monitored. Reports shared with Trusts.	

Research & Development (R&D)

The most recent R & D Oversight Group meeting was held at the end of Q4 and the next is planned during Q2. Particularly areas for focus remain the support for and coordination of the development of an R & D strategy for the non-medical healthcare professions, linking across the NHS Trusts and the Universities. There is great enthusiasm for this work and it is intended to provide some project support to take this forward.

The Oxford AHSN has continued to work closely with the Oxford AHSC, particularly in terms of developing plans to integrate research activity across the wider AHSN. Discussions are being held with the AHSC to see whether a joint appointment might be feasible to support the research agenda.

In addition, the AHSN is working to support the development of the Space2Health bid being led by Dr Geraint Evans from the Open University. Space2Health is a submission to the STFC Network+ call, for a partnership between The Open University, RAL Space and Oxford AHSN and key stakeholders in the health and space sectors that will provide a roadmap of activities that supports the development of a pipeline of coherent, investor-ready business cases that can leverage future investment for novel and disruptive solutions to challenges in the NHS.

Wealth Creation

Julie Hart was appointed to the full-time position of Strategy and Commercial Manager on 1st April 2015.

Dr Alice Mortlock has been appointed the Strategic Partnership Manager at the University of Reading and the Royal Berkshire NHS Foundation Trust (RBH) on the 1st June 2015. This is a joint position between the University of Reading, RBH, and the Oxford AHSN.

The commercial team took the lead in providing support for the development of the Oxford AHSN and Wessex AHSN proposal for a Test Bed. The scope of the Test Bed is “keeping people well and out of hospital using digital, diagnostics and precision medicine innovation.” Specifically, the Test Bed will focus on four key themes:

- Improving health and social outcomes for patients with Long Term Conditions
- Reducing childhood admissions through the use of innovative diagnostic technologies
- Reduce hospital admissions and improve quality of life in people with respiratory disease
- Applying innovation across the stroke care pathway to reduce mortality, disability and improve Quality of Life.

The team has continued to build a pipeline of innovations for commercialisation working with partners from across the region. Two new projects, one in digital health and another in medtech, have been initiated during the quarter. The team also continues to build links with clinicians across the region so that industry and academics can benefit from direct access. Links with technology transfer organisations and other partners continue to be developed and strengthened, and there is a greater emphasis on developing an understanding of the whole innovation pathway, from concept through to adoption.

The Wealth Creation team has 50 projects that are at various stages of progress across all of its key priorities (i) facilitating innovation pathways towards adoption; (ii) increasing investment into the region; (iii) building a culture of innovation within the NHS; and (iv) building long-term partnerships with industry.

The Isis Innovation and Oxford AHSN Technology Showcase on eHealth and Big Data was held on the 30th June. Full details can be seen at <http://isis-innovation.com/news/events/isis-technology-showcases>

A programme of keynote addresses, presentations and posters was attended by over 300 delegates. This event is a good example of the strengthening interaction between Isis Innovation and the Oxford AHSN.

The Oxford AHSN was a cornerstone sponsor of BioTrinity 2015 for a third successive year. Over 960 delegates from the life sciences sector attended the event in London in May. The Oxford AHSN ran a workshop on “Design for Successful Innovation” which highlighted the role of design in product development.

The Oxford AHSN provided sponsorship for a one-day conference on “Formula 1 to Advances for Healthcare” which was hosted by Medilink UK and the Science & Technology Facilities Council. A member of the commercial team gave a talk on “Accelerating Innovation and Technology Adoption within the NHS”.

The Oxford AHSN sponsored the 4th UK Diagnostics Forum, which was organised by the Oxford Diagnostic Evidence Co-operative and held on the 19-20th May 2015. A presentation on innovation adoption was given by a member of the commercial team.

The second part of the Entrepreneurs Programme was completed in April at Henley Business School. Feedback from the participants was very positive and can be viewed on video on the following link (<http://www.oxfordahsn.org/>). A further course is planned for the Autumn. Health Education Thames

Valley (HETV) provided funding for the programme. Developing people will be an important feature of the AHSN's approach.

The Oxford AHSN has also been working with HETV on Challenge 2023, which is an innovation challenge competition for NHS learners in the Thames Valley. The finals of the competition were held on 19th May.

Following the success of the energy and sustainability benchmarking project, a working group has been established to support the further development of business cases with six partners in collaboration with the Carbon Energy Fund. The first meeting was held on 20th May.

Preparations for the Alumni Summit entered the last phase of planning and activity. Further information can be found on <http://www.alumnisummit.com/>. The meeting will showcase expertise from across the region in Precision Medicine to a mixed audience of industry (including a significant number of senior life science executives who are alumni from the region's universities), national and regional clinical and academic leaders, and local industry partners. The target number of delegates has been reached.

The Oxfordshire Wealth Creation Working Group met on the 19th May to discuss sector skills and strengths, European Structural and Investment Funds, and communications across the region.

Leaders from major life science companies across the region met with Professor Sir John Bell GBE (Regius Professor at the University of Oxford), Mr Peter Ellingworth (Chief Executive, ABHI) and Professor Gary Ford to discuss the role of industry in supporting regional infrastructure development. The meeting also highlighted the importance of innovation adoption within the NHS to industry.

The Oxford AHSN has continued to support interactions with the Precision Medicine Catapult team from Innovate UK. No announcement has yet been made on the location of the Catapult.

A proposal for funding the adoption of the GDM-health system for the management of gestational diabetes outside of the Oxford AHSN region and for the development of an international commercialisation strategy has been approved by the University Challenge Seed Fund (Oxford). The total value of the award is £61,000, with an additional £40,000 from the BRC.

A grant for \$100,000 has been awarded to the Oxford AHSN by AbbVie to develop a set of standards for measuring outcomes in Inflammatory Bowel Disease (IBD). This work will be carried out in partnership with the International Consortium for Health Outcomes Measurement and will take one year to complete.

Steps towards the development of a strategic partnership with a major global healthcare company are well advanced and will cover a number of themes where there is strong alignment in terms of shared vision and deliverables.

Intelligent Ultrasound has made promising progress in developing its digital diagnostic platform and discussions to pilot the improved system are underway with several Trusts across the region. Although the pilot project has been delayed, it is anticipated that the improved technology will bring greater benefits to users.

Preliminary scoping work has been undertaken to explore the feasibility of establishing an innovation hub at a hospital Trust within the region.

Work has commenced on providing commercial support for an end-to-end whole genome based diagnostic solution for infectious diseases. The aim is to develop a commercial strategy that could attract further development funding.

A date for the regional meeting on the Trans-Atlantic Trade and Investment Partnership, in collaboration with NHS Confederation and British American Business has been set for 24th September 2015.

Oxford Brookes University has submitted a detailed proposal on the Oxford e-health lab to the Local Growth Fund. If successful, the Oxford AHSN will collaborate with Oxford Brookes on the project.

Work is underway to scope out a pilot project with a US life science company that is seeking to establish a strong collaboration with the University of Oxford in the field of diagnostics.

The Enterprise Research Centre's Benchmarking report, *Benchmarking Local Innovation*, has identified that firms in the Oxfordshire LEP demonstrate the most innovation activity within the UK. This covers activities in product or service innovation, market innovation, process innovation, strategic innovation, R&D and collaboration.

