Oxford Academic Health Science Network

Oxford AHSN Year 3 Q3 Report

For the quarter ending 31 December 2015

Professor Gary A Ford CBE FMedSci

'This is what I would look like with flu' poster competition

Children in Years 1 and 2 at schools across the Oxford region took part in our poster competition to raise awareness and understanding of nasal flu spray programme.

The overall winner was by Owen Lock, six, of RAF Benson primary school, see his poster, above.

See best entries in this downloadable 2016 calendar.

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Chief Executive's Review

The landscape the AHSNs operate in continues to evolve and change as NHS England, commissioners and providers develop their plans to deliver the Five Year Forward View. We remain focused on supporting our partners use innovation and learning across the Region to deliver local transformation to improve population outcomes and value. The interim report from the Accelerated Access review emphasises a key role of the AHSNs in delivering more rapid adoption of innovation for patient benefit with a systematic approach to prioritising and assessing the case for investment, and through strong alignment with the new models of care.

In this context a key priority for the AHSN in the last quarter has been developing a high quality joint Test Bed programme application from Oxford and Wessex AHSNs. Our application was submitted in November and we were invited to the panel interview at Richmond House on 30th November. Our team comprised the clinical programme leads, Anoop Chauhan (Respiratory), Jacky Prosser (Long Term Conditions), Damian Jenkinson (Stroke), Alan Croft (Circassia) and myself. The Test Bed has brought together strong clinical leaders from across the two AHSNs, combines 16 innovations across three programmes of work and provides an opportunity to draw upon the skills from partners in both AHSNs. [At the time of writing we are waiting to hear if our application has been successful].

The major event this quarter was Get Physical which brought together 150 people, mostly clinicians, from across the region (see Case Study below). Integrating physical activity into our daily lives, the lives of our staff and in patient pathways is critical to improving the health of our region. The event was designed to provide practical help and support to clinicians and HR professionals from other colleagues in the region. The Steering Group will identify areas for further collaboration.

In October we reviewed 14 applications for the ten existing clinical networks and four new proposals to determine which networks would be funded for the next two years. Following panel review eight networks were selected including a new Respiratory network led by Professor Ian Pavord.

Whilst it has been published with a heavy caveat not to make direct comparisons, the recently published Patient Safety Thermometer has shown that there are significant opportunities for improvement in the Oxford AHSN region. Our patient safety theme is working on the key areas monitored by the PST including reducing pressure ulcers, acute kidney injury, sepsis and falls.

Our Wealth Creation programme is developing strongly and I am delighted that we have signed a strategic partnership with Johnson & Johnson, an internationally leading company, with UK headquarters in Buckinghamshire that we work with in many of our programmes and themes. The Wealth Creation team has updated our interactive map showing what a strong region this is for life sciences with 768 life science companies based in our region.

Even though it is very early in the development of the AHSNs, like the rest of the system, we are under pressure to demonstrate value. To that end we have asked the Office of Health Economics and Rand to evaluate six of our projects by the end of the year.

I wish our partners, the Board and my team a happy Christmas and success in 2016.

Professor Gary Ford

The Leading Together Programme: patients, professionals and the public working together to improve care

Start and end dates of work covered by case study

2015-2017

Headline quote

"'I don't think you can really teach someone to be a Patient Leader but you can give that person with a passion to make change a tool kit to help them do it. That's what we do on our Patient Leaders course."

Lead AHSN and joint partners

Oxford Academic Health Science Network, NHS England South Central and Strategic Clinical Networks, Health Education England Thames Valley and Leadership Academy, NHS England South Revalidation Team and our delivery partner - The Performance Coach.

Key points at a glance

The Leading Together Programme will develop and deliver collaborative leadership training for professionals and lay partners, working together.

Background Summary

Sustainable healthcare in the 21st century depends on patients being actively engaged in maintaining their health, in managing the illnesses that affect them and in designing and delivering healthcare systems. To achieve this we need informed patients, professionals that can engage with patients as partners and person-centred healthcare systems that respond to what patients need and say. Working in partnership with patients, carers and the public is embedded in national policy from the NHS's *Five Year Forward View*, to statements by the Council for Healthcare Regulatory Excellence, overseeing the bodies that train NHS Staff, and the UK National Institute for Health Research, overseeing much of the UK's publically funded health research.

The policy context is an important enabler to achieving person-centred approaches in service delivery, research, education and training. However, alone it is insufficient. It is often said that we need a shift in culture to achieve a real and lasting change to the way in which we all work with lay people to achieve genuine partnership. The Leading Together Programme is part of this shift, bringing together professionals, patients, researchers, carers and the public to learn new

approaches to collaborative working, to really get what it means to co-create services and research that support high quality compassionate care.

During 2016/17, we are running six leadership development courses of three days. Key components of the courses are:

- equal numbers of professionals and lay participants, twenty on each course;
- aimed at people who are, or will be, working at a strategic level in organisations;
- participants from the same geographical area;
- pairs of professionals and lay people undertaking a project together in local organisations so that lasting partnerships and networks are established;
- drawing on the strengths sand experiences of participants, so that learning is embedded;
- encouraging applications from seldom heard groups, such as young people, people from BME groups and people with mental ill health.

We are currently co-creating content for the programme and have recruited to our first two cohorts, starting in February and March 2016.

We have already been nominated for an Academy of Fab Stuff Award.

Challenge identified and actions taken

Ensuring diversity in lay participants - working with local voluntary ad community sector organisations

Outcomes

- An initial cadre of 120 professionals and lay partners who understand how to work together to change culture
- A network of professionals and lay people actively working together at a strategic level
- A compendium of case studies arising from the projects undertaken by participants in the Leading Together Programme

Plans for the future

The Programme will be independently evaluated and we will be exploring models for sustainable rollout, including collaborations with industry.

Contact for further information

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Early intervention improves youth mental health services and cuts costs

Start and end dates of work covered by case study

2014-ongoing

Headline quote

"The Early Intervention in Psychosis service has been the stepping stone that I needed. The team has helped me step up and leave my mental problems behind. They gave me support to apply to university. They gave me so much encouragement."

Lead AHSN and joint partners

Oxford AHSN Early Intervention in Mental Health Clinical Network, National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care Oxford, Johnson & Johnson.

Key points at a glance

Having identified significant variation in service provision the Oxford AHSN carried out thorough analysis with partners in research and industry to establish which model delivers best outcomes and best value in relation to early intervention services for young people presenting with first episode psychosis. The findings of the audit support specialist early intervention and led to recommendations to NHS commissioners and service providers. These have been accepted and commissioners are working to fund reconfigured services. Our findings also informed regional benchmarking and the development of national guidelines around referral to treatment times ahead of the introduction of the first mental health waiting time standards.

Background Summary

Psychosis is a relatively common, disabling disorder affecting thousands of young people every year. It has a hugely detrimental impact on young lives and costs the UK economy an estimated £11.8bn per year. Early intervention in psychosis (EIP) services are a key priority identified in the NHS Five Year Forward View and in the development of a first national referral to treatment time target for mental health.

Challenge identified and actions taken

A comprehensive evaluation of the impact of early intervention services in the Oxford AHSN region over a three-year period for people with psychosis aged 16-35 was carried out with Johnson & Johnson. The analysis highlighted high variability in team structures, workforce capacity, competency and outcomes. The audit found that one of the three regional service providers did

not have a stand-alone early intervention service and only approximately one in five patients were receiving support from specialist community treatment teams. However, the findings showed that this input had a positive impact on clinical, social and economic outcomes – for example, 38% were in education or employment compared to 25% of those not receiving specialist support. It also demonstrated reduced demand on health services. Higher use of community services by this group was more than outweighed by reduced use of more expensive hospital services, with 10% fewer admissions and less time spent in hospital. Annual savings in reduced bed days amount to approximately £5,000 per patient. Reduced use of secondary care services saves a further estimated £2,000 per patient per year. With almost 1,000 young people presenting in the Oxford AHSN region with first episode psychosis every year, total annual savings of £5m-£7m to the local NHS are estimated.

Outcomes

Local plans are now being developed to move to the agreed best model which is in line with the new national guidelines around referral to treatment times covering first mental health waiting time standards which come into effect in April 2016. Every early intervention in psychosis service in the Oxford AHSN region has received additional investment to build their clinical teams to respond to this challenge.

Plans for the future

Monthly meetings bringing together commissioners and providers which started in May 2015 are ongoing. These review improvement plans and outcomes. A follow-up audit is planned for April 2016 to further measure progress and impact on outcomes. The Oxford AHSN Early Intervention in Mental Health Clinical Network, which aims to improve health and social outcomes for young people with first episode psychosis, is moving from establishing evidence of effectiveness of EIP services to supporting implementing this evidence into practice. This work is also informing the development of new national standards.

Contact for further information

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Improving NHS staff and patient health and wellbeing through daily exercise

Start and end dates of work covered by case study

9 December 2015

Headline quotes

"This is a crisis meeting. We can't go on as we are. Get out of your silos. Our collective vision is that we want to do this." **Dr William Bird, Chief Executive, Intelligent Health**

"Thank you for a thought-provoking event whose key messages will stick with me for a long time to come." **Jessica Auton, Managing Director, Aseptika Ltd**

"It is very important that the NHS and physical activity partners/deliverers are better linked up. We will only succeed if we work in partnership." **Laura Godfrey, Exercise Coordinator Age UK Oxfordshire)**

Lead AHSN and joint partners

Oxford AHSN, Public Health England, Oxfordshire Sport & Physical Activity, Get Berkshire Active, and Leap (Bucks and Milton Keynes Sport & Activity Partnership)

Key points at a glance

The event opened with a short tai chi session ….

After an initial feasibility meeting in May 2015, the Oxford AHSN assembled a steering group, chaired by Dr Paul Durrands, which comprised its joint partners (as above), Health Education England Thames Valley, and Occupational Health from Oxford University Hospital NHS Foundation Trust and Oxford Health NHS FT. With input from the AHSN Clinical Network leads and keynote speaker Dr William Bird, this group devised the Get Physical event to involve regional healthcare and sports professionals from a broad range of specialities including primary and secondary care clinicians, nursing staff, physiotherapists, commissioners, local and regional councils, activity and service providers,

industry and advisors. The programme was planned so delegates could exchange examples of best practice and explore strategies encouraging NHS staff and patients to incorporate regular exercise into their daily lives leading to improved health and an enduring sense of wellbeing. To underline the importance of keeping active throughout the day, the event opened with 5 minutes of tai chi exercises and finished with Bollywood dancing.

.. and closed with Bollywood dancing

Background summary

Get Physical, held at the Oxford Belfry, Milton Common, Oxfordshire in December 2015, was a pioneering half-day interactive event to share the growing evidence that physical activity can prevent or treat up to 23 long-term conditions including arthritis, cancer, cardiovascular diseases, dementia and diabetes, build confidence, reduce social isolation, and significantly contribute to improved mental health.

Challenges identified and actions taken

Two workshops explored the challenges and benefits of introducing exercise into the workplace and into patient care pathways. Shift-work patterns and stress are particular challenges faced by NHS staff. Patients are reluctant to exercise, although growing evidence suggests regular exercise will reduce the chronic inflammation underlying much common illness, including cancer. Four separate workshops delved more deeply into the care of patients with mental illness, dementia, diabetes and cancer. Common themes emerged across all workshops. Delegates called for staff or patient-led programmes to ensure physical activity is meaningful, fun and enduring. Physical activity must be a priority in clinical care, not an afterthought, and as important as medication or therapy. Everyone who comes into contact with a patient at any stage of their illness or recovery, from receptionists to clinicians, should be trained to explore physical activity options with the patient as an integral part of their care pathway.

Outcomes

A report is available to download at www.getphysical.org.uk. Video interviews will be available from January 2016.

Plans for the future

The Steering Committee met in December 2015 to consider feedback from speakers and delegates collected on the day and by online survey, and to debate what further actions are feasible against a background of available resources.

Contact for further information

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Operational Review

Overview

The year end is looming and the pace of collaborative work across the region is very intense in order to hit the milestones by the end of March. We are often asked about our collaboration with other AHSNs. Whilst our focus is always on this region, we do collaborate where there are benefits to our local partners and to other AHSNs:

Oxford AHSN works with other AHSNs:

- Oxford AHSN and Wessex AHSN **Test Bed** application
- Best Care – **Medicines Optimisation** – AHSN Network
- Best Care – **Imaging** with Yorkshire & Humber AHSN
- CIA joint event '**NHS Innovation Scouts**' visit to 3M with NW Coast AHSN & NHS England (Tony Young presenting)
- CIA **Intraoperative Fluid management** - NHS Benchmarking & GM AHSN
- CIA NICE Implementation Collaborative **nalmefene (TA325) alcohol control** national project involving NW Coast, GM and Wessex AHSN
- Wealth **SBRI Health** – supporting local applicants and the national programme
- Patient Safety – South of England **Mental Health Collaborative**
- Oxford AHSN Head of Communications is co-chair of AHSN Network Communications forum

Other regional/national initiatives that Oxford AHSN is supporting:

- Best Care **Early Intervention in Psychosis** has developed the national standards for EIP Preparedness – being rolled out across the country

A great example of bottom up collaboration is the recent Get Physical event, where we brought together Public Health, County Sports Partnerships, Health Education England Thames Valley, Clinical and HR Leaders from across the region, to co-design and deliver a half-day event to improve the health and wellbeing of patients and staff through physical activity (see Case Study above). One third of the 150 participant's fed back with almost 90% saying that the meeting met their expectations and wanted to see further joint action following on from the meeting. The Steering Group met before the Christmas break to review the feedback and initiatives that would benefit from further collaboration – there is a lot of interest amongst clinicians to have more training in motivational interviewing. Wellbeing is now a strong element of the work of the Oxford AHSN and of the staff based in the core team.

We have strengthened the Clinical Innovation Adoption and Patient Safety teams this quarter.

I will endeavor to pick out the highlights from the detailed reports of the seven programmes and themes:

1. Best Care programme has undertaken a thorough review and process to determine which clinical networks will be supported in the next two years. A panel including Patient Leader Mark Stone, Cathy Winfield (Chief Officer Berkshire West CCG Federation), Angela Coulter (Picker Institute), Aarti Chapman (Deputy Director of the SCN), Chandi Ratnatunga (SRO Best Care) and Oxford AHSN CEO Gary Ford recommended to the Oxford AHSN Board that seven of the networks should continue to be funded, three (Diabetes, Co-Morbidity and

Out of Hospital) would cease and a new network, Respiratory, to be led by Ian Pavord should be developed. In a climate of reduced funding, the process has ensured that the Best Care clinical networks and the SCN are better aligned and duplication avoided.

2. Best Care Dementia Clinical Network. The work of the Young People with Dementia project won the team of the year award from the Royal College of Psychiatrists.
3. The Early Intervention in Psychosis Preparedness work is on track for 20 South of England providers. Work continues to support some of the Trusts where progress with local strategic and development plan.
4. The Best Care Maternity Network has created an image and data link between OUH, MK, RBH and Wexham Park. This provides a two-way link to improve patient care and provide a platform for a regional database. More work is required to bring GWH and Bucks Health on to the system.
5. Clinical Innovation Adoption Intermittent Pneumatic Compression sleeve rollout is showing utilisation at 53% (nationally 27%). This means that 320 more eligible acute stroke patients have received the sleeves, preventing 12 in hospital deaths. We will support he Trusts and measure uptake until we hit 80% as a region.
6. Clinical Innovation Adoption. The Gestational Diabetes telehealth rollout will be completed by the end of Q1 2016/17, three months behind schedule. This delay was caused by changes in meter standards (ISO2013) which required a substitute meter used by the GdM system.
7. Clinical Innovation Adoption. The Catheter Acquired UTI project is getting traction. This is particularly important given the region's position on the national Patient Safety Thermometer. The project will:
    - Standardise protocols for catheterisation
    - Establish the number of bladder scanner required in each organisation and develop business case for additional bladder scanners
    - Develop catheter training packages
8. Clinical Innovation Adoption. In conjunction with the National Osteoporosis Society a dialogue about Fracture Liaison Service across most parts of the region
9. Research & Development. The Oversight Group was well attended by NHS and University colleagues. There were discussions led by Dr Atul Kapila and Professors Sue Procter and David Evans.
10. Wealth Creation. Since the programme commenced, the team has engaged with 320 companies and entered into 21 formal arrangements. The interactive map has been updated which shows that there are 768 life science and healthcare companies in the region – making it the largest cluster in Europe. £9m of additional funding has been attracted to the region. 1,160 delegates have attended Wealth Creation events. A map of digital health opportunities across the Oxford AHSN region will be completed by March 2016.

11. Wealth Creation. The Oxford and Wessex AHSN Test Bed proposal was submitted in early November. It was one of 10 proposals selected for panel assessment on 30 November. We await to hear if we have been successful.
12. Wealth Creation entered into a strategic collaboration with Johnson & Johnson which covers a broad range of initiatives across the programmes and themes.
13. Wealth Creation – sustainability. We have a working group that involves all the Universities and Trusts. Projects producing an annualised saving of £9m are in progress. A recent national survey by the Sustainable Development Unit showed that the majority of Trusts nationally were missing carbon targets. These projects will reduce carbon footprints of several partner Trusts by 30-40%. An expression of interest under the NHS England Healthy New Towns initiative has been successful in progressing to the next stage of the process.
14. Informatics. The Information Governance framework is being updated to reflect comments received during the consultation. It has been formally reviewed by IG professionals across the region. Once the approvals process for the document is clear it will go out to the partners for sign off in Q4.
15. PPIEE. The team comprising Sian Rees (Director), Emma Robinson and Mildred Foster is working extremely well and collaboration with NHS England South Central is strengthening. We benefit from input to the programmes and themes from Carol Munt and Mark Stone and many other patient leaders.
16. PPIEE. The major focus of work over the past three months has been on developing collaborative leadership through the Leading Together programme (see Case Study above). Since appointing The Performance Coach to develop and deliver this programme of leadership development for professionals, patients and the public we have been working to co-create programme content and recruit participants for the first cohort starting in February. This cohort is now full with ten lay partners and professionals from a range of backgrounds due to attend.
17. Patient Safety Oversight Group, chaired by Jean O'Callaghan, CEO of RBH met for the first time. Patient Safety is making progress towards establishing metrics for each of the workstreams.
18. Patient Safety has added a sixth workstream in collaboration with the Maternity clinical network – a project to eliminate retained swabs.
19. Patient Safety – Mental Health. Central and North West London (CNWL) FT has now joined Berkshire Healthcare and Oxford Health in the AWOL project. CNWL has also joined the South of England Patient Safety Collaborative which is supported by the Oxford AHSN Patient Safety theme.
20. Stakeholders and engagement. Newsletter subscribers have increased by 338 since last quarter to 1,513. Twitter followers (now over 1,500) and visits to the website have also increased. Rather than hold an annual meeting and to reach more people across the AHSN, the leadership team will run ten or more engagement events across the region in May, working closely with the partners.

21. Finance. Forecast is little changed from Q2. Forecast expenditure is £200k less than budget. NHS England has indicated that there is a risk of a funding cut in 2016/17 and we are identifying areas to take out further cost. This inevitably means that we will have to reduce some activity.
22. Business Plan 2016/17. In 15/16 we made sure that our work is aligned to the NHS Five Year Forward View. However, as the region's commissioners, providers and councils develop their plans to move care close to home, pool budgets and form outcome based contracts the AHSN programmes and themes must ensure they are relevant, aligned and support local objectives.

I would like to thank all the AHSN partners and my team for all their contributions towards making our region a healthier place to live.

Dr Paul Durrands, Chief Operating Officer

Key Milestones – progress to date

Programme/Theme	Key Milestone	Progress to date
Corporate	Oxford AHSN 5 Year Strategy	Will be complete by year end Q4
Best Care	Delivery of first tranche of networks PIDs Variation reports produced	Diabetes and Out of Hospital networks have severe delays to most projects. Imaging and Dementia networks have some severe delays but are working through revised plans. Other networks remain largely on track. Completed and report published October
Clinical Innovation Adoption	First tranche of innovations adopted	Very high level participation. Implementation taking longer than planned.
R&D	Trust R&D plans developed	Trusts have agreed to produce by end of year.
Wealth	Alumni International Conference Regional diagnostics council for industry	Complete Established
Informatics	Information Governance Framework	Final consultation has taken place and the document updated based on feedback.
PPIEE	Provider engagement	Planned for Q4
Patient Safety	Programmes mobilised Measurement regime in place	Programmes established Progressing
Stakeholder engagement and communications	Raising awareness and profile of AHSN's work, activities, events and partners	Regular increase in Newsletter and Twitter followers each quarter. Clinical network members 2,323

Key Performance Indicators (KPIs)

Programme	Licence Objective	High level KPI (measured annually unless otherwise stated)	As at Q3
Best Care	1,3,4	Improve the recovery rate of patients suffering from anxiety and depression by 5%	Improved from 48% in 14/15 Q4 to 56.3% in Sept 15/16.
Best Care	1,3	Improving access, including waiting time standards for Early Intervention in Psychoses	Currently 39% of patients allocated an EIP coordinator within 14 days. Second audit due end Q4.
Best Care	1,3	Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients	New Respiratory Clinical Network will take over this KPI from Q4
Best Care	1,3	Establish common protocols for radiology diagnosis across the geography	A common protocol has been agreed for prostate MPMRI and is being rolled into practice. PET-CT will be added in 16/17
Clinical Innovation Adoption	1,2,3,4	Average number of Trusts adopting each innovation	Participation of Acute and Mental Health Trusts in workstreams more than 80%. Implementation rate 29% in Acute and 32% in Mental Trusts.
R&D	4	Commercial R&D income increase	Baseline data to be obtained
Wealth Creation	4	Number of health and life science companies in region	768 life science companies
Wealth Creation	4	Number of people employed in life science industry	19,753 (est based on 10% from national figures)
Informatics	1,3	Interoperability – number of Trust CIOs signed up to strategic outline case	To be reported in Q4
Informatics	1,3	Information Governance – regional consultation and sign up to the AHSN IG sharing framework.	Sign up to be completed by end of Q4
Stakeholder engagement	3	Number of subscribers to the Oxford AHSN Newsletter Twitter followers	1,518 as at 22 December and increase of 338 since Q2
Stakeholder engagement	3	Number of visits on the Oxford AHSN website per month	Just under 70,000 visits per month an increase of 15% since Q2
Stakeholder engagement	3	Number of attendees at all AHSN events per annum	To be reported at the end of the year

Best Care

Deliverables report published, showing early tangible successes from the Clinical Networks:

(http://www.oxfordahsn.org/wp-content/uploads/2012/11/12508_Oxford_AHSN_Best_Care_Programme_Review_web.pdf)

Round 2 process and outcomes

As reported at Quarter 2, this process had a robust governance process, a panel representing a broad spectrum of AHSN stakeholders (see below), and the following main aims:

1 – to review and revalidate the work and overarching objectives of each network, and where necessary, to agree to close down networks which are not felt to have been effective.
2 – to allow new networks to join the programme.

Name	Role	Organisation
Mark Stone	***Patient Representative***	***N/A***
Joe Harrison*	***Chief Executive***	***Milton Keynes Hospital Foundation Trust and Chair of the Best Care Oversight Group***
Gary Ford	***Chief Executive***	***Oxford Academic Health Science Network***
Cathy Winfield	***Chief Officer***	***Berkshire West Clinical Commissioning Group Federation***
Geoff Payne**	***Medical Director***	***Thames Valley Strategic Clinical Networks***
Angela Coulter	***Senior Research Scientist***	***Nuffield Department of Population Health***
Chandi Ratnatunga	***Senior Responsible Officer***	***Oxford Academic Health Science Network Best Care Programme***

Unfortunately, Joe Harrison was on sick leave on the 2 days of the review. Gary Ford chaired the meeting in his absence.

*****Aarti Chapman, Associate Director, Thames Valley Strategic Clinical Networks deputised for Geoff Payne.***

The review panel discussed each bid pre- and post-interview, and made recommendations to the AHSN Board, which itself debated and accepted the recommendations on October 14th.

Given the year-on-year reduction in funding to AHSNs, and the closer collaboration with the Thames Valley SCN, the decision was taken not to renew the funding for the Physical-Mental Comorbidity, the Out Of Hospital Care and the Diabetes networks.

Despite delivering some good work, it was felt that these networks had not been as successful as others.

It was agreed that the Out Of Hospital Care network would work with the newly commissioned Thames Valley Urgent and Emergency Care Network (UECN) to ensure organisational intelligence was transferred.

The SCN, already having networks covering Diabetes and Mental-Physical Comorbidity, agreed to absorb the work of these AHSN networks into its programme.

This leaves seven of the original ten AHSN Clinical Networks with funding extended for a further two years, to coincide with the end of Oxford AHSN's first licence period.

In addition, the AHSN Board agreed to fund a new Respiratory Clinical Network, based on a strong bid and interview, and the panel agreeing there was a clear need which their proposal addressed.

The panel commented after the reviews that the opportunity to scrutinise in detail the work of Best Care had been of great value, and this has helped to build joint ownership and collaboration between the networks and those organisations represented on the panel.