Informatics Theme

General Updates

- Oversight group - the second meeting has taken place in June, providing an opportunity for members external to the NHS to become more familiar with its structure in addition to a presentation from one member regarding the application of data to the sporting industry.
- CIO forum – the third meeting has taken place which included digital maturity updates and presentations from NHS England and Digiatics.
- National CIO forum – Mike joined the second national meeting where updates on progress were shared and the Oxford AHSN data visualisation tool was demonstrated.
- A plan for AHSN Informatics strategy has been initiated, which has been reviewed with the Oversight Group and CIO forum.
- Informatics have supported industry through discussions related to test bed opportunities.
- Finalising modifications to data visualisation project, In2Vu, ahead of its release to AHSN programmes.
- A PPIEE and Informatics joint plan is being developed to ensure that both cross cutting themes are collaborating to align work programmes where relevant.

Team Updates

Two permanent data analysts have now joined the team, there will be a short handover period before the interim analysts leave at the start of July.

Recruitment to the information manager remains challenging due to processes out of our control. (Note: this has now been resolved and the manager has taken up post on 30 June)

One interim project manager has left, leaving one project manager in post.

Assessment of resources is being undertaken by Mike, with support from Megan and Paul.

Interoperability

Exploring options around Interoperability in the context of Buckinghamshire diabetes and the Support Heart Failure study by assessing NHSE open source initiatives and commercial opportunities. Both projects would be suitable to act as used cases and have given us the opportunity to engage with various partners with interoperability capabilities and services.

Information Governance

An IG work programme has been agreed with our associate lead, who will provide ongoing support as well as creating suitable IG documentation for internal use and to support the overarching AHSN IG programme. The 'ad hoc' advice system is well established now and is being utilised by the Informatics team regularly.

The second meeting of the Caldicott Guardians and IG Leads forum, planned for this quarter has been pushed back in order to achieve greater attendance, we are re-designing the second workshop to increase participation. We expect to arrive at a signed framework agreement in the Autumn.

Digital Maturity Model

Involved in assessing implications of the digital maturity programme in our region and expressing in the strongest way, our concern regarding the lack of consultation, the change in timetable and the likely avoidable inconsistencies the approach will present in relation to variation in interpretation and responses. Some engagement work has been done with Greater Manchester and University College London Partners, the other sites identified to support roll out, but the balance within this leadership has not yet been achieved.

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

Supported Oxford Health with the ethics applications for CRIS and a proposal has been submitted to Berkshire healthcare. Expect to submit proposals to CNWL by July to enable coverage across the Oxford AHSN region. Engagement and recruitment nationally has continued through the last quarter, including sites in the North and the Midlands, the project has been well received with trusts interested to be involved in the programme.

Personal Health Records (PHRs)

Final stage of eRedbook opportunity, including an investigation in Liverpool, has led to the conclusion that a project in maternity/children's services is not viable at this stage. A meeting with Steven Kennedy, Andrew Pollard, Chandi and Tim has been arranged to confirm the outcome.

Operational Hybrid Analytics Service

A memorandum of understanding has been signed with the Commissioning Support Unit with whom we are engaging extensively around data acquisition. A data resource library is in production for internal informatics use, this will support the process of ensuring the correct data sources are best utilised for all data queries. The two, recently appointed, permanent data analysts are central to the service the hybrid model offers.

Programme updates

CIA

- Agreed programme work programme for 2015/16 and developed a resource plan for delivery.
- Investigation of additional local data is underway particularly to serve the Falls and Home IV projects.

Best Care

- Anxiety and Depression – Final arrangements for the university hosting facility have been passed to A&D's statistician who will coordinate with the university team to provide the data information needed.
- Children's – continued investigations to organise the Swindon CCG data to match the SCN acquired data for the variation report. New investigations are underway to highlight at GP level variation in admission to hospital for under 18s by the five disease areas.
- Dementia – identification of data needed to understand dementia prevalence across the region.

- Diabetes – now the In2Vu model has been delivered investigation is ongoing to source GP practice level data to add into the model, in addition to the model being adjusted to host this data. Further work with SCAS is underway to extract data for patients being treated for hypos.
- Early Intervention in Psychosis – started an testing exercise for the South Region project on a tool that will be used to deploy surveys across the region.
- Imaging – further data extraction ongoing for the lung cancer pathway. Exploration of further companies to provide a comprehensive on call network image service is ongoing following John Skinner’s following an exploration of a solution via Insignia.
- Maternity – the link with the Royal Berkshire Hospital is close to completion and the link with Heatherwood and Wexham is at the stage of the clear clinical case being made to the IT teams via the lead Obstetrician.
- Medicines Optimisation – the informatics team supported with an IG review which has been beneficial to the network. Recommendations are being acted upon initially in terms of patient information material.
- Out of Hospital Care – investigation to extract data both from Oxford Heath for over 65s being processed via 111 services and with SCAS for over 65s being seen by the ambulance service.

Patient Safety Collaborative

Focus on the Mental Health Safety and Pressure Ulcers work streams continue to be the initial areas of investigation, with local providers to understand the data that can be extracted from incident reporting systems. A data agreement has been put in place with Oxford Health in order to extract locally held data there.

Patient and Public Involvement, Engagement & Experience (PPIEE)

Governance

As our joint work with NHS England South (Central) and Thames Valley Strategic Clinical Networks (SCNs) has developed so has the need to separate the operational, advisory and partner engagement components of our governance structures. We have agreement to develop a new advisory board and operational group to manage out joint work plans. The Advisory Board will continue to have a lay co-chair working alongside Dr Justin Wilson, Medical Director of Berkshire Healthcare NHS Trust, the PPIEE member of the Oxford AHSN Board.

Lay Leadership: the Leading Together Programme

Building on our innovative pilot programme for lay people and professionals we are in the process of letting a tender to run training for a further six cohorts with twenty participants in each cohort. This training is aimed at developing the capacity for the system to work with lay partners at a strategic level. The Programme will include specific courses for lay assessors and Responsible Officers to support lay involvement in medical revalidation and courses to support the greater involvement of people from seldom heard groups. We hope to have a provider in place to start this work by October.

To support this work we have appointed a post to work with the revalidation team and the AHSN.

Other Training

Supporting lay leadership is one component of the work needed to increase effective involvement of lay partners in research, innovation and care delivery. To develop lay involvement more generally we developed a bid for funding of one-day participation training workshops. We await to hear the outcome of this bid. The bid was developed jointly with the local provider organisations, NHS England South Central, the Oxford Collaboration for Leadership Applied Healthcare Research and Care (CLAHRC) and the Thames Valley and South Midlands Clinical Research Network (CRN).

Research

We continue to meet regularly with the Oxford CLAHRC, BRC and local CRN. We are planning joint events to:

- support the involvement of children and young people in research, innovation and care and
- look monitoring and measurement of the impact of lay involvement

These events will also be joint with NHS England and local authority colleagues.

Public Engagement

We are in the process of appointing a project officer to work across the AHSN, Science Oxford, the University of Oxford and Brookes University to develop public engagement activities during the coming year.

Clinical networks

Initial PPIEE plans are being further developed so that key components such as lay involvement are embedded in the ongoing processes for network governance and delivery.

Clinical innovation adoption

We have refined the criteria that inform the process of innovation selection to better reflect the principles embedded in the PPIEE approach.

Patient Safety

Patient Safety Theme Overview of Progress

The Patient Safety Collaborative has been established as a new theme at the AHSN to reflect the cross cutting nature of patient safety with other themes. Therefore, the current structure of the patient safety theme and the allied governance arrangements are under transition towards a new structure to align governance arrangements with the wider AHSN. Jean O'Callaghan, CEO, Royal Berkshire Hospitals NHS Foundation Trust, has agreed to chair the new Patient Safety Theme Oversight Group. The group will be formed of senior representatives from a range of organisations across our region (executive members of provider organisations including medical and nursing directors, social services leads, senior commissioners, Senior HETV representatives, lay representatives) with an interest in patient safety, plus the Clinical Lead and Head of Patient Safety at the AHSN. The group is likely to meet three times a year in line with the other AHSN oversight groups. The Patient Safety Theme Board will be re-organised in the next quarter to reflect these changes.