The Best Care team will now work with the continuing networks to refresh their plans in the light of the extended lifespan, and with the new network to agree plans, ensuring that lessons are learnt from their experiences to date. It will also work with the closing networks to ensure the good work they have done to date is transferred and built upon.

Closer working with SCN and Health Education England Thames Valley

Following the review of networks, the AHSN and SCN have committed to working even more closely together. This is best exemplified by the agreement that the SCN will look to continue the work started by those AHSN clinical networks which will not be funded beyond March 2016. This will in turn necessitate sharing of work plans and objectives, and some agreement over how these will be monitored and ultimately measured.

The network reviews themselves, and the invitation to sit on the panel, were very well received by the SCN, with an acknowledgement that it greatly enhanced visibility of the AHSN objectives. It was agreed that a reciprocal arrangement would be put in place by the SCN.

The Best Care Programme has also agreed with the SCN that there should be some shared responsibilities and resource between the Children's networks of the two organisations. In particular, it was agreed that sharing the clinical leads would bring many benefits including geographical/organisational 'reach', and as an SCN clinical lead post is currently vacant, this is where we will now look to realise this joint approach. The Best Care Programme Manager and the SCN Programme Manager continue to meet monthly to discuss collaboration.

Best Care has also been working with University of Oxford and HEETV to try to raise funds for a third annual cohort of Evidence Based Healthcare Fellows. This has proved problematic due to reduced funding for all three organisations. Nonetheless the AHSN hopes to advertise for a small number of fellowship opportunities in January 2016.

Best Care programme - Clinical Networks

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

Health Economics (HE) expertise has been provided to the clinical networks to help evaluate the economic impact of their work. A strategic partnership with Johnson & Johnson has been formally agreed, which will support the work of the mental health clinical networks in returning patients to education, employment and training. This agreement will be fulfilled through their Corporate Social Responsibility programme, and has been facilitated by our Wealth Creation team.

Major programme risks in the next quarter will be the launching of the new Respiratory Network, the management of the transition of the discontinued networks (minimal loss of momentum), and relaunching the Imaging Network.

The **Anxiety and Depression (A&D)** network has consolidated its work to increase recovery rates in IAPT service in Q3 providing bespoke training and support to drive continuous improvement and closely monitor where services require support; this is evidenced by the advanced couples behaviour therapy, safeguarding for OCD, ICD coding and PTSD workshops held in Q3 and the creation of an action plan to increase referrals for the number of older adults, including those with Dementia and their carers (anxiety and depression are twice as likely to occur in this group but referral rates are low). Challenges continue for the CYP-IAPT project with the next phase focusing on the identification of a fit-for-purpose data collection system, which is key to the data-driven approach to improve services and patient outcomes through the consistent and systematic use of Routine Outcome Measures (ROMS). Work to improve data quality and completeness using existing systems is under way and an early data extract from Oxford Health has provided some very promising figures which indicates that as many as 82% children and young people are now being discharged with paired outcome data (from a baseline figure of 46.6% provided in March 2015). The recent report on the implementation of service innovation and improvement plans shows clear progress in this area. This places the Clinical Network in a strong position to apply for the early adopter integrated care funding for patients suffering with LTC and co-morbid anxiety

and depression allocated in the recent comprehensive spending review. The A&D Patient Forum continues to be a core element of the Network providing input into their 2016-2018 plans and giving valuable feedback on the Patient Choice Questionnaire which is handed out to all patients suffering with depression. Their central role is reflected through the creation of dedicated pages for the Patient Forum on the A&D AHSN webpages.

The **Children's** clinical network is currently undertaking two clinical practice audits: one for gastroenteritis and one for bronchiolitis. It will use these together with its second annual variation report (data analysis underway, due for publication January 2016) to engage with providers and commissioners in the region and highlight areas for improvement. It has also been heavily involved with public health teams and GP practices to support the annual flu campaigns across the region, following strong endorsement from public health and CCG officials last year. It continues its work to agree a set of clinical practice guidelines across the region for antibiotic prescribing.

This quarter has been highly rewarding for the Dementia Clinical Network - the Royal College of Psychiatrist Memory Services National Accreditation Programme (MSNAP) accredited three Oxford Health memory clinics at the 'Excellent' level and one clinic at the 'Accredited' level. This outstanding achievement brings the Oxford Health Memory Clinics in line with those in West Berkshire and provides an important example of how AHSN work can directly improve care quality for patients, reduce variation and share best practice across the AHSN geography. This achievement also reflects the hard work and dedication of the Dementia team, especially Maureen Cundell the nurse who led the work, and their extended network. The work of the Young People with Dementia (YPWD) project has also received recognition through a Royal College of Psychiatrists award for Team of the Year for the Younger People with Dementia (Wokingham Older People's Mental Health Service, Berkshire Healthcare NHS Foundation Trust). This team led on the creation of a highly successful YWPD programme to improve the treatment and well-being of patients with young onset dementia and their carers. Through support provided by the AHSN, key elements of this model will roll out into East Berkshire providing YPWD workshops and shared activity sessions for patients and carers.

The **Diabetes** network continues to be hampered by a lack of up-to-date national data, and the 2014/15 data release has now been postponed into the new year, having been expected this quarter. However, there has been a signal success in obtaining and reviewing hypoglycaemic data from the region's primary ambulance provider, South Central Ambulance Services. This has been obtained by the AHSN's informatics team for the network, and in light of the ending of funding for this network, agreement will now need to be reached on how this work is now best taken forward, and who might do this. As referenced above, the Diabetes network also hosted an inaugural obesity meeting for the region in October.

Early Intervention in Mental Health faced challenges with further staff turnover leaving them without a Network Manager and two Quality Champions; interim support has been provided by the Children's Network Manager and the AHSN Core team, and the clinical network team are being supported to identifying a longer term solution. Despite this, EI in MH continues to make good progress with the implementation of the Common Assessment in local Trusts. Due to the delays in deployment of the local EPR system, manual data collection is required to obtain metrics within Berkshire and Milton Keynes. However through regular QC and EIP Best Practice meetings this

data is being evaluated and the teams supported to resolve issues and improve data collection. The completion of the EIP survey tool has allowed a training needs analysis to be carried out and Trust Level action plans and funding requests have been submitted and approved. The survey tool has provided a comprehensive review of the current staff skills mix in place and fidelity to NICE concordant treatment across the geography. This analysis will be repeated in Q4 to monitor progress the Trust have made towards the National Access and Waiting Time Standards that will be implemented in April 2016. Following the Round 2 Review, the proposed Eating Disorders workstream will not be funded by the AHSN into 2016-2018. However, the SCN have received funding to support ED as part of their CAMHS mandate, and will therefore take this forward as one of their work programmes. The CIA programme will continue to support the Eating Disorder Best Practice Group.

South Region EIP Preparedness work – The team continues to develop and monitor Strategic Development and Implementation Plans (SDIPs) with each provider trust, and to focus its energies on those trusts where progress against SDIPs is delayed.

Health Education England has released a £250k tranche of funding specifically for procuring a central training resource within the region. A Memorandum of Understanding is expected imminently which will clarify how this is to be spent, and the team will then look to award this contract.

It remains unclear whether there will be an advisory, monitoring and assurance role for the team beyond March 2016.

Imaging – This network has developed significantly its engagement in the quarter, growing its membership from radiologists to now include radiographers and PACS managers in its business meetings. It has also been agreed that with a growing portfolio of work, there is a need for a full-time network manager, and the Best Care Team is now working with the clinical lead and existing (part-time) network manager to manage this transition. Milton Keynes University Hospital and Oxford University Hospitals have now agreed to move their prostate cancer pathway to pre-biopsy MRI. Work continues to assess system capacity and to create the business cases for the remaining acute trusts.

An image and data sharing system has been procured and installed at Oxford University Hospitals. This system (Insignia) has been developed with detailed input from the network to ensure it captures all necessary data. The system will be rolled out over the next few months across the network to allow instant image and data sharing. Radiographers from across the network have been involved in the system's development and will be keen to ensuring data quality.

Maternity – The Maternity Clinical Network has now created an image and data link between Oxford University Hospitals, Milton Keynes University Hospital, Royal Berkshire Hospital and Wexham Park Hospital. This link allows two-way information-sharing between the sites, improving the quality of treatment for referred patients and providing the platform for a regional database. The link relies on a software system (Viewpoint) developed in a partnership between the network, the AHSN Informatics team, and a third-party developer.

Medicines Optimisation – The Cognitive Behavioural Therapy project to upskill 150 pharmacists in enhanced consultation skills is pushing forward as the team redesigns the materials to suit the pharmacy community. Health Education England Thames Valley is very interested in supporting this work and we are discussing how best to collaborate for mutual benefit. The Oxford AHSN Medicines Optimisation team is working closely with Wessex AHSN to adopt, rebrand and spread the 'Open Up to Medicines' campaign throughout the Oxford AHSN region. The campaign was originally developed by Southampton CCG and Reading University from mutual NHS Innovation Fund monies and aims to empower patients to be more open about their medicines use with GPs, pharmacists and during hospital stays to improve patient outcomes and reduce medicines wastage. The Medicines Reconciliation initiative has shown good uptake with baseline data being collected from six Trusts in the region. Data collection procedures have now been standardised and the service will be monitored for another six months to reduce variation in reconciliation rates within and between Trusts, supporting better patient care. The Transfer of Care service, based on the award-winning Newcastle initiative to improve adherence and reduce readmissions, has received information governance approval from six, and has been officially launched at five, of our participating Trusts. The project allows secure transfers of information from hospital to community settings to support patients who would benefit from a Medicines Use Review (MURs) by a community pharmacist once they are discharged from hospital. Hospital pharmacies have been actively engaging with our Falsified Medicines project to establish the most beneficial way of implementing the Falsified Medicines directive to be introduced throughout Europe. Oxford AHSN is leading the way in safer working practices to eliminate false medicines from the supply chain with initial outcome data being published to lead the way for other hospital pharmacists to ensure smooth implementation prior to the 2018 deadline.

Physical-Mental Comorbidity has continued to host educational events raising awareness of physiological medicine which have incorporated some data from the service mapping projects. Professor Michael Sharpe, strategic clinical lead for the network, has recently been presented with the Award for Integrated and Collaborative Care by the Academy of Psychosomatic Medicine. The Clinical Network was not awarded funding for 2016-2018 and therefore discussion with the clinical network team about the support required to realise the benefit of deliverables due up until the end of the funding period, closedown of projects and transition of projects to the SCN (where appropriate) are underway.

Following the decision not to renew the **Out of Hospital Care** network's funding, the Best Care team agreed that it would be most appropriate for the network to support the forming of the new Urgent and Emergency Care Network (UECN), mandated by NHS England. This would include any early pieces of work which the UECN had commissioned. As a result, the Out of Hospital Care network has now delivered to the UECN a detailed analysis of the services, pathways and processes in the region, which will allow it to focus its efforts in the most appropriate areas.

Launches/events

Our Physical-Mental Comorbidity Clinical Network continued its series of educational meetings in October, hosting events covering psychological medicine in oncology and palliative care to an audience of more than 200 people. Talking head interviews from the speakers and more information about the events can be found here.

The Early Intervention in Mental Health Clinical Network hosted a well-attended meeting in early December on '*Designing Accessible & Effective Services for Early Detection of Psychosis'.* The programme included presentations from EIP colleagues in Norway on their approach to EIP service redesign as well as talks on the use of digital health solutions in more local EIP services. http://www.oxfordahsn.org/our-work/clinical-networks/early-intervention-mental-health/sharing-learning-for-better-services-an-international-approach/

Anxiety and Depression held a very successful Extended Network Event on 21st October entitled *'Commissioning and providing high quality and value psychological therapies'* which brought together 70 health professionals from across the Oxford AHSN geography and beyond to hear about their work to improve recovery rates and outcomes for those with long term conditions and co-morbid depression and/or anxiety; a report from the event can be found on the Oxford AHSN webpages.

The Anxiety and Depression, Diabetes, Early Intervention in Mental Health and Dementia Clinical Networks also hosted well-attended workshops at the Oxford AHSN Get Physical event which explored how physical activity can be incorporated into the daily lives of NHS staff and patients to improve health and wellbeing.

The Diabetes Clinical Network hosted an inaugural obesity meeting for the region, with attendance from key national figures as well as local commissioners, primary, secondary and tertiary healthcare practitioners, and academics. The event highlighted the upcoming changes to the commissioning pathway and sought to encourage a joined-up solution to the growing issue.

The **Evidence Based Healthcare Fellowships** (in conjunction with Health Education England Thames Valley and the University of Oxford) hosted an evening seminar to introduce its second cohort of Fellows – drawn from a variety of roles on the NHS frontline in the Oxford AHSN region. They were interviewed and offered places last spring, and have now been enrolled and attended their first teaching sessions. The first cohort, now in their second year of the Masters in Evidence Based Healthcare programme, have been 'paired up' with the new intake for peer support. The university has also introduced a leadership module, run by the Leadership Academy, into the second year of the course to encourage the Fellows to disseminate their learning once they return to their host trusts.

Clinical Innovation Adoption (CIA)

Overview

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

- Assessing the strategic priorities and clinical needs of the population
- Identifying best innovations that contribute to the resolution
- Redesigning clinical pathways - integrating innovations at relevant points so as to increase quality and cost efficiency
- Embedding innovation adoption in local NHS planning and contracting
- Working closely with Wealth Creation to identify potential progressive and disruptive innovations that deliver the above
- Working with Innovators and Entrepreneurs to facilitate them interfacing with the NHS.

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

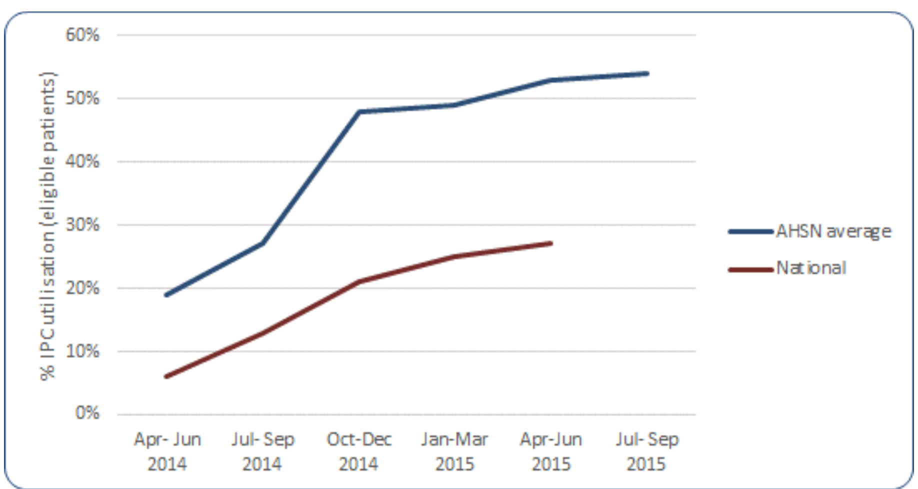
The CIA team was strengthened with Hannah Oatley joining from the Royal Berkshire and Dr James Rose joining from GFK (market access consultancy specialising in health).

Update on progress to date is as follows:

Projects:

Intermittent Pneumatic Compression Sleeves (IPC): The CIA Programme has been working with stroke units at acute trusts across the region to introduce intermittent pneumatic compression sleeves for eligible patients who have had a stroke.

As a whole the Oxford AHSN region performs well when compared to all units nationally. The latest national data (Q1 2015/16) indicates a 27% utilisation rate whereas for the same time period the Oxford AHSN achieved 53%. Cumulatively from April 2014 to June 2015, an additional 320 patients in the AHSN region have received IPC sleeves than if the national rate has been achieved. This indicates that the innovation adoption approach taken by the AHSN has been effective in supporting units to take up the IPC technology and in monitoring project progression. IPC reduces mortality risk from DVT by 14% and this has potentially saved 45 lives to date over and above impact at the national level of uptake.



The project has now reached the "Measure and Monitor" phase of the CIA Ten Step process.

Actions taken in Q3:

- Continued measuring and monitoring of IPC utilisation and comparison with national data
- Evaluation/audit undertaken by AHSN; consisting of face to face discussion with key staff at each Trust and completion of an on-line questionnaire
- Review of evaluation findings with clinical lead to identify actions to improve utilisation
- Sustainability assessment of project undertaken by AHSN using NHS Improving Quality Sustainability model; actions identified to improve project sustainability
- Individual stroke unit evaluation reports written for dissemination in January 2016
- Project evaluation and sustainability review written for dissemination in January 2016

Gestational Diabetes Mellitus (GDm) Health: Frimley Park Hospital (Part of Frimley Health) is in the process of implementing the system. During Q3, the GDm project team met with Buckinghamshire Healthcare to introduce them to the system. Wexham Park Hospital (part of Frimley Health) and Great Western Hospitals (GWH) are scheduled for deployment during Q4. The RCT and other evidence on productivity and capacity is being collated from the live sites. The rollout will be completed by the end of Q1 next year, three months behind schedule. This delay was caused by in meter standards (ISO2013) which required a change in the meter used by the GDm system. The new ISO standards on the level of accuracy on blood sugar readings required from glucose meters. It was necessary to source a new supplier who met the standard. A number of meters were performance tested for compatibility and a meter has now been selected. These new meters are in the process of being swopped out within our live sites. The Oxford Institute of Biomedical Engineering (IBME) has further developed app features such as collation of data and touch synchronisation for patient results between meter and phone.

Catheter Acquired UTIs: Urinary Tract Infections (UTIs) have been found to extend a patient's length of stay in hospital by six days. Around 5% of hospital acquired UTIs develop into secondary bacteraemia which can be life threatening if it develops into sepsis. Reducing catheterisations is an effective way of reducing the incidence of CAUTI. During Q3 work has started on the following:

- Standardised and shared protocol that takes account of best practice
- Establishing the number of bladder scanners required per organisation
- Developing Business Cases for additional bladder scanners in each Trust as part of the pathway changes
- Training packages (e-learning and face-to-face) and "aseptic no touch technique" training for catheter insertion.

Atrial Fibrillation and Anticoagulation: The AHSN continued to work collaboratively with stakeholders to determine best practice in AF and how this can be applied across the region.

- The discussion paper is in the process of being re-framed to highlight the opportunity for improvement in identification of AF in TIA patients by CCG area.
- Oxford and Wessex AHSNs submitted a joint bid to be a Test Bed site. Part of the Test Bed bid involves a pilot study looking at the use of mobile phone technology and implantable devices in detecting paroxysmal AF in patients who have had a TIA. The pilot study will be carried out at the Royal Berkshire and will be rolled out across the region if proven to be successful.
- The CIA team will be managing the Test Bed delivery in conjunction with Wessex AHSN
- An opportunistic AF screening campaign was carried out in West Berkshire in December and a further event is planned for the New Year.

Electronic Blood Transfusion: A regional baseline audit has been completed for all Trusts and a publication will be prepared during Q4. This will give some indication of how Trusts are performing with blood management. The Biomedical Research Centre has been engaged to discuss the possibility of developing research that produces a Risk Assessment Model that would give insight into patient safety.

- Deployment Position
- Bedford Hospital's draft business case has been submitted but is currently on hold within the Trust. Great Western Hospital is implementing MSoft's Bloodhound system.

Dementia: First draft of the results of regional variation audit on TA217 - prescribing of memory drugs related to diagnosis of mild, moderate and severe dementia has been completed for review. Next steps will be agreed during Q4.

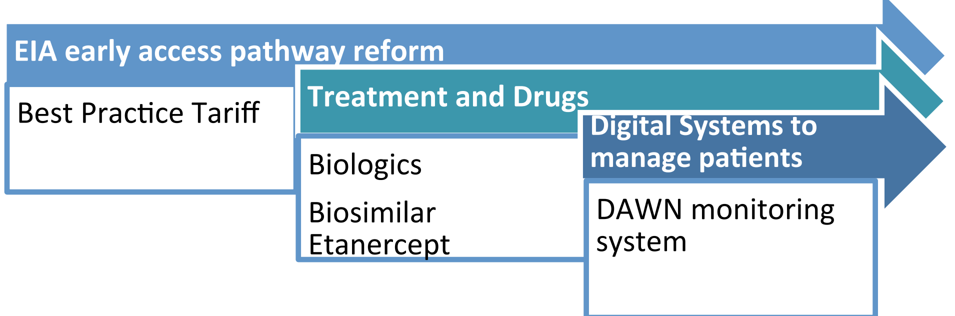
Intra Operative Fluid Management Technologies: The recommendations from the published and shared NHS Benchmarking IOFM survey (Phase 1) identified areas of work for IOFM 'Phase 2'. The Proposed Deliverables have been agreed during Q3 with the Clinical Champion are:

- Gather and present baseline data on the use of IOFM across the region (2 months)
- Improve the frequency of coding and reporting of key information linked to the use of IOFM (6 months)
- Agree with clinicians, the most appropriate clinical scenarios in which to use IOFM (3 months)
- Assess and improve current capabilities in terms of skills and expertise in Oxford AHSN area and the equipment availability and demand (12 months)

The Rheumatoid Arthritis Project: Combinatorial Innovation is being applied to this project throughout the pathway.

Activity during Q3 included:

- Agreed focus of biosimilar activity on biosimilar etanercept. A discussion paper has been drafted and circulated to other stakeholders including the Medicines Optimisation Network and Regional Procurement Pharmacist. The objective is to get NHS organisations in the Oxford AHSN region ready to optimise savings as soon as biosimilar etanercept is available.
- Baseline organisational audit of early inflammatory arthritis services completed.
- Baseline audit against NICE Quality Standards ongoing in the process of accessing and reviewing data.
- Patient referral and access pathway process mapping has commenced (Oxford and Wexham Park).



Support Hope and Recovery Online Network (the SHaRON system): The Oxford AHSN hosted meetings for the Best Practice Group for Early Intervention Eating Disorders with a view to support the Trusts with development of a robust pathway of care that may involve using the SHaRON system as this has been effective in Berkshire.

Alcohol Care Team: This is an AHSN and Public Health England Project which started June 2015. Progress to date is as follows:

- Work with Slough ongoing: second stakeholder meeting held in November 2015.
- Deliverables preliminarily agreed (subject to completion of mapping/gap analysis in Q4)
- Slough Commissioner & Frimley Health (Transformation Lead, Business Development lead and Consultant Gastroenterologist) engaged.
- Visit to Bolton Hospital undertaken to view QIPP case study service.
- Baseline mapping of Slough services, funding flows and data flows completed.
- Process mapping of patient flows commenced.
- Buckinghamshire have now asked to participate in the project.

NICE Implementation Collaborative (NIC) Project for Alcohol (sub-project):

- Implementation of Oxford AHSN-wide research and clinician survey to determine usage and barriers to uptake of Nalmafene (drug to prevent alcoholism).
- Work scheduled to complete final report to NIC Board for end of March 2016.

Fragility Fractures: Dialogue about Fracture Liaison Service provision has been initiated across all parts of the Oxford AHSN region – apart from Bedfordshire. The current status of engagement across the Oxford AHSN region is shown on the table below:

Trust / Hospital	Fragility Fracture Lead	Fracture Prevention Service in Place?	Participating in Project?	New Service or Improve Existing	Commissioner Engagement?
Bucks Healthcare	Dr Malgosia Magliano	✓	✓	Improve	✓
RBH	Dr J McNally	✓	✓	Improve	✓
Milton Keynes	Dr A Jenkins	✖	TBC	New	Not as yet
Great Western	TBC	TBC	TBC	TBC	Not as yet
Wexham / Frimley	Dr Matt Adler	✖	✓	New	✓
OUH	Dr Kassim Javaid	✓	Clinical Lead	complete	Not as yet
Bedford	Dr Sarah Rae	✖	TBC	New	Not as yet

- In conjunction with the National Osteoporosis Society (NOS) work continues on a business case to establish a fracture liaison service at Wexham Park
- Liaison also continues with current service providers and commissioners for improvement of existing fracture liaison services at Stoke Mandeville Hospital and Royal Berkshire Hospital
- Gap analysis undertaken at Royal Berkshire Hospital by NOS

- The NOS has developed costing tools to facilitate business case development for the Trusts.

Cardiac Rehabilitation: Due to challenges to the commercial viability of this service, the supplier has withdrawn this product from the market. The project is now CLOSED.

IV Diuretics in an ambulatory setting: During Q3 this project has been explored with cardiovascular groups within the region. As part of the IV Diuretics project the AHSN has started to review practice across the region, as well as national evidence and the British Heart Foundation Study so as to present opportunities for improvement for acute and community providers across the region.

The advantages of ambulatory care models are:

- Reduced hospital admissions and lengths of stay
- Less expensive to deliver - £3,013 (average saving per community based intervention)
- Supports early discharge
- Provide a better experience for patients and their carers
- Educates patients and carers about heart failure

During Q3 we have:

- Acquired data showing the number of admissions by POD for heart failure who required treatment with diuretics. Community data has proven more difficult to obtain though the team now have access to GP prescription data for diuretics.
- Reviewed the Royal Berkshire Hospital model in more detail to understand both the qualitative and quantitative aspects of the service and to understand the impact the service has had for both the Trust and its commissioners.
- The AHSN is in the process of pulling together a resource pack, based on the Royal Berkshire model that will set out for commissioners the current service models within the region and a range of models for provision of care for the identification, treatment and management of heart failure patient. The resource pack will identify the key service and relationship factors that have made the Royal Berkshire service successful.
- The intention is to use this paper as a vehicle for discussion with CCGs within the AHSN region at the beginning of Q4 2015/16.