Both Patient Safety Managers have now commenced post to provide project management to the harm reduction workstreams. A post for an Improvement Coach will be advertised in July.

The development of metrics, collection of data and analysis is progressing as the recruitment to the Informatics Team evolves and the Patient Safety Managers have commenced. Metrics for the Mental Health workstream have been agreed and a data sharing agreement is underway.

The development of research activity into each patient safety workstream is planned to provide synergies between quality improvement approaches and measurement for improvement, and the potential for research approaches to enrich the evaluation of patient safety work.

The website front page has now been completed and a patient safety theme logo developed for branding purposes. The development of a joint communications strategy with the PSA is now required.

Workstreams updates

Pressure Ulcers. Lead Ria Betteridge, Consultant Nurse OUH and Sarah Gardner, Tissue Viability Lead, OHFT.

The pressure ulcer workstream has engaged with all AHSN acute provider partners from across the region to form the project group. Work continues to engage Social Services and Primary Care providers. Professor Debra Jackson, Professor of Nursing, Oxford Brookes University, chairs the project group meetings. The provisional harm reduction aim is 'to ensure that 100% patients in our care are free from pressure damage by March 31st 2018.' Training for the project group members in improvement methodology and measurement for improvement is arranged for October 2015 in collaboration with NHS IQ and Mike Davidge, Independent Consultant. Approaches to subsequent training / coaching in improvement methodology will be agreed with the project group.

Current metrics employ the Classic Safety Thermometer to represent the rate of pressure ulcers in run charts for each provider. Further metrics for the workstream are under development.

Mental Health Safety. AWOL Project. Lead: Jill Bailey. Head of Patient Safety AHSN

The project continues to work 'to reduce failure to return to the ward following leave or time away by 50% in one year.' Six wards are participating in Oxford Health NHS FT and one in Berkshire Healthcare NHS FT. The project is showing good progress with four wards achieving their aim and now working to sustain progress.

The project has been presented to CNWL to invite CNWL partners to participate. The Chair of the South of England Mental Health Collaborative is also in discussions with CNWL regarding membership of the South of England Mental Health Collaborative.

The metrics for this project have been agreed with the Informatics Team. The retrieval of data is pending the formal data sharing agreements with Oxford Health NHS FT and Berkshire Healthcare NHS FT. Ros Alstead, Director of Nursing and Clinical Standards, Oxford Health NHS Foundation Trust has agreed to chair the project group as the workstream begins widespread adoption.

Medication Safety in Sub-Cutaneous Insulin. Co-Leads: Siobhan Teasdale, Patient Safety Manager and Lyndsey Roberts, Clinical Network Manager Medicines Optimisation Network

The project group has established relationships with OUH, Berkshire Healthcare NHS FT and Buckinghamshire Healthcare NHS Trust. The group has agreed meeting dates for the year. Diabetes UK is engaged in seeking representation from a wider group of stakeholders. Metrics for this project are to be agreed.

Acute Kidney Injury. Lead: Dr. Emma Vaux, Nephrologist, Royal Berkshire NHS Foundation Trust

The project has continued to develop in Berkshire with the support of the Patient Safety Federation. The project will now be developed to incorporate wider AHSN partners through the establishment of a formal project structure lead by Katie Lean, Patient Safety Manager. Neil Sandys, CVD Network Manager & Strategic Clinical Network and Senate, Thames Valley and Milton Keynes will provide an update to the Patient Safety Theme to inform the plan for delivery. A formal update on progress in Berkshire will be provided to the Steering Board on 8th July by Dr. Sivasothy Shivanthy, GP Lead.

Developing Capability and Capacity

The capability and capacity for improvement across the AHSN region is acknowledged to need considerable development. An application to the Health Foundation to access funding to support an asset mapping exercise to identify local expertise will be made in July 2015. The seven AHSN Patient Safety Theme shortlisted candidates for the Q Initiative with the Health Foundation have all been accepted onto the programme. This will enable the regional participants to build both local and national connections with experts in improvement. NHS Improving Quality has agreed with the Head of Patient Safety to provide a programme to improve capability and capacity utilising their five tier skills building development programme tailored to create a bespoke approach to meet local needs. An Improvement Coach will be recruited in the next quarter to provide in vivo facilitation and training with improvement teams across the region. The Oxford Patient Safety Academy has agreed to support each workstream with training and coaching. The South of England Mental Health Safety IHI Breakthrough Collaborative continues to be funding through the AHSN to provide improvement methodology training to mental health integrated Trusts.

The 3 Bibles project has completed the fundamental care procedures requested by Oxford Health NHS Foundation Trust and these will now be reviewed by clinical experts in the Trust. Ros Alstead, Director of Nursing has agreed to incorporate the project work into the organisational 2015-6 Quality Account.

The Patient Safety Theme also plans to support clinical staff in the workstreams to develop their research skills. Debra Jackson, Professor of Nursing, OBU, will work with Jill Bailey, Head of Patient Safety, to develop nursing skills in research approaches in the pressure ulcers workstream. Charles Vincent will also enable interfaces between his research team at the University of Oxford and the Patient Safety Theme. Jill Bailey and Professor Vincent with Dr. Matt-Inada Kim, Clinical Lead Sepsis, Wessex Patient Safety Collaborative, formed the joint panel for recruitment of University of Oxford research team.

Looking forward: Plans for the coming quarter

In the coming quarter the Patient Safety Theme will;

1. Establish the Patient Safety Theme Oversight Group and associated governance structures.
2. Agree the metrics for the each project and secure the necessary data sharing agreements with our partners.
3. Make an application for funding to the Health Foundation to support the regional Asset Mapping Exercise.
4. Commence recruitment procedures for an Improvement Coach
5. Commence the Q Initiative with participants from across the region.
6. Establish an agreed programme of capacity and capability development for the workstream participants with NHS IQ, Mike Davidge and the Oxford PSA.
7. Agree areas for research development into each patient safety workstream with HEI partners.
8. Propose the development of a sepsis workstream at the July Steering Board.
9. Establish joint working with Wessex AHSN on the Sub-Cutaneous Insulin Project.
10. Develop joint communications strategy with the PSA.

Stakeholder Engagement and Communications

The first quarter of the AHSN's third year has been very active in terms of stakeholder engagement. We used some major AHSN meetings to ensure that opportunities were provided to all programmes and themes to demonstrate their work, for stakeholders to participate and to show how collaborations are being developed and extended.

Four events stand out:

- **BioTrinity 2015** – this was held on 11, 12 and 13 May and provided the opportunity for 19 partners – old and new – to showcase their work at the Oxford AHSN Innovation Poster Showcase.

This was the third year of sponsorship by the AHSN of this important meeting which brings together key players in the life and medical sciences industry. Close to 1,000 delegates attended and the posters certainly attracted a great deal of attention and allowed connections to be made. New partners include Queen's University Belfast, and SBRI Contract Winners P1Vital and Message Dynamics. Feedback included:

'We truly appreciated the opportunity to engage with this innovation-focused audience'

'Thank you for organising this – I found it very worthwhile and made some very good contacts'

Full details can be found <http://www.oxfordahsn.org/news-and-events/news/helping-our-partners-and-building-new-connections/>

- The second annual **Oxford AHSN Partnership Council** meeting was held on 17 June at the Magdalen Centre and provided the opportunity to celebrate the work of the Oxford AHSN and partners and highlighted the Maternity and Children's Networks as well as the work of the Clinical Innovation Adoption Programme. The presentations are available at www.oxfordahsn.org. Delegates received the first copies of our 2014-15 Annual Review which uses case studies to highlight the work of the AHSN and its partners relating to the four NHS England license objectives. The document is available to [download](#) from our website. Printed copies will be used at meetings throughout the coming year to illustrate our work.
- **The Isis Innovation Oxford AHSN** Technology Showcase held in the University of Oxford Mathematics Institute on 30 June focused on eHealth and Big Data. Keynote speakers at this extremely successful event included Dame Fiona Caldicott, the National Data Guardian and Chairman of the Oxford University Hospitals NHS Trust, our host organisation.