Falls: This project started in May 2015 and aims to decrease the incidence of falls within clinical settings. Progress to date:

- Clinical Champions agreed to hold the chairs for community and acute settings for a period of time with the aim of rotating the chair. A Falls Best Practice Group has been set up and meets quarterly.

- An Innovation report to determine what is out there has been completed.
- A literature review on effectiveness of falls innovations has been completed and shared with the Falls Best Practice Group.
- The data baselining position has been collected and will be shared during Q4.
- The CIA Programme created a regional falls audit for the Community Settings. This was based on the Royal Society of Physicians Falls Audit for Acute Hospitals published in October 2015. The CIA Audit also asked questions on Falls Prevention work being undertaken and Trusts' interest in further innovative work to prevent falls. All Mental Health and Community Trusts responded (38 individuals replied). Acutes also responded on their Falls initiatives (39 individuals replied). 6 providers want to explore further work on Falls.

Sub-projects of the Falls project include:

- Buckinghamshire Healthcare and the Oxford CLAHRC are now working on an evaluation to determine effectiveness of their "Desk in a Bay" innovation. Results from this evaluation will be shared with the Group.
- The AHSN has also worked with Prof Sallie Lamb at the CLAHRC to submit a joint proposal to the National Institute for Health Research for funding to complete two projects over a three-year period looking at:
- Project 1: In line with requirements for evaluation but not a RCT – to assist with more rapid evaluation on whether a change is having an impact using Regression Discontinuity Analysis on existing collated data.
- Project 2: A cost-effective and well-validated assessment tool for community based screening for falls. We will know whether we have been successful with this bid in January 2016.

- The CIA 'Innovating in a Healthcare Setting' programme: 30 NHS colleagues attended the Open Evening held on Monday 26th October. During Q3, work has been underway on the lessons plans with Bucks New University. The course is funded by HEETV.
- Creation and Implementation of an automated online platform: This project is now underway and will enable the CIA Programme to create, manage, track and measure the innovation process from idea creation through to final implementation and impact reporting. A second meeting was held with Greater Manchester AHSN leads to demo LifeRay (website that compliments FluidReview) and enables better connectivity with NHS England and Greater Manchester AHSN. Specification details were worked on during Q3.

Research and Development (R&D)

The Oversight Group held a meeting on 8 October with good attendance from both the NHS and the universities. A number of members attended for the first time, including Dr Bruno Holthof, recently appointed Chief Executive of the Oxford University Hospitals NHS Foundation Trust, Dr Jo Cox, University of Cranfield, Dr Gwen Bonner of Berkshire Healthcare, Dr Attila Kardos, Milton Keynes University Hospital, and Professor Adrian Williams of the University of Reading.

The meeting included updates from Professor Susan Procter on the plans to develop research for the healthcare professions other than medicine; Bucks New University, Oxford Brookes University and the University of West London will be working together on this important piece of work. In addition, Susan is also linked to Imperial College Healthcare NHS Trust and the North West London CLAHRC.

Dr Atul Kapila, Director of R&D at Royal Berkshire NHS Foundation Trust, gave a short presentation on the work of the Trust and also highlighted developing links for research with the University of Reading. The University of Reading also had a number of collaborations with Berkshire Healthcare, showing the strength of the NHS/academic research links across the county. He described the plans underway to achieve the designation of a Clinical Trials Unit for Berkshire. Professor Williams highlighted the University of Reading's developing strategy for health research.

Professor David Evans, Oxford Brookes University, provided information on the newly established Oxford Institute for Nursing and Allied Health Research (OxINAHR) in collaboration with the Oxford Health NHS FT and the Oxford University Hospitals NHS FT.

The mission of OxINAHR is to conduct world class research that will enhance the health and wellbeing of the population of Oxford, the county and beyond. The Institute takes a broad, holistic view of health encompassing physical, psychological, emotional, spiritual, cultural and social elements. It also considers health and illness in the context of family life so that health issues and challenges are viewed as being concerns for individuals, as well as their families and communities.

There are three central pillars around which the current research will fit: enhancing the safety and wellbeing of patients/clients, reducing disparity and inequity, promoting healthy workforce, resilience and sustainability.

Professor Ford provided updates on the Wessex and Oxford AHSNs Test Bed application, the NIHR Strategy Board – importance of R & D driving change in the NHS and delivering impact – and the forthcoming work on return on investment of innovation adoption being commissioned by the Oxford AHSN.

The Group also considered the importance of commercial research and the keenness across the Network to develop this within NHS Trusts. The R&D Group will be meeting again during Q4.

The Oxford AHSN is fortunate to have nine high quality University partners. This year's Times Higher Education Supplement's list of the top universities in the world featured both the University of Oxford (2nd) and the University of Reading (164th).

Wealth Creation

Overview

The Wealth Creation team has 46 projects that are at various stages of progress across all of its key priorities. To date it has completed 23 projects. Geraldine Murphy joined the team in December as the second project manager, bringing the total headcount for the team to six. Sonya Farooq who acted as an interim project manager left at the end of October.

Solid progress has been made across all the Wealth Creation workstreams. During the quarter further consideration has been given to the evolution of the Wealth Creation strategy, with an increasing emphasis on industry sectors, in particular around diagnostic and digital opportunities. This shift will be reflected in the Business Plan for 2016/17. The team has continued to build a pipeline of innovations for commercialisation working with partners from across the region. Further details on these projects are set out below.

Since the Wealth Creation Programme commenced, the team has engaged with 320 companies and entered into 21 formal arrangements. Just under £9 million of additional funding has been into the region, with a significant proportion of this arising through the SBRI Healthcare programme. Over 1,160 delegates have attended wealth creation events.

Adoption

The Oxford AHSN and Wessex AHSN Test Bed proposal was submitted in early November. It was one of 10 proposals selected for further consideration and the lead team was interviewed on 30 November. The test beds also represent an approach to the adoption of both commercial and non-commercial innovations into the NHS.

The team has been heavily involved in the SBRI Stratified Medicine call which closed in early November. This call is for Phase I where funding is provided for detailed business and clinical cases around specific technologies and products. The Oxford AHSN was a named partner on eight different applications from seven different companies.

The team has continued to support discussions on a pilot project between Now Technologies and Stoke Mandeville Hospital. This has involved drafting detailed Heads of Terms between the parties, facilitating negotiations and advising on formal legal support required.

A research grant agreement between the Oxford AHSN and Intelligent Ultrasound has been signed to cover the funding of a pilot study at the Royal Berkshire Hospital. The Oxford AHSN will be providing support in the form of a £20,000 grant.

The first meeting of the IBD Working Group was held on 5 October. The Oxford AHSN is working with the International Consortium for Outcomes Measures (ICHOM) on this project, with grant funding from AbbVie in the United States. This is the start of the process of developing a standard set of PROMS that will be agreed by an international group of clinical experts over the next year.

Work has continued on developing a clear adoption engagement programme with industry. This has focused on the concept of a ‘Lit Runway’ as articulated in the Accelerated Access Review, and in highlighting the support services that the Oxford AHSN can offer to companies.

The Office of Health Economics has been commissioned to undertake health economic analyses across six lead projects within the Oxford AHSN portfolio. A workshop assessed the projects in detail and the results of the analyses will be available in Q1 2016. This work is part of the Oxford AHSN's focus on building a solid evidence base for the lead projects.

Investment

The Precision Medicine Catapult (PMC) announced on the 26 October that Oxford was one of six Centres of Excellence (CoE). The other CoEs are located at Belfast, Cardiff, Glasgow, Leeds and Manchester. We have submitted fifteen project exemplars as potential collaboration opportunities with the Catapult, which cover both the translational research and adoption pathways into the NHS. A number of SMEs have been involved in this process. Further discussions and scoping of opportunities is continuing with the PMC.

The report of the Alumni Summit was completed during the quarter and is available on http://www.alumnisummit.com. The team continues to interact with delegates and consider follow-up opportunities. A brochure describing the capabilities and assets in precision medicine across the region has been published (*Addressing the 21st Century Healthcare Challenges in Precision Medicine*) and is available online to download at http://www.oxfordahsn.org/wp-content/uploads/2015/11/ctd4075-OAHSN-21-Century-Healthcare-A4-Final.pdf.

The mapping of the number of companies across the region has now been completed by OBN on behalf of the Oxford AHSN. This exercise has included pharma, diagnostic, medtech and digital companies. A total of 768 companies have been identified, with the breakdown shown in the table below. An interactive visual display of the companies has been developed and will be available through the Oxford AHSN website in the New Year.

Sector	Count of Sector
Associated Industry	**180**
Digital	**93**
Diagnostics	**71**
Medtech	**140**
R&D support/services	**54**
Therapeutics	**230**
Grand Total	**768**

NESTA has now completed the baseline analysis of the entrepreneurial activity across Oxford, Cambridge and London. The final report and interactive map will be available in Q1 2016.

Work on the development of a business plan for the commercialisation of the GDm-health system for the management of gestational diabetes outside of the Oxford AHSN region is continuing. It is anticipated that the business plan will be completed by February 2016, along with a clear approach to raising significant additional funds.

Good progress has been made in addressing opportunities across Buckinghamshire through collaboration between a diverse range of partners, including Trusts, CCGs, Buckinghamshire Thames Valley LEP and industry. Background work is underway in preparing a bid for ERDF and LGF funding rounds in the county.

The Expression of Interest submitted by Cherwell District Council under the NHS England Healthy New Towns Programme has been successful in progressing to the next stage of evaluation. NHS England will be holding interviews at the end of January as part of the ongoing evaluation process. The working group has agreed to meet on a permanent basis as part of progressing the Bicester offer in relation to health and social care. The Wealth Creation team has agreed to act as host for the meetings.

The Oxford AHSN provided support to Oxford City Council in the drafting of a European bid for Oxford to be the designated capital of innovation in 2016 – see http://oxfordicapital16.com. The Oxford bid is founded on the principle that Oxford is a place where anyone can bring an idea to life.

The collaborative project on mapping the digital health opportunities across the Oxford AHSN region will be completed in Q1 2016. This will provide a solid foundation for understanding the regional opportunities and in providing input into the team's plans for developing digital health in the 2016/17 Business Plan.

The team has been working with the Structural Genomics Consortium to develop an Expression of Interest on the theme of "Navigating Progress: managing the rewards of scientific advances". The Oxford Martin School at the University of Oxford is funding and administering the process. An EOI has been submitted on the theme of drug discovery and open innovation and has progressed to the next stage where a full proposal will be submitted in Q1 2016. A report on the workshop held earlier in the year on The Intellectual Property implications of Open Access Drug Discovery has been published and is available here.

Dr Alice Mortlock has resigned from the joint post at the University of Reading and the Royal Berkshire NHS FT to work for Portsmouth Hospitals NHS trust, running the operational side of their R&D activities and the team.

Progress on plans for developing a science park or innovation hub at Milton Keynes has been slow and is unlikely to be completed before the end of Q1 2016. The team will evaluate the likelihood of this progressing at the end of next quarter.

Development of a broad industry group to support the infrastructure agenda for the region is still under consideration, with the identification of companies that could be included.

NHS Culture

The second Entrepreneur Programme was run at Henley Business School over four days in October and November. Fifteen delegates primarily from Trusts across the region attended the course, which was funded by Health Education Thames Valley.

The Wealth Creation team has taken over the responsibility for organising the Innovation Competition (Challenge 2023), following approval by the HEETV Board. The competition will be open to all healthcare workers across the Oxford AHSN region and will run during 2016. We are looking at how it can be merged with the Leadership Academy Awards which already has an Innovator category.

Partnerships

The Oxford AHSN has entered into a strategic collaboration agreement with Johnson & Johnson. The collaboration is focusing on developing opportunities across a number of themes including leadership, medicines optimisation, informatics, R&D, wealth creation and corporate social responsibility.

The Sustainability Working Group met on 16 December. An update on the existing feasibility studies demonstrated progress across the following projects: Bucks Healthcare/Bucks New University (£9 million investment to realise annual savings of £1.6 million) and Great Western Hospital (£4.8 million investment to realise annual savings of £1 million). The Group has identified a new collaboration with Global Action Plan, working with NHS Trusts across the region. The project supports better managed buildings, improved patient experience, cut carbon emissions and enhanced staff wellbeing. Four Trusts across the region have participated in a scoping project to assess the potential savings offered through implementing behavioural changes. The calculated savings amount to £284,000 per annum, along with an unquantified amount for heating savings.

Conferences/Events

A member of the team chaired and presented at a MediLink Conference on "Novel Markers and Technology for Better Patient Care" held at the Rutherford Appleton Laboratory, Harwell on 12 October.