In addition, session speakers included Dr Geraint Evans, Open University; Dr Piers Clifford, Buckinghamshire Healthcare NHS Trust; Dr Kazeem Rahimi, the George Institute; Professor Simon Lovestone, Professor of Translational Neuroscience, University of Oxford; and Dr Lucy Mackillop, Obstetric Physician with Tracey Marriott, Oxford AHSN Director of Clinical Innovation Adoption.

Poster presenters included Dr Ryan Pink, Oxford Brookes University; Dr Eugene Ong, Tutemate and a junior doctor at Oxford University Hospitals (and winner of the OUH Gold Innovation Award in 2014); Cranfield University, Isansys, White October, P1Vital and Message Dynamics. (full details available from <http://isis-innovation.com/events/isis-innovation-oxford-ahsn-technology-showcase-2015/>)

- Challenge 2023 was held on 19 May, hosted by Oxford Brookes. This competition is supported by key partners, Health Education Thames Valley, Wessex and Thames Valley Leadership Academy and Oxford AHSN, to bring out new innovative ideas that can be translated into improving outcomes for patients. Oxford AHSN Chief Operating Officer Dr Paul Durrands worked with the other judges (who included Ashley Brookes, national patient champion, Dame Chris Beasley, former Chief Nursing Officer at the Department of Health, and Nihal Sinha, a former medic now working in the European office of a US Venture capital fund). They picked out the sleep scheme submitted by junior doctors from Heatherwood and Wexham Park Hospitals, part of Frimley Health NHS Foundation Trust, as the best proposal. The other finalists came from Buckinghamshire Healthcare NHS Trust, Oxford Brookes University and Oxford University Hospitals NHS Trust. Further information can be found at <http://www.tvwleadershipacademy.nhs.uk/2023-innovation-challenge>.

Paul said: “Forty per cent of inpatients complain of poor sleep in hospital and research shows that recovery is improved with good sleep. This solution is simple and scalable and could help lots of our patients get a better night’s sleep”.

Other events of note during Q1 include the Medicines Optimisation Roadshow on 30 April, an event held with the ABPI and focusing on the best use of medicines; the launch of the Out of Hospital Care Clinical Network on 15 May with speakers from across our partners, including commissioners (Dr Graham Jackson, Aylesbury Vale CCG) providers including Stuart Bell, Chief Executive of Oxford Health NHS Foundation Trust, and Dr Syed Hasan, Consultant Geriatrician at Buckinghamshire Healthcare NHS Trust.

Our Mental Health focused Clinical Networks held a successful event in May with Mental Health and Community providers to report on progress. 60 delegates took part in workshops on specific health and system issues in Anxiety and Depression, Dementia, Early Intervention in Mental Health and co-morbidity in Physical and Mental ill health.

The AHSN supported the NHS Confederation Conference in Liverpool in early June. Mike Denis, Director of Informatics, attended an SBRI Healthcare networking event – companies from within the AHSN geography have been very successful in securing funding through this route, and Martin Leaver, Head of Communications, attended the AHSNs’ briefing session on challenges to innovation. The AHSN Network’s first Impact Report was published during the conference and set out a series of case studies ‘from across the AHSN network – including remote monitoring of gestational diabetes in the Oxford AHSN region - which provide a snapshot of the organisations’ work connecting the NHS, academics, researchers and industry.

In addition, the individual programmes and clinical networks continued their strong engagement with partners and stakeholders across the Network. This engagement is being supported by the Communications team and materials highlighting the work and aims of each programme and theme are being developed. A suite of materials is nearing completion with leaflets and banners being prepared for each area of work. This material will allow the programmes and themes to explain their work in more detail at meetings and events.

The Oxford AHSN website has been refreshed and content updated. Work on the various programmes and themes’ web pages is ongoing, ensuring that website visitors are kept up to date and informed on progress. Communication plans are also being developed to maximise the impact of the work of the Network and its stakeholders and partners. The focus on developing communications will continue across the coming quarters. The Oxford AHSN website has been refreshed and content updated. Visits to the site grew by 19% to 49,085 during Q1 (Q4 2014/15 = 41,142) – we have changed from measuring hits to visits as this is a more

meaningful measure of measuring the website. We expect activity will increase following updated content and refresh.

Our Newsletter continues to increase its circulation with subscribers having risen from 1,007 in April to 1,143 in June. It is really encouraging to see how much activity there is across all partners.

Twitter activity is strong and provides a really useful way to highlight relevant work within the Network's partners and stakeholders and to point the way to interesting events and activity. Followers increased from 914 in April, the 1,000th follower was achieved during the NHS Confederation Conference and June has seen this continue rising to 1,084 followers after the exceptionally 'Twitter active' ISIS Oxford AHSN Showcase meeting held on the last day of Q1!

Review against the Business Plan milestones

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
Best Care	Establishment of 10 Clinical Networks	✓	✓						
	Establishment of the Best Care Oversight Group		✓						
	Agreement of Memorandum of Understanding between Oxford AHSN and HE Thames Valley	✓							
	Open publication of Annual Report for each Clinical Network (1 st report due April 2015)			✓				◆	◆
	Annual review of network progress and plans			✓				◆	◆
	Review of network progress and plans. Decisions on future funding for networks					◆			◆
(Anxiety and Depression)	Reduce variation in IAPT outcomes – Implementation plan agreed			✓ ← ◆					
(Anxiety and Depression)	Support/expand local service innovation – Report on adoption progress			✓ ← ◆					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Anxiety and Depression)	Data Completeness in Child and Young Persons IAPT - Implementation plan agreed				◆				
(Children)	Equity in Healthcare Delivery – Training package implemented in DGHs across Oxford AHSN				◆				
(Children)	Improve research facilitation - Enrol children into a research study at Milton Keynes Hospital, Wexham Park & Stoke Mandeville (6,5,5)				◆				
(Children)	Improve immunisation coverage - Evaluation of effectiveness of the Vaccine Knowledge app			✓					
(Mental and Physical Comorbidity)	Identify & implement best care model - Evidence-based commissioning guidance document agreed, including recommendations about outcome measures, produced & circulated to network area commissioners.				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Dementia)	MSNAP accreditation - 8 of 13 Trust localities across the network working through the Self-Review Phase of the Royal College of Psychiatry Memory Services National Accreditation Programme			✓					
(Dementia)	Hold at least 5 webinars across region, aimed at reducing variation in dementia-specific PROMs				◆				
(Dementia)	Data Capture - 30 patients and carers piloting the use of remote data capture tool to manage the patient's electronic record				◆				
(Dementia)	Younger people with dementia – Secure commissioner funding for rollout of service throughout at least 1 county in region					◆			
(Diabetes)	Young Adult Engagement - Work with local community/primary care diabetes teams on implementing care pathways for all young adults (<25 years) with diabetes					◆			
(Diabetes)	Islet Transplantation Clinics - Clinics running in peripheral centres			X					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Diabetes)	Tackling Variation in Diabetes Care - Data collection system in place and begin implementation			✓					
(Early Intervention in Mental Health)	Implement a Common Assessment - 90% of staff working in EIS trained in standardized clinical assessment of psychosis.			✓					
(Early Intervention in Mental Health)	Enhanced Care Continuity & Extended EI Model - Trust level action plans for improving care continuity agreed			◆ → ◆					
(Early Intervention in Mental Health)	Research recruitment - Increase in number of research studies active in EIP			◆ → ◆					
(Early Intervention in Mental Health)	Reduce Variation - Action plan for improving care quality in each Mental Health Trust				◆				
(Imaging)	Reduce variation in scanning protocols - Agree MRI prostate protocol incorporating NICE guidelines			✓					

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

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Establish process and governance under CIA Programme Board for the 2013/14 and 2014/15 implementation of 5-10 high impact innovations CIA Oversight Group established and meeting	✓	✓						
	Establish full process for Clinical Innovation Adoption (CIA) Programme and its Oversight Group (Providers, Commissioners) to include PPIEE		✓						
	Update innovation portfolio that will have agreed implementation plans with sign off from the CIA Oversight Group. Horizon scan innovations in industry, NHS, NICE TAs and other sources.	✓	✓		→	◆		◆	◆
	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)			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Creation and Implementation of an Innovation Adoption course for NHS partners (based on CIA 10 Step Process)			✓	←				
	Creation and Implementation of an automated online platform that will enable the organisation to create, manage, track and measure the innovation process from idea creation through to final implementation and impact reporting				◆				
	Work with Wealth Creation to create a plan to grow local focused innovations for adoption					◆			
	Intra Operative Fluid Management Project Estimated Completion (commenced 2014/15)			✓					
	Catheter Acquired Urinary Tract Infection Project Estimated Completion (commenced 2014/15)						◆		
	Intermittent Pneumatic Compression Devices for Stroke Project Estimated Completion (commenced 2014/15)			✓	←				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Atrial Fibrillation (NICE) Project Estimated Completion (commenced 2014/15)						◆		
	Ambulatory ECG Project Estimated Completion (commenced 2014/15)						◆		
	Electronic Blood Transfusion System Project Estimated Completion (commenced 2014/15)								◆
	SHaRON (Eating Disorders Social Network) Project Completion (commenced 2014/15)						◆		
	Gestational Diabetes m-Health Project Estimated Completion (commenced 2014/15)						◆		
This project has been closed and information shared with Cancer SCN (see main report).	Renal Cancer NICE Project Estimated Completion (commenced 2014/15)						◆		
	Dementia NICE Project Estimated Completion (commenced 2014/15)						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Rheumatoid Arthritis NICE Project Estimated Completion (commenced 2014/15)						◆		
	Home IV Project Estimated Completion (commencing 2015/16)								◆
	Patient Monitoring Project Estimated Completion (commencing 2015/16)								◆
	Alcohol Services Project Estimated Completion (commencing 2015/16)								◆
	Care 4 Today Heart Health Project Estimated Completion (commencing 2015/16)								◆
	Fragility Fracture Prevention Service Estimated Completion (commencing 2015/16)								◆
	Falls Prevention Strategy Project Estimated Completion (commencing 2015/16)								◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Out of Hospital Network Project Estimated Completion (commencing 2015/16)								◆
	Project to be agreed - Estimated Completion (commencing 2015/16)								◆
	Project to be agreed - Estimated Completion (commencing 2015/16)								◆
	Project to be agreed - Estimated Completion (commencing 2015/16)								◆
Research & Development	Establishment of R & D Oversight Group		✓						
	Publication of Annual Report (or section within AHSN Annual Report) on agreed research metrics					◆			
	Establishment of baseline from NHS partners for commercial research activity					◆			
	Establish network of R&D Directors in NHS providers, agree strategy for commercial research development		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Support commercial research plans for each NHS providers							◆	
	Develop a nursing and AHP research strategy						◆		
Wealth Creation	Establishment of Wealth Creation Oversight Group	✓							
	Develop Wealth Creation strategy and operational plans	✓							
	Appoint Director of Commercial Development	✓							
	Appoint Commercial Development Managers for Berkshire and Buckinghamshire/Bedfordshire		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	<p>Establish pipeline of innovations for commercialisation</p> <ul style="list-style-type: none"> ensure industry and academics can access the NHS clinicians they need to work on concepts and pilots of new products and services work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective 			✓				◆	◆
	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	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 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)		✓						
Wealth Creation Objective 1 Supporting companies along the adoption pathway	Develop an adoption engagement programme for industry (Five Year Forward View)				◆				
	Establish 5 pilot projects with industry partners including combinatorial innovations (Five Year Forward View)						◆		
	Develop a development pathway into the NHS for non-commercial innovations					◆			
Wealth Creation Objective 2 Supporting investment into the region	Build a regional investment fund strategy with key stakeholders (Five Year Forward View)						◆		
	Develop a strategic plan for Buckinghamshire Life Sciences and a Life Sciences business plan for Berkshire				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Run the Alumni Inward Summit with post event follow-up programme				◆				
	Build an investment proposition around Open Access Innovation in conjunction with the Structural Genomics Consortium						◆		
	Run a joint showcase event with Isis Innovation			✓					
	Coordinate and lead regional Precision Medicine Catapult bid						◆		
	Regional diagnostics council for industry that encompasses Precision Medicine				◆				
	Run at least two seminars on funding opportunities (SBRI and others)				◆	◆			
	Support industry group to improve infrastructure across Oxfordshire			✓	◆	◆	◆	◆	
	Support plans with key partners for a science park at Milton Keynes			✓	◆	◆	◆	◆	
Wealth Creation Objective 3 Building a culture of innovation in the NHS	Run two entrepreneurs boot camp events for healthcare workers			✓		◆			
	Conduct a review of all IP and innovation policies in Trusts across the AHSN region						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Build partnerships with local stakeholders to help promote a culture of innovation in the NHS, including the opportunity to run Challenge 2023				◆		◆		
Wealth Creation Objective 4 Building long-term partnerships with businesses and other organisations	Continue to strengthen and develop novel opportunities with the Oxford AHSC				◆		◆		
	Provide support in the establishment of Oxford E-health lab in partnership with Isis Innovation						◆		
	Provide support in the running and marketing of digital health events across the region	✓	✓		◆	◆	◆	◆	◆
	Initiate two broad partnerships with corporates from across the region					◆	◆		
	Complete audit of assets in the AHSN region and articulate USPs						◆		
	Support and follow-up on the Energy and Sustainability programme.			✓			◆		
Informatics Informatics Strategy	Consultation on component themes for the strategy, initially Informatics Oversight Group, then CIO forum and AHSN Senior management team			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Development of first drafting and consulting via CIO forum				◆				
	Second draft – with input from Informatics Oversight Group					◆			
	Final Draft for approval by AHSN Board –					◆			
Informatics Digital Maturity National Model Co-leading and developing by invite from NHS England, in collaboration with University College London Partners and Greater Manchester AHSNs – subject to agreement with NHS England and other partners.	Assessment and evaluation of previous models			✓					
	Establish collaboration framework with GM and UCLP				→ ◆				
	Design workshops for integrated care digital maturity model				◆				
	Consult across regions				◆				
	Create an adoption plan					◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Mobilise partners to participate					◆			
	Capture local information to assess the potential for integrated care/ landscape						◆		
	Regional landscape mapping						◆		
Informatics Interoperability Model Enabling seamless secure data exchange	Use Cases – why it is relevant to the AHSN agenda			✓					
	CIO engagement				◆	◆	◆		
	Agree business case and engagement process with CIOs				◆	◆	◆		
	Patient Engagement – PPIEE					◆			
	IG model – specific to the needs of this project					◆			
	Design Health Information Exchange (HIE) model to define the specification.					◆			
	Supplier engagement to assess market options						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Strategic outline case signed off by Chief Information Officers forum						◆		
	Detailed analysis and implementation planning to support trusts to produce local business cases							◆	
	Trusts deliver local plans (subject to local trust sign off)								◆
Informatics Research Informatics Focused on the deployment of Clinical Records Interaction Search (CRIS).	Partner engagement			✓					
	Proposal and recruitment			✓					
	Clinical and academic engagement				◆				
	PPIEE engagement				◆				
	Technical infrastructure planning					◆			
	Information Governance and Ethics					◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	CRIS deployment Berkshire Healthcare and CNWL						◆		
	Federation – enabling federated queries to be run against local CRIS databases						◆		
Informatics Information Governance Mobilisation of IG Working Group (Caldicott Guardians and Heads of IG) in order to produce, sign off and implement an IG Framework for the AHSN region.	Set up IG working group		✓						
	Consultation on draft IG Framework (guidance, templates) with partners, AHSN programmes and public				→ ◆				
	IG Framework second Draft				◆				
	Sign up and operation of IG Framework				◆				
	Developing local capability through training Heads of IG and establishing peer group network					◆			
	Handover central service response to IG ad hoc issues			✓	◆	◆	◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
Informatics Personal Health Records Platform development	Establish coordinated approach with PPIEE			✓					
	Develop case for change as basis for consultation				◆				
	Use cases Children – eRedbook - Mental health - True colours - Cadio					◆			
	Engage patient groups, clinical networks, commissioners					◆			
	Develop conceptual models/platform					◆			
	Supplier engagement					◆			
	Consult local communities of interest e.g. counties					◆			
	Develop Strategic outline case						◆		
Informatics Operational Hybrid Analytics Service	Formal agreements in place with partners			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Internal team operational- data analyst recruitment, documentation of the process - Triage -> engagement, quality assurance, supplier engagement and delivery			✓					
	Publish services, capabilities and tariff catalogue of external informatics providers for internal consumption				◆				
	Automation of process from requirement to commission					◆			
	Explore partnership opportunities with HSCIC and other AHSN					◆			
PPIEE	Establishment of PPIEE Oversight Group	✓							
	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE	✓							
	PPI/PPE plans for each clinical network in place and to support CIA (to be finalised)		✓						
	PPI/PPE reported on in each network annual report and reviewed by patient/public panel			→		◆		◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Establishment of baseline for PPIEE across the geography		✓						
	Framework for supporting organisational and system-based patient centred care developed and implemented across all partner organisations								◆
	Patient story programme –2 year programme, starting by 31/3/13, to embed the patient story as a routine part of health care development and training		✓						
	Governance, infrastructure and strategy Decision about the future governance of the PPIEE theme agreed			✓					
	Additional structures in place				◆				
	Broadening public and patient involvement Review of Lay Advisory Panel					◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Broader membership for Lay Advisory Panel established						◆		
	Strategic direction Strategy and work plans presented at Oxford AHSN Partnership Board				◆				
	Individual discussions with partner organisations completed						◆		
	Communications and broadening PPIEE activity across the Oxford AHSN region Involvement newsletter up and running, including publicising PPIEE events and case studies						◆		
	PPIEE Network development Visits to partner organisations completed and case studies of good practice publicised, and at least two events held to address concerns/issues highlighted by partners					◆			
	Patient Participation Group (PPG) follow-up activities designed and delivered					◆			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient stories evaluation completed and case study written					◆			
	Patient leadership At least three cohorts (10 lay members and 10 professional per cohort) completed and evaluated						◆		
	Follow-up of those who took part in pilot programme to assess longer-term impact				◆				
	Clinical Networks Five network exemplars completed				◆				
	All networks to have lay members involved in their structure and processes					◆			
	Informatics Agreed set of measures and data collection developed						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Clinical Innovation Adoption Revised process agreed with CIA with refinement of questionnaire to assess in more detail the quality of PPI in innovations and broader patient and public involvement in process.			✓					
	Five case studies across networks and CIA written up and disseminated						◆		
	Development of lay involvement in strategic priority setting for networks and CIA, built into process for AHSN strategic work going forwards						◆		
	Public involvement Pilot events run and additional funding secured						◆		
	Research Joint statement on PPI in research with links into work plans for individual organisations. Research included in Patient Leadership Programme				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Continued education Links with PPI in University to be developed over the year						◆		
Patient Safety	Patient Safety Academy Mental Health training – agree priority areas and implement training across region				◆				
	Patient Safety Academy Primary Care training – agree priority areas and implement training across region				◆				
	Patient Safety Academy Surgical training – show improvement in reported safety data against pre-training baseline					◆			
	Patient Safety Academy Board awareness training –offer bespoke training packages to all trusts				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Safety Collaborative Establish Patient Safety Collaborative – launched in Q2	✓	✓						
	Patient Safety Collaborative Bid for Patient Safety Collaborative		✓						
	Patient Safety Collaborative Establish Patient Safety Collaborative – due to launch 14 October (workshop to be held 03 March 2015)		✓						
	Patient Safety Collaborative Establish and promote MSc programme for Evidence Based Medicine – programme recruited to and launched	✓							
	Patient Safety Collaborative Agree data requirements with programme teams				→ ◆				