The team was responsible for organising a workshop at the Oxford CLAHRC Symposium on 20 November. The workshop theme was on "What does good engagement between the NHS and industry look like" and was attended by a broad range of stakeholders.

The Oxford AHSN sponsored an Innovation Forum event at the Oxford University Hospitals NHS FT on 30 November, which was attended by 200 delegates. The team gave an overview of the Oxford AHSN's approach to supporting companies and entrepreneurs across the development pathway.

As part of developing our digital strategy and engagement with industry in this sector, work on holding an additional digital event has been postponed for the time being. The digital strategy will be developed during the next quarter, and integral to this will be a plan for future digital events.

Supporting Activity

The team continues to support the Oxford Academic Health Science Centre on one of its core themes around partnerships and collaborations.

Greater integration with the Biomedical Research Centre and the CLAHRC has been established with the aim of building a clear pathway of innovations form translational research into adoption.

Informatics Theme

Team Updates

AHSN Support – Informatics has continued to input into the Test Bed and Healthy New Towns application whilst recently providing strategic insight into digital health opportunities for the Oxfordshire Transformation Programme.

The team have been operating below optimal capacity following the resignation of the Informatics Manager. However, progress has been made by focusing on priority deliverables and balancing key data requests across the programmes. A second permanent data analyst has been recruited to replace the current interim contractor in post.

Chief Information Officers (CIOs) Forum – The fourth meeting took place in November and was well attended by CIOs from across the region. The group were updated on plans for the informatics strategy and provided additional suggestions. Oxford University Hospitals gave an overview of an image sharing platform to be deployed across the region and an inter hospital electronic referral system being introduced. A representative from NHS England presented the national Summary Care Record and how it is being used by trusts and ambulance services to provide key clinical information about patients.

Oversight Group - The third meeting took place during Q3 with discussions focusing on the informatics strategy; the group commented on plans and offered ideas for its development. Mike Denis and Katie James updated the group on activities since the last meeting followed by Paul King, from Microsoft, who gave a presentation informing the group about big data and technology use within Microsoft and outlined future plans for the company.

Information Governance (IG)

The Information Governance Framework includes guidance for programmes and sets clear standards for the Oxford AHSN’s approach to data sharing for different purposes, recognising the collaborative work of its partner organisations.

Following the Information Governance forum in Q2 the draft framework was updated based on comments during the meeting and feedback from the wider Oxford AHSN thereafter. Throughout November the framework was formally reviewed by IG professionals across the region and AHSN staff, all feedback provided was assessed and suggested amendments were incorporated in to the Framework.

The final document will be sent out to Caldicott Guardians, Senior Information Risk Officers and equivalent senior information governance professionals within the Universities during Q4 for sign off to take place.

Operational Hybrid Analytics Service

During Q3 work has continued to enhance the capabilities of the analytics service building on early configuration work carried out by the departed Head of Informatics. To ensure full deployment by the end of Q3 two partners, Concentra and Span Network, were engaged to support the migration to the Microsoft SQL Azure platform.

This will transform our informatics services and improve the experience for AHSN programmes, creating new capabilities to store large variable datasets and speed up analytics tasks. Internal testing will happen in early January to enable the projects to draw benefit from the new environment in Q4.

Informatics Strategy

Final engagement has taken place during Q3, socialising concepts with the CIO forum, the oversight group and the senior management team in preparation for the strategy to be completed in Q4.

Interoperability/ Personal Health Records (PHRs)

Consultation exercises have continued in Q3; there have been further discussions with key external partners identified to be well placed to support the case for change. Partners have been selected on their ability to provide specialist help to initiate a fully interoperable environment including clinical and research capabilities, a personal health record platform and management contributions.

Digital Maturity Model

Digital maturity is a featured component of the informatics strategy and will be developed into a programme during 2016/17, the aim will be to design a local model that will enable a detailed understanding of the maturity across the region. The design will be worked on collaboratively with the CIOs across the region and will be led by the incoming informatics manager.

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

Berkshire Healthcare NHS FT has joined CRIS, the Dementia research informatics programme offering the opportunity for large scale research projects to be coordinated across Oxfordshire, Buckinghamshire and Berkshire, representing the majority of the Oxford AHSN region.

Programme and Theme Support

Best Care Clinical Networks

Anxiety and Depression – Informatics has engaged with the network to explore the support they require to continue work started on the extraction and hosting of IAPT data onto a secure server.

In addition, guidance has been given regarding technical security considerations that should be made when designing an online psychological therapy course, assisted by advice from NHS trusts who have been involved in similar projects. This work was started at the end of this quarter and will continue into Q4.

Children – Informatics has provided a dataset, drawn from Hospital Episode Statistics, detailing admissions to hospital for children across seven disease areas organised by length of stay and disease specific age bands. The data provided was well received by the network, which allows flexibility to organise the metrics needed for their second variation report.

Diabetes – following extensive engagement with the South Central Ambulance Service a data sharing agreement was organised and signed off to allow aggregated data on ambulance call outs to patients suffering hypoglycaemic attacks, in addition to analysis of patients attended to multiple times. This was used to inform a network meeting focused on care pathways to reduce such call outs.

Imaging – Informatics has worked with the Imaging Clinical Network this quarter to collect local data and provide Information Governance support. Together with the network a set of research questions were written to instigate local data collection within Trusts to monitor the diagnostic pathways for patients with suspected prostate and lung cancer. This was met with varied responses from trusts, so a secondary data table has been produced aiming for uniform local data collection across the region.

Maternity – the VPN link allowing clinicians to view scan images and reports between Wexham Park and OUH has been well received and is being used for clinical purposes with more clinicians requesting access. The delays with the Royal Berkshire Hospital (RBH) remain due to resourcing issues at the RBH, however the link to allow RBH clinicians to view Oxford's viewpoint has been set up, allowing an operational link in one direction. In addition Informatics have worked with Maternity this quarter to scope maternity and post-natal data collected nationally and locally for the network to collate to support enhanced audit and service evaluation capability to improve pregnancy outcomes across the region.

Out of Hospital Care – following data provided last quarter on non-elective medical episodes of care for over 65's and over 80's there has been further work using an extended dataset that includes more detailed coding data to highlight re-admissions and completed spells.

Clinical Innovation Adoption (CIA)

Alcohol Misuse Care Pathway – focused IG support has been provided this quarter both by the Clinical Engagement Lead and the IG Consultant; this has included attending a multi organisation project meeting in Slough to explore the projects aims and objectives, the purpose for data sharing and the direction of data flow needed to understand the burden of alcohol in Slough.

Falls – during quarter 3 informatics have engaged with local trusts and regionally via the NRLS to understand organisational incident reporting on the number of falls broken down by level of harm, age and gender. In addition, using the latest release of the data extracted from the Patient Safety Thermometer (PST) a monthly breakdown of data between August 2014 and August 2015 was

provided to CIA. The local incident data along with PST data was presented at the Falls Group in October. Detailed analysis of the NRLS data at a regional level in addition to individual packs for organisations involved in the project were delivered during November for use by the group in Q4.

Home IV – to build on community data collected in Q2, Informatics has explored accessing data on heart failure patients receiving IV furosemide in acute hospitals. Following an assessment of the prescriptions system within Oxford University Hospitals, it was found that it did not provide data on individual patient prescriptions, instead highlighted batches of the drug sent to wards. During Q4 an assessment of the local EPR system will be made to explore if this could link diagnostic and prescriptions data to give the detail required.

Intraoperative Fluid Management (IOFM) – informatics delivered a piece of analysis using HES data exploring demographic information, surgical procedures and outcomes; length of stay, ICU admissions, and mortality for patients who were managed using IOFM during surgery.

Wealth Creation

Informatics was approached by the Wealth Creation team to enhance the map of life science industries in the Oxford AHSN region, as the previous map did not convey a sense of the advanced technological and scientific capabilities located in the region. Fosse Games, was identified as having the right capabilities to carry out the project and during the last quarter have produced a map that is interactive and user friendly whilst successfully highlighting the variety of health related industries locally.

Patient and Public Involvement, Engagement and Experience

During Q3 the Informatics team has worked with PPIEE to provide IG advice to a project aiming to collate patient representative information for different health organisations such as the Oxford AHSN and Oxford BRC into one central repository to offer patients a wider variety of projects to participate in. Informatics highlighted the considerations that need to be made and have suggested how patients should be informed.

Patient Safety Collaborative

Acute Kidney Injury – Informatics supported the data sub group to highlight data available to support the project and how this may be accessed. The HES data produced for the original steering group is being further reviewed and will be amended with the support of the data group going forward.

Pressure Ulcers – the Informatics team explored the hospital coding of pressure ulcers to scope work to understand the numbers coded within patient notes. In the last quarter this HES data was extracted but is to be run in Q4 using the extended dataset to gain a more detailed view using secondary codes and an understanding of comorbidities. The collaborative working with Haelo this

quarter has delivered an interactive dashboard to explore pressure ulcer variation across NHS organisations in the AHSN region with the ability to drill down to ward level.

Sepsis – the first stage of the analysis has been completed this quarter after working closely with the clinical lead to re-organise parts of the dataset that detail the variation in outcomes and demographics of patients diagnosed with sepsis and associated serious infections. A paper will be written using the 2013/14 dataset, with plans to run more detailed analysis in Q4 in the SQL environment using the extended dataset. The query was designed to replicate the SQL model in anticipation of the final configuration so the query can be extended easily and re-run regularly going forward.

Support Heart Failure (HF)

Support HF is a study running within the University of Oxford which aims to support heart failure patients to self-monitor their condition, reduce hospital visits and allow remote monitoring. During the last quarter exploratory meetings have taken place with an external organisation called Nth Dimension to discuss an advanced integration platform. A full technical demonstration has been provided and opportunities for collaboration are now clear to support the interoperability needs of project.

Patient and Public Involvement, Engagement & Experience (PPIEE)

The Team

We now have a strong team with a varied skills base: Sian Rees as director with a policy background, Mildred Foster joining us from research and work with the voluntary sector and Emma Robinson with a background NHS policy and project management. We are also increasing links with the broader NHS England South Central team to develop similar work in patient and public involvement, engagement and experience in the Wessex area.

We continue to work closely with our lay partners, Carol Munt and Mark Stone and are appointing three additional lay partners with interests in research, service delivery and education to sit on our new Oversight Group, which will meet for the first time in February.

Collaborative Leadership: the Leading Together programme

The major focus of work over the past three months has been on developing this programme. Since appointing The Performance Coach to develop and deliver this programme of leadership development for professionals, patients and the public we have been working to co-create programme content and recruit participants for the first cohort in February. This cohort is now full with ten lay partners and professionals from a range of backgrounds due to attend.

Other Training

We have sourced funding for developing a programme of participation training and will be appointing a contractor in the New Year.

Cross-Sector Collaboration

We ran a joint event with research, education and service delivery colleagues and lay partners to explore current practice, and potential to develop, the recording and measurement of the impact of lay involvement. Forty people attended from across sectors, there was very active discussion, which agreed that:

- current practice is patchy and poorly developed;
- there is merit in working together to improve practice;
- we should learn across sectors.

We will agree a joint plan for taking this work forwards in the New Year.

We are further developing our links with education running a seminar for the leadership team of

Health Education England Thames Valley (HEETV). We also ran workshops at their annual conference and at the local Leadership Academy annual event.

Patient Safety

Overview of Progress

Regional Position

Our partners in the Oxford AHSN region have developed a range of initiatives to improve patient safety. However, there is still much work to do to improve the safety of people in our services and reduce harm. The most recent NHS Safety Thermometer (Classic) National Data Report 2014/5 shows that at a national level the proportion of patients with harm free care is now 93.9%. Yet, for the four harm reduction areas (pressure ulcers, falls, VTE and CAUTI), the Oxford AHSN region has ongoing improvements to make to achieve results similar to a many other AHSN regions. It is important to understand the potential limitations of the data set (under-reporting, variation in data gathering approach, variation in case mix), although the results are likely to be fairly representative of the care quality. Therefore, the strong focus on these four harm reduction areas in the Patient Safety Collaborative (PSC) and CIA will continue to support our partners to bring about further improvements for patients.

Developing Capability and Capacity

The Patient Safety Theme continues to develop team capacity. Cindy Whitbread has joined as our second Patient Safety Manager and we expect our third Patient Safety Manager to commence post in Q4. Amanda Garner has commenced post as a senior administrator for the Patient Safety Theme.

We have completed our six-day Quality Improvement training programme in collaboration with NHSIQ for 42 participants from our clinical programmes and our partners across the region. The training also engaged representatives from the Informatics Team, the Clinical Innovation Adoption Team, commissioners, medical staff and pharmacy. The daily evaluation has been good and a final report is in preparation.

Seven of our leaders in quality improvement have now completed the Q initiative for founding members with the Health Foundation. Our successful bid to the Health Foundation in Q2 will be used to provide a small conference in Q4 to work with Q founding members and local providers, HEETV, the Patient Safety Academy (PSA) and the PSC to plan future developments to improve patient safety across the region. The asset mapping exercise in collaboration with the PSA to establish current capability across the region is now also underway. An online survey will be used to gather data to inform a live database of people who work in partner organisations who hold

improvement skills. The aim of the asset mapping is to inform the PSC of people who form our collective improvement community across the region, and to offer an expression of interest in the Health Foundation Q programme commencing in 2016.

The new Programme Lead for the South of England Mental Health Patient Safety Collaborative has been appointed. Heather Pritchard has worked with NHSIQ and was a former faculty member for the organisation. Work has commenced with provider members to devise a three tier competency-based learning system (Live, Learn, Lead). The new, more structured approach will ensure that the capability of participants is developed and demonstrated as part of membership. Each provider has access to ten places for three two-day learning events each year. These places are funded through the PSC to offer quality improvement training across the South of England. The collaborative also offers the opportunity for participants to gain valuable learning from other participating providers.

The Patient Safety Collaborative has been working with the South West AHSN to test newly developed quality improvement project software. The design has been a collaborative venture between the SWAHSN and Seedata. The software incorporates the tools required to deliver a QI project, a measurement module and exporting facilities to ensure that project reports can be easily generated. The AHSN will support the database of users to monitor uptake. All members of our clinical programmes will have access to the software. Jill Bailey will represent the Oxford AHSN on a Steering board to review use and drive further development of the software according to our users' needs.

The PSA has appointed a full time Human Factors Fellow. The PSA will now provide 1.0wte coaching, training and education to the clinical workstreams. The PSA continues its plans to deliver 20 half-day introductory courses in human factors, each for 30 participants from our providers, in 2016. Six more in-depth courses lasting 2-3 days for staff who intend to take up specific roles in patient safety will also be delivered covering incident investigation, systems improvement and delivering training.

Governance Arrangements
The Patient Safety Theme Oversight Group has held its first meeting, chaired by Jean O'Callaghan, CEO of RBH. Terms of Reference have been agreed and further invitations have been extended to new representatives.

The Patient Safety Theme Programme Board has held its first meeting. The meeting commenced with an update of the aims and planned work programme for each clinical programme. Meetings will be scheduled three times a year to allow significant progress between reporting cycles.

Informatics and Research
Bethan Page is providing support to prepare a paper on the Safety in Mental Health Programme AWOL Project in Oxford Health NHSFT.

Interviews for the informatics post incorporating healthcare data analysis skills are to be held in December. Each clinical programme lead is meeting with the informatics team to finalise their time series data reports and emerging requirements. There is some slippage on the establishment of some data requirements for the AKI and sepsis programmes because of issues with coding and clinical definitions.

Communication
The web pages are now regularly updated. A Twitter account has been established. We are in early dialogue with the PSA and HEETV regarding the potential to develop a central patient safety information hub. This would provide an extension to our current website and offer an information and learning site that supports all partners in a single place.

Workstreams updates
Pressure Ulcers. Clinical Leads Ria Betteridge, Consultant Nurse OUH and Sarah Gardner, Tissue Viability Lead, OHFT. Patient Safety Manager Cindy Whitbread.
The project group has set its aim 'to ensure that 100% of people receiving our care (region) will remain free of harm as a result of acquired pressure damage by March 2018.'

The project leads have each attended the QI training and Measurement for Improvement training. Five provider teams are currently participating with plans to engage further providers in the future. The first piece of work agreed by the group is to improve the reliability of skin assessment, including skin inspection, to 100% in the project areas. A process data collection tool has been devised. Outcome data will be collected through the Datix and Ulysses systems. Quality improvement coaching will be provided by the Patient Safety Manager to support clinical teams in-vivo.

Mental Health Safety. AWOL Project. Lead: Jill Bailey, Head of Patient Safety, AHSN & Consultant Nurse Patient Safety, OHFT.
The project continues to showing good progress with five adult acute wards in Oxford Health NHSFT achieving a 50% increase in return rates. Two wards are now showing good sustainability.

A paper is in preparation for submission for publication. Two leads from Central and North West London FT have also joined our QI programme. CNWL also plan to support ten staff from the Trust to join the South of England Mental Health Collaborative to enhance organisational capability. Three wards will commence as pilot sites for the re-testing of the Oxford Health FT approach to reducing failure to return to the ward following leave of time away. This project achieved a presentation at the Best Practice Theatre and a poster presentation at the Patient First Conference in December 2015.

Medication Safety in Sub-Cutaneous Insulin. Co-Leads: Cindy Whitbread, Patient Safety Manager and Lindsey Roberts. Clinical advice: Claire Crowley.

Following a review of the literature with Southampton University, the project aims to diagnose problems with the safety of sub-cutaneous insulin during transfers of care in and out of care homes.
Improvement methodology will be used to develop the project and measures are to be defined.

Acute Kidney Injury. Clinical Lead Emma Vaux. Patient Safety Manager, Katie Lean.
The first stakeholders meeting has set an aim to develop a programme to reduce AKI incorporating four workstreams: data, prevention, recognition and management.

At present, in the data workstream, issues with the coding are causing problems with the data requirements. The aim is to have clear process and outcome data by the end of 2016. The prevention workstream aims to develop a QI project on hydration in care home settings in East Berks/Oxfordshire, to formally evaluate the sick day rules with a cohort of diabetic patients and develop an education programme on the PSC website. The recognition workstream will use process mapping to diagnose process issues and focus a QI approach to improve reliability of recognition. Our partners at Great Western Hospitals will pilot the work using a measure of the time of AKI alert to implementation of the care bundle. The management workstream aims to develop and implement AKI care bundles with OUH and Oxfordshire Primary Care Services by the end of 2016.

Sepsis. Clinical Lead Matt Inada-Kim. Patient Safety Manager, Katie Lean
The project aims to develop a shared definition before benchmarking activities can commence with our partners.

A regional Steering Group will also be formed to develop a learning collaborative. The aim of the collaborative will be to develop a measurement approach, teach and share learning.

Maternity Project. Retained swabs: Reduction to zero. Patient Safety Manager, Katie Lean.
Diagnostics completed. Baseline data collected and charted. Problems in reliability in care process diagnosed with midwifery team. Process data collection tool designed. Maternity team well engaged.

Stakeholder Engagement and Communications

Ensuring continued collaboration and extended partnerships is key to the AHSN – the core team acts to support the activities of the AHSN partners and stakeholders as shown below:

Increasingly the focus is on developing capability, skills and capacity across the Network to take forward and embed the work to date.

The AHSN Board met on 15 October and considered recommendations from the Best Care Round 2 Panel that had been convened to consider the future of the Clinical Networks from April 2016. Further information has been presented elsewhere on this but the AHSN would again like to thank those who took part in the review including Cathy Winfield (commissioners), Mark Stone (Patient representative), Angela Coulter (Picker Institute) and Aarti Chapman from the SCNs.

Some key points during the quarter include:

- Report published following the Transatlantic Trade Investment Partnership meeting (TTIP) held on 24 September 2015 which the AHSN supported and hosted
- Report published following the Alumni Summit held in July 2015 (available here: http://www.alumnisummit.com/wp-content/uploads/2015/11/Alumni-Summit-eReport-low-res.pdf)
- Report on the activities of the Clinical Networks and the reports they have produced (available here: http://www.oxfordahsn.org/wp-content/uploads/2012/11/12508_Oxford_AHSN_Best_Care_Programme_Review_web.pdf)

- Announcement on 26 October of designation of the Oxford Area as a Precision Medicine Centre – a report highlighting the strengths of the region also published (available here: http://www.oxfordahsn.org/wp-content/uploads/2015/11/ctd4075-OAHSN-21-Century-Healthcare-A4-Final.pdf)
- The Launch on 26 October of the Buckinghamshire New University and Health Education England Thames Valley sponsored academic programme on innovation in the workplace due to start in February 2016. This was very well attended with a large number of clinicians attending representing the bulk of the healthcare professions. http://www.oxfordahsn.org/our-work/continuous-learning/practical-innovating-in-healthcare-settings/
- Sponsorship and participation in Innovation Forum Oxford's event on innovation in the NHS http://www.oxfordahsn.org/news-and-events/events/innovation-in-the-nhs-seminar/

However, the key event in the Quarter was Get Physical held on 9 December and attended by over 150 people from across the Network. The event is described in detail in the Case Study at the beginning of this report and at http://getphysical.org.uk/. Thanks go to Amy Shearman and Val Tate for their extraordinary organisational skills. It is good to know that Amy will be leading the AHSN's focus on wellbeing into 2016.

The AHSN will be holding a series of roadshows across the Network in the first months of 2016/17 intended to highlight the work of the programmes and themes across the NHS through providers, commissioners and in the life sciences and digital industries. We will work with local organisations in planning the meetings and the work to be showcased.

Planning has also started for two key events in 2016: the Oxford AHSN/Isis Innovation/Oxford BRC innovation showcase being held on 6 July 2016. The themes include:

- Obesity (Health Behaviours, Hypertension, Diabetes – Metabolic Syndrome)
- Cognitive health (Cerebrovascular Disease and Dementia)
- Cardiovascular (Stroke/AF)
- Ageing and Frailty (Multi/co-morbidities)

Engagement and active participation in both these events from across the Network will be key and all will be contacted in due course regarding this. There will be opportunities for speakers and poster presentations.

In addition, BioTrinity 2016 http://biotrinity.com/ to be held on 25-27 April provides opportunities for academics, the NHS and life sciences companies to showcase their work. Please make contact if you are interested in our innovation poster showcase. A poster call will be issued in January 2016. Contact: megan.turmezei@oxfordahsn.org

Communications

Our monthly email newsletter has continued to provide detailed updates on activities across the Network and subscribers continue to show a steady increase with 1518 being reached at 22 December (an increase of over 200 in the last quarter). Similarly, Twitter followers increase steadily (1512 at 22 December) and the Dementia Clinical Network is the latest clinical network to join Twitter, extending coverage of the Network and its activities. A number of individual accounts

are also being used to focus on specific areas of work including wealth creation and clinical innovation adoption.

Work has continued to update the Oxford AHSN website www.oxfordahsn.org and individual elements including Patient Safety www.patientsafetyoxford.org. In addition, work is being finalised on the website for the Oxford AHSC –led by the AHSN's Head of Communications, Martin Leaver. Martin is also working with our programme and theme leads to develop specific branding within the overall context of the well-established Oxford AHSN brand.

The section of the website describing our partners will be updated during Q4 and details of their work will be given as well as links to their own websites.

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 and Annual Review		✓				◆	◆	◆
	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 (1st report due April 2015)			✓				◆	◆
	Annual review of network progress and plans			✓				◆	◆
	Review of network progress and plans. Decisions on future funding for networks					✓			◆
(Anxiety and Depression)	Reduce variation in IAPT outcomes – Implementation plan agreed			✓					
(Anxiety and Depression)	Support/expand local service innovation – Report on adoption progress			✓					

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**					→	◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Diabetes)	Islet Transplantation Clinics - Clinics running in peripheral centres			CLOSED					
(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			→	→	◆			Project continued through SCN
(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 - Improvement in outcomes/ reduction in variation across network by >5%:** **1) Rhesus: assessment of anaemia once antibody titre > accepted threshold** ***2)* Growth restricted babies: delivery in unit with Level 3 neonatal care** **3) No variation in magnesium sulphate regime for eclampsia across the region** **4) Increase in use of magnesium sulphate for neuroprotection**					→	→	◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(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**			✓					
(Medicines Optimisation)	**Increase Medicine Use Reviews (MURs) occurring in community settings - Introduce new referral service and train hospital pharmacists**			✓					
(Out of Hospital)	**Single care model - pilot models implemented & delivering patient care**						CLOSED		
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	✓							