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

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Sponsorship and events (updated programme in place)	✓	✓	✓					
	Supporting materials developed – generic and specific			✓					
	Communications (strategy and) plan			→◆					

Finance

The forecast for the year shows that the AHSN will be on budget. Expenses are tracking close to budget. The main change is in revenue. Income from NHS England will be higher than budgeted, the impact of the Tier 1/Tier 2 adjustment being less than plan. Income from partners will be lower than plan as the Oxford AHSN Partnership Board agreed to hold partner contributions at the 2014/15 levels whereas an increase of 50% had been planned. Consideration will be given to increasing partner contributions in 2016/17 next March.

OXFORD AHSN FINANCE PLAN

Model Period Beginning	01-Apr-15	01-Apr-15
Model Period Ending	31-Mar-16	31-Mar-16
Financial Year Ending	2016	2016
Year of the 5 Year Licence Agreement	3	3
INCOME (REVENUE)	Budget	Fcast
NHS England funding	3,081,728	2,625,843
	-	
NHS England funding Tier1/Tier 2 adj	1,093,000	
Partner contributions	852,000	549,809
HETV income for continuous learning	200,000	200,000
Other income	0	0
NHS England funding - PSC income	641,500	616,032
Total income	3,682,228	3,991,684
AHSN FUNDING OF ACTIVITIES		
Best Care Programme	672,367	672,367
Clinical Innovation Adoption Programme	500,584	500,584
Research and Development Programme	70,000	70,000
Wealth Creation Programme	730,060	730,060
Informatics Theme	386,289	386,289
PPIEE Theme	111,414	111,414
Patient Safety Collaborative & Patient Safety Academy Theme	791,500	791,500
Contingency for programmes	100,000	100,000
Programmes and themes	3,362,215	3,362,215
CORE TEAM AND OVERHEAD		
Pay costs	599,216	599,216
Non-pay costs	515,385	515,385
Communications, events and sponsorship	209,348	209,348
Total core team and overhead costs	1,323,949	1,323,949
Programme funding previously committed	-	
	1,003,935	-700,000
Surplus/(deficit)	-0	5,521

Appendix A- Matrix of Metrics

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
1	Focus upon the needs of Patients and local populations (A)	<p>Best Care Programme (Clinical Networks)</p> <p>The Best Care Programme is designed to deliver AHSN license objective one: focus on the needs of patients and the local populations.</p>	<p>Improve the recovery rate of patients suffering from Anxiety and Depression</p> <p>Improving access, including waiting time standards for Early Intervention in Psychoses</p> <p>Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients</p>	<p>Delivery of first tranche of networks PIDs</p> <p>Variation reports produced</p> <p>MSc Fellowships in Evidence Based Medicine with University of Oxford and Health Education Thames Valley - seven more Fellows for 15/16</p>	1,2,3,4,5	£672,367	<p>Delivery of PIDs on track, variation reports produced by most networks. 6 MSc fellows selected from across the region and clinical specialities.</p> <p>Highlight – Anxiety and depression recovery rate 58% (improved by 10% points);national average is 45%</p>

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
2	Speed up innovation in to practice (B)	<p>Clinical Innovation Adoption Programme</p> <p>The Clinical Innovation Adoption (CIA) Programme aims to improve significantly the speed at which quality clinical innovation is adopted and in the process of adoption - improve clinical pathways and outcomes for patients.</p> <p>The goals of the programme are to;</p> <p>Support adoption of innovations at scale across the region to improve patient outcomes, safety experience and cost effectiveness</p>	Average number of Trusts adopting each innovation	First tranche of innovations adopted	1,2,3,4,5	£500,584	The programme is on track

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
3	Build a culture of partnership and collaboration (C)	To promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.			1,2,3,4,5		Partnership and collaboration grows each quarter. About 1,500 clinicians and non-clinicians are engaged in the 10 clinical networks. Each programme and theme is growing a network of clinicians and non-clinicians from across the NHS,

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
							universities and industry.
		R&D The R&D Programmes aims are to improve R&D in the NHS through closer collaboration between the Universities, NHS and Industry.	Commercial R&D income increase Interoperability - number of Trust CIOs signed up to strategic outline case	Trust R&D plans developed		£70,000	Challenges exist to collecting the commercial R&D income. All Trusts and Universities engaged. Timeline to produce regional Informatics Oversight Group – this will include interoperability
		Informatics The informatics business plan for 2015/16 represents programme of capacity	Information Governance - regional consultation and sign up to the	Information Governance Framework		£386,289	On track – IG Associate working across the region

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		building and delivery to support the key aims of the Oxford AHSN.	AHSN IG sharing framework.				
		PPIEE Patient and Public Engagement and Experience (PPIEE) is a crosscutting theme, working across the programmes of the AHSN, relevant work is cross-referenced to other sections of the business plan.		Provider engagement		£111,414	On track Two patient leaders nominated for HSJ Award
		Core team, overhead, communications, events and sponsorship	Number of subscribers to the Oxford AHSN Newsletter	Raising awareness and profile of AHSN's work, activities, events and partners		£1,423,949	Monthly newsletter subscribers stands at 1,143

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
			<p>Number of hits on the Oxford AHSN website per month</p> <p>Number of attendees at all AHSN events per annum</p>				<p>Annual Review document well received by stakeholders.</p> <p>Annual Partnership Council attended by 100 delegates.</p> <p>Programme of events throughout the year.</p>
4	Create wealth (D)	The Wealth Creation Strategy is to help the region become the favoured location for	Number of health and life science companies in region		1,2,3,4,5	£730,060	50 workstreams.

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		<p>inward life science investment, life science business creation and growth, whilst helping the NHS to accelerate the adoption of medical innovations of significant benefit to patients.</p> <p>The aims of the programme are to:</p> <p>Support companies along the adoption pathway, and provide a continuum with the Clinical Innovation Adoption Programme</p> <p>Support investment into the region</p>	Number of people employed in life science industry				<p>Joint event with ISIS Innovation attracted 300 delegates to a Big Data/Digital health showcase event.</p> <p>Strategic partnership with Johnson and Johnson</p>

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		Build a culture of innovation in the NHS Form and sustain long-term partnerships with businesses.					

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
5	Patient Safety	<p>The principal aims of the collaborative will be to:</p> <p>Develop safety from its present narrow focus on hospital medicine to embrace the entire patient pathway</p> <p>Develop and sustain clinical safety improvement programmes within the AHSN</p> <p>Develop initiatives to build safer clinical systems across the Oxford AHSN</p>	Developing Patient Safety KPIs is part of the 15/16 work plan	<p>Programmes mobilised</p> <p>Measurement regime in place</p>		£791,500	<p>Team in place. Oversight Group chair appointed.</p> <p>Aims for Pressure Ulcer workstream agreed.</p> <p>AWOL in mental health – Oxford Health supporting rollout of improvement project in Berkshire Healthcare</p>

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
						£4,686,163	

Appendix B- Risk Register and Issues Log

Risk Register

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of partnership and collaboration across the region	Insufficient engagement of clinicians, commissioners, universities and industry will prevent the AHSN from achieving its license objectives eg tackling variation, speeding adoption of innovation at scale and improving prosperity of the region	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 and Theme, broadening representation across our stakeholders. Within the Wealth Creation Programme local working groups have been established with each of the each of the	AHSN Chief Executive	Programme SROs	06-Sep-13		AMBER

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG	
							<p>LEPs. In addition we have two members of the team who are each focused upon a specific geography and are based out in that geography (Buckinghamshire LEP and University of Reading)</p> <p>Celebrate early successes through Case Studies & Events</p> <p>Regular monthly newsletter.</p> <p>Quarterly review of breadth and depth of engagement by Clinical Networks and all programmes and events.</p> <p>CIA analysis of strategic priorities of commissioners and providers as highlighted priority areas for AHSN programmes and themes.</p> <p>Test bed application opportunity for more engagement with commissioners</p>						
6	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease Silo working re-emerges to	Med	Med	> 6 / 12	Successful delivery of all Programmes as per the Business Plan will strengthen Partner support	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul-14		AMBER	

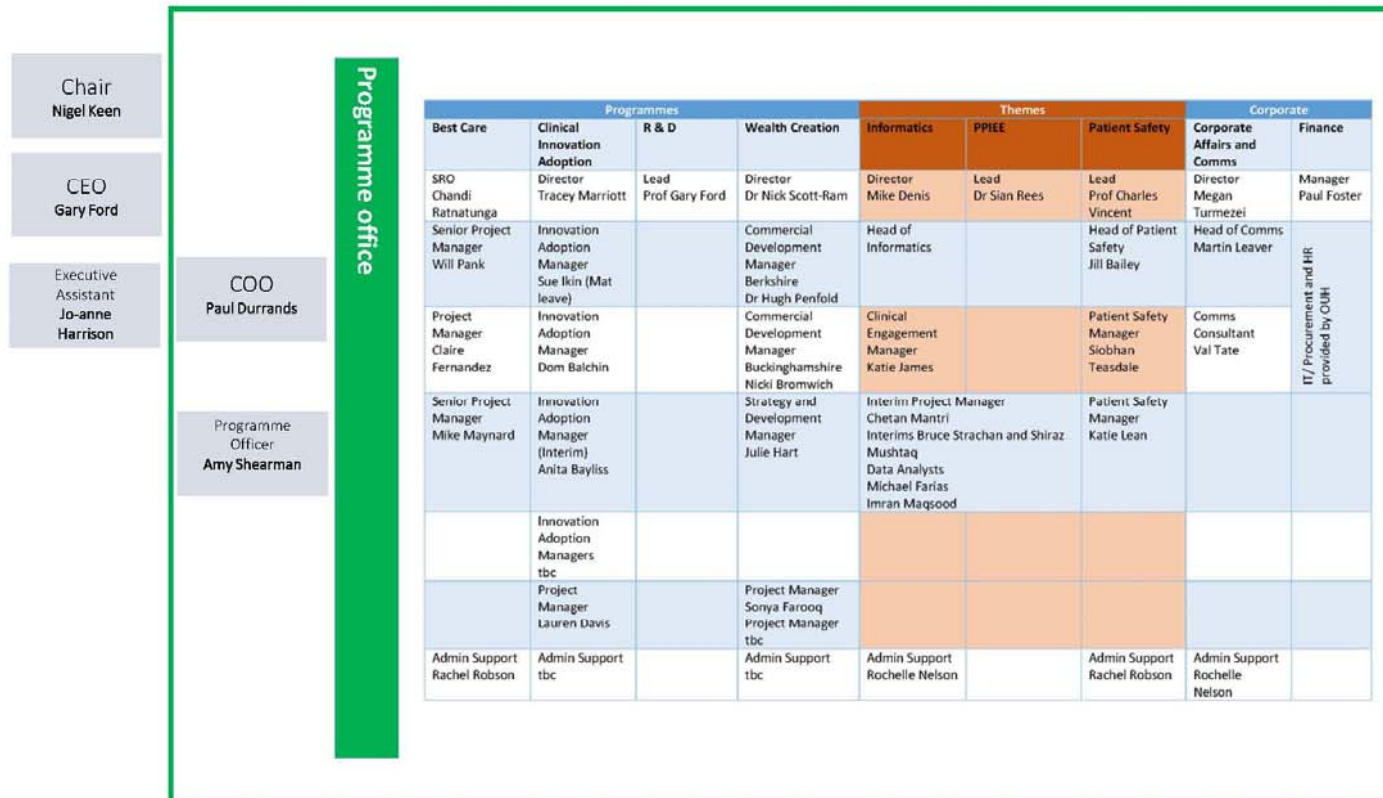
#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
			detriment of patients				<p>Establishment of collaborative working across, and between, Partners as the 'normal' way of working</p> <p>We will commit to fund the clinical networks until March 2016</p> <p>Round two process for clinical network funding for years four and five in place for Autumn 2015.</p>					

Issues Log

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
18	Oxford AHSN Corporate	Clarity of NHS England funding	Minor	Financial	<p>Funding for 15/16 has been confirmed and partners have agreed to continue to make contributions at the same level as 14/15.</p> <p>NHS England has confirmed AHSN funding for years 4 and 5 at £3.2m</p> <p>Further discussions at the Partnership Board will take place with regard to a potential increase in partners contributions in years 4 and 5</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28/11/2013	Action – 80% Complete	
19	Oxford AHSN Corporate	The interface with, and respective roles of, the Strategic Clinical Networks (SCN) and the Senate remain	Minor	Strategy	<p>Results of the improvement architecture review are still pending.</p> <p>The AHSN is working closely with the SCN to ensure there is no</p>	AHSN Chief Executive	Best Care SRO	03/06/2014	Action - 60% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		unclear. There may also be elements of duplication.			wasteful duplication of effort and resource. Several clinical networks are very closely integrated eg Maternity, Childrens and Diabetes					
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. Produced comprehensive annual report produced and new look annual review focused on impact. Events - improve marketing and evaluation of events.	Director of Corporate Affairs	Director of Corporate Affairs	19/01/15	60% complete	

Appendix C– Oxford AHSN Core Team



Appendix D – List of Key Events and forward look

Best Care	Innovation Adoption	Wealth Creation	R & D	Informatics	PPIEE	Corporate Network wide
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Other events are listed on our website www.oxfordahsn.org in the events section

Month	Week 1	Week 2	Week 3	Week 4	Week 5
April 2015			15-17 th Personalised Medicine World Conference	23 rd Medicines Optimisation Road Show 24 th Diabetes Annual Network Meeting	30 th AHP Leading Workforce transformation
May 2015		11-13 th BioTrinity	19 th 2023 Innovation Challenge Finals		
		14 th Health Education Thames Valley Partnership Council			
		15 th Out of Hospital Network Launch			
June 2015	2 nd Mental Health Network Event		17 th AHSN Partnership Council meeting Magdalen Centre, Oxford		30 th Isis Innovation/Oxford AHSN Innovation Showcase e-health and Big Data
July 2015		8 th Venturefest 9/10 th Alumni Summit			
		8/10 th Evidence and Innovation in primary care			

Month	Week 1	Week 2	Week 3	Week 4	Week 5
		9 th HETV Partnership Council meeting			
August 2015					
September 2015	2/3 rd Health and Care Innovation care EXPO Manchester			22 nd AHSN Partnership Council meeting, Aylesbury	
				24 th Digital Health Event 24 th TTIP Event with NHS Confed – Open for Business – and America Business First	
October 2015		15 th AHSN Board meeting			
November 2015					
December 2015	2 nd Planned Physical Activity meeting/showcase				

Appendix E – Best Care Stakeholder Maps

Please note that some contacts could only be identified according to organisation, and others only according to role. (Incomplete data submitted). This has caused the total numbers to vary between tables.

Engagement by the Oxford AHSN Clinical Networks across the region (by organisation):

Organisation	Beds	Berks	East Berks	West Berks	Bucks	Milton Keynes	Swindon	Oxon	AHSN Region	National	Out of Region	Total
Commissioners	5	5	12	12	24	12	4	51	84	15	2	226
GP Practices		1	1	2	12	2	0	16	0	0	0	34
Industry	0	0	0	1	0	0	0	14	22	32	12	81
Local Authorities	1	1	3	1	15	1	0	9	0	0	1	32
Regulating Bodies	0	0	0	0	2	1	0	0	1	6	0	10
Research	0	1	0	0	0	0	0	6	1	2	5	15
Trusts	17	198	48	39	75	75	29	368	9	0	22	880
Universities	4	5	0	18	6	7	0	102	2	8	6	158
3rd Sector	0	2	0	1	1	1	1	8	1	5	3	23
Other	0	0	4	1	3	0	0	29	11	5	24	77
Total	27	213	68	75	138	99	34	603	131	73	75	1536

Engagement by the Oxford AHSN Clinical Networks across the region (by Role):

Role	Beds	Berks	East Berks	West Berks	Bucks	Milton Keynes	Swindon	Oxon	AHSN Region	National	Out of Region	Total
Administrator		3			2			16	3	1	1	26
AHPs	2	15	3	1	5	5	5	58	0	0	7	101
Commissioners	3	6	18	14	21	23	5	44	20	0	7	161
Communications								4	4	2		10
Council	0	3	0	0	3	0	0	6	0	0	0	12
Doctors	7	61	21	26	44	18	9	149	6	0	24	365
Finance									2			2
Health Scientists	0	0	0	0	0	0	0	1	0	0	0	1
Industry/Private Sector				1				18	19	31	21	90
Midwives	0	7	0	0	5	3	0	25	1	0	1	42
Non-medical consultant			1					1	1		1	4
Nurses	3	29	11	2	21	16	9	46	4	0	1	142
Quality Assurance							1		4			5
Patient/lay advisor/carers		1		3	2			9			2	17
Pharmacist	4	5	3	1	7	2		10	4	2	2	40
Provider manager	1	17	7	5	9	14	4	36	11	5	12	121
Research Clinician								14				14

Research Manager		5	2		4	1		20	2	1	1	36
University / Academia	2	3	0	8	3	3	0	52	1	6	1	79
3rd Sector	1			1	1	1	1	10	4	2	2	23
Other	3	2	4	7	7	6		33	60	11	12	145
Total	26	157	70	69	134	92	34	552	146	61	95	1437