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Appoint Director for Innovation Adoption and Innovation Adoption Manager **2nd Innovation Adoption Manager appointed in Q1**		✓						
	Establish process and governance under CIA Programme Board for the 2013/14 and 2014/15 implementation of 5-10 high impact innovations **CIA Oversight Group established and meeting**	✓	✓						
	Establish full process for Clinical Innovation Adoption (CIA) Programme and its Oversight Group (Providers, Commissioners) to include PPIEE		✓						
	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.	✓	✓	→	→	◆		◆	◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Identification of potential funding sources for innovation initiatives (cf RIF, SBRI Grand Challenges etc.) SBRI and Horizon 2020 briefing meetings held (see also Wealth Creation)		✓						
	Creation of an innovation dashboard (including uptake)			✓					
	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					→	◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Intra Operative Fluid Management Project Estimated Completion (commenced 2014/15)			✓				◆	
	Catheter Acquired Urinary Tract Infection Project Estimated Completion (commenced 2014/15)							◆	
	Intermittent Pneumatic Compression Devices for Stroke Project Estimated Completion (commenced 2014/15)						◆		
	Atrial Fibrillation (NICE) Project Estimated Completion (commenced 2014/15)						◆		
	Ambulatory ECG Project Estimated Completion (commenced 2014/15)						◆		
	Electronic Blood Transfusion System Project Estimated Completion (commenced 2014/15)								◆
	SHaRON (Eating Disorders Social Network) Project 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
	Gestational Diabetes m-Health Project Estimated Completion (commenced 2014/15)						◆		
This project has been closed and information shared with Cancer SCN	Renal Cancer NICE Project Estimated Completion (commenced 2014/15)				CLOSED				
	Dementia NICE Project Estimated Completion (commenced 2014/15)						◆		
	Rheumatoid Arthritis NICE Project Estimated Completion (commenced 2014/15)						◆		
	Home IV Project Estimated Completion (commencing 2015/16)								◆
	Patient Monitoring Project Estimated Completion (commencing 2015/16)								◆
	Alcohol Services Project Estimated Completion (commencing 2015/16)								◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Care 4 Today Heart Health Project Estimated Completion (commencing 2015/16)					CLOSED			
	Fragility Fracture Prevention Service Estimated Completion (commencing 2015/16)								◆
	Falls Prevention Strategy Project Estimated Completion (commencing 2015/16)								◆
	Out of Hospital Network Project Estimated Completion (commencing 2015/16)					CLOSED			◆
	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		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	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		→	→	→	→	◆		
	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	✓							

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Appoint Commercial Development Managers for Berkshire and Buckinghamshire/Bedfordshire		✓						
	Establish pipeline of innovations for commercialisation • **ensure industry and academics can access the NHS clinicians they need to work on concepts and pilots of new products and services** • **work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective**			✓				◆	◆
	Establish detailed working arrangements with Local Enterprise Partnerships for all aspects of wealth creation including inward investment related to Life Sciences and healthcare		✓						
	Establish working arrangements with LEPs and other stakeholders for European funding		✓						

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 Update to AHSN Board and Partnership Board					✓			
	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			→	→	→	→	◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Create an adoption plan							◆	
	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					✓			

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Design Health Information Exchange (HIE) model to define the specification.					✓			
	Supplier engagement to assess market options					✓			
	Strategic outline case signed off by Chief Information Officers forum						◆		
	Detailed analysis and implementation planning to support trusts to produce local business cases							◆	
	Trusts deliver local plans (subject to local trust sign off)								◆
Informatics Research Informatics Focused on the deployment of Clinical Records Interaction Search (CRIS).	Partner engagement			✓					
	Proposal and recruitment			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Clinical and academic engagement				✓				
	PPIEE engagement				✓				
	Technical infrastructure planning					✓			
	Information Governance and Ethics					✓			
	CRIS deployment Berkshire Healthcare					✓			
	Federation – enabling federated queries to be run against local CRIS databases						◆		

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

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**					✓			
	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)		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	PPI/PPE reported on in each network annual report and reviewed by patient/public panel					→	◆		
	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				✓				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Broadening public and patient involvement **Review of Lay Advisory Panel**					◆			
	Broader input for lay strategic advice						◆		
	Strategic direction **Strategy and work plans presented at Oxford AHSN Partnership Board (Jan 2016)**						◆		
	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**					→	◆	◆	◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Participation Group (PPG) follow-up activities designed (Yr 3 Q3) and delivered (Yr 3 Q4)					✓	◆		
	Patient stories evaluation completed and case study written					→	◆		
	Patient leadership **At least two 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 **Four 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					✓	◆	◆	◆
Living well Oxford	**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 Universities to be developed over the year**						◆		
Patient Safety	**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**					→	◆		
	Patient Safety Collaborative **Establish Patient Safety Collaborative – launched in Q2**	✓	✓						

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 **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**			→	→	◆			
	Patient Safety Collaborative **Establish data sources and analytic requirements**			→	→	◆			
	Patient Safety Collaborative **Establish baseline 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 **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 core team**			→	→	→	◆		
	Patient Safety Collaborative Clinical programmes **Assess training and support needs**				✓				
	Patient Safety Collaborative Clinical programmes **Consolidate and review interventions**			→	→	→	◆		

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 **Initial review and evaluations**						◆		
Stakeholder engagement and communications	**Quarterly and annual reports**	✓	✓	✓	✓	◆	◆	◆	◆
	Sponsorship and events (updated programme in place)	✓	✓	✓	✓	✓			
	Supporting materials developed – generic and specific – regular updates going forward			✓	→	→			
	Communications (strategy and) plan linked to overall AHSN 5 year strategy			→	→	→	◆		

Finance

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	517,309
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	3,959,184
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	436,289
PPIEE Theme	111,414	111,414
Patient Safety Collaborative & Patient Safety Academy Theme	791,500	791,500
Contingency for programmes	100,000	50,000
Programmes and themes	3,362,215	3,362,215
CORE TEAM AND OVERHEAD		
Pay costs	599,216	595,844
Non-pay costs	515,385	467,204
Communications, events and sponsorship	209,348	317,821
Total core team and overhead costs	1,323,949	1,380,869
Programme funding previously committed	-1,003,935	-783,899
Surplus/(deficit)	0	0

Forecast is little changed from Q2. Forecast expenditure is £200k less than budget. NHS England has indicated that there is a risk of a funding cut in 2016/17 and we are identifying areas to take out further cost. This inevitably means that we will have to reduce some activity.

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)	Best Care Programme (Clinical Networks) The Best Care Programme is designed to deliver AHSN license objective one: focus on the needs of patients and the local populations.	Improve the recovery rate of patients suffering from Anxiety and Depression Improving access, including waiting time standards for Early Intervention in Psychoses Reduce the use of 'reliever' inhalers, and attendance at A&E, by asthma patients	Delivery of first tranche of networks PIDs Variation reports produced MSc Fellowships in Evidence Based Medicine with University of Oxford and Health Education Thames Valley - seven more Fellows for 15/16 Clinical networks - round 2 bidding for future funding after April'16	1,2,3,4,5	£672,367	Diabetes and Out of Hospital networks have severe delays to most projects. Imaging and Dementia networks have some severe delays but are working through revised plans. Other networks remain largely on track. Variation report was completed and published

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
							October '15
2	Speed up innovation in to practice (B)	Clinical Innovation Adoption Programme The Clinical Innovation Adoption (CIA) Programme aims to improve significantly the speed at which quality clinical innovation is adopted and in the process of adoption - improve clinical pathways and outcomes for patients. The goals of the programme are to; Support adoption of innovations at scale across the region to improve patient outcomes, safety experience and cost effectiveness	Average number of Trusts adopting each innovation Acute trusts to date: Implemented relevant innovations = 29% Plan to implement relevant innovations = 48% Mental Health trusts to date: Implemented relevant innovations = 33% Plan to implement relevant innovations = 40%	First tranche of innovations adopted Innovations are ongoing and average 1-3years for completion. Rollout is done in waves (e.g wave 1, wave 2 etc). Deployed wave 1 includes: GDm, Dementia, IOFM, IPC, EBT, CaUTI and Atrial Fibrillation.	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 collaboration and engagement grows each quarter. Well established Partnership Board Each programme and theme is growing a network of clinicians and non-clinicians (over 2,000 clinicians and non-clinicians are engaged in the 10 clinical networks) from

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
							across the NHS, 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	Trusts looking to provide data 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 AHSN IG sharing	Information Governance Framework		£436,289	IG Framework out for consultation

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.	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 **HSJ has recognised two of our patient leaders in the national top 50** **Region wide training "Leading Together Programme" for developing more health professionals to work with lay partners at a strategic**

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
							level across the health system. The programme will train 120 leaders (60 professionals paired up with 60 lay members).
		Core team, overhead, communications, events and sponsorship	Number of subscribers to the Oxford AHSN Newsletter Number of visits on the Oxford AHSN website per month Number of attendees at all	Raising awareness and profile of AHSN's work, activities, events and partners		£1,380,869	Monthly newsletter subscribers stands at 1,513 and rising Twitter followers @ 1510 and rising Twitter proving a strong way to send messages

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
			AHSN events per annum				out across Network and during events. Annual Review document well received by stakeholders. Annual Partnership Council attended by 100 delegates. Alumni Conference more than 200 delegates including the Minister of Life Sciences, George Freeman.

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
							Key event in Q3 for engagement and collaboration - Get Physical 09 December, working in collaboration with the County Sports Partnerships and Public Health England
4	Create wealth (D)	The Wealth Creation Strategy is to help the region become the favoured location for inward life science investment, life science business creation and growth, whilst helping the NHS	Number of health and life science companies in region Number of people employed in life science industry	See current status column	1,2,3,4,5	£730,060	Circa 50 workstreams. Joint event with ISIS Innovation attracted 300 delegates to a

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
		to accelerate the adoption of medical innovations of significant benefit to patients. The aims of the programme are to: Support companies along the adoption pathway, and provide a continuum with the Clinical Innovation Adoption Programme Support investment into the region Build a culture of innovation in the NHS Form and sustain long-term partnerships with businesses.					**Big Data/Digital health showcase event.** **Strategic partnership with Johnson and Johnson Group of Companies.**

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

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
							with NHS IQ for our theme clinical leads to develop more patient safety leaders in the system – 55 places are being offered for the programme which will run from October December. The programme will be evaluated jointly by the Patient Safety Theme and NHSIQ.
						£4,743,083	

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. Strategy development underway Ensuring a culture of inclusivity and sharing, through inter alia, and 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	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
							Programme local working groups have been established with each of the each of the 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). Celebrate early successes through Case Studies & Events Regular monthly newsletter. Quarterly review of breadth and depth of engagement by Clinical Networks and all programmes and events. CIA analysis of strategic priorities of commissioners and providers as highlighted priority areas for AHSN programmes and themes. Designation as Precision Medicine Centre of Excellence drawn on resources across the Network Test bed application					

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
							opportunity for more engagement with commissioners – outcome due before 31 December. YouGov Stakeholder Survey undertaken (all AHSNs) and increasing engagement shown					
6	Oxford AHSN Corporate	Failure to sustain the AHSN should NHS England not renew license	Programme activities cease	Med	Med	> 6 / 12	Successful delivery of all Programmes against the AHSN license objectives as per the Business Plan will strengthen Partner support – summary Business Plan draft circulated to Partners on the Board. Establishment of collaborative working across, and between, Partners as the 'normal' way of working Plans for roadshows with all partners.	AHSN Chief Operating Officer	AHSN Chief Operatin g Officer	31– Jul –14		AMBER

Issues Log

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
18	Oxford AHSN Corporate	Clarity of NHS England funding	Medium	Financial	Funding for 15/16 has been confirmed and partners have agreed to continue to make contributions at the same level as 14/15. Progress good in collection of contributions Partnership Board to consider for 16/17 Although NHS England had confirmed AHSN funding for years 4 and 5 at £3.2m they have signalled that our funding could be cut by circa 10%	AHSN Chief Operating Officer	AHSN Chief Operatin g Officer	28/11/2013	Action – 90% Complete	
19	Oxford AHSN Corporate	The interface with, and respective roles of, the Strategic Clinical Networks	Minor	Strategy	Results of the improvement architecture review received – AHSN Best Care programme has	AHSN Chief Executive	Best Care SRO	03/06/2014	Action - 85% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		(SCN) and the Senate remain unclear. There may also be elements of duplication.			aligned its clinical networks with SCN. Round 2 panel for clinical networks included SCN Director. AHSN developing its 5 year strategy with Board and stakeholders					
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 developing a comms plan. Website refreshed regularly and new content added – visits per month increasing Followers and subscribers increasing Links being enhanced throughout the region through Comms networks – e.g. for R & D Produced comprehensive annual report and new look annual review focused on impact.	Director of Corporate Affairs	Director of Corporat e Affairs	19/01/15	85% complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					Events - improve marketing and evaluation of events. Roadshow with all partners. Level of engagement closely monitored across all programme and themes (see KPIs).					

Appendix C– List of Key Events Q3 and looking forward

Q3 2015/2016

1st October OBN Awards Dinner – AHSN sponsored award for public private collaboration – Isansys Lifecare Lts – worthy winners

8th October R & D Oversight Group meeting

12th October Novel Markers and technology for better patient care

15th October AHSN Board meeting

14th October HETV Conference

26th October 'Innovating in a practical care setting open evening', Monday 26th October at 4 – 6. This event provided information on the course and its content for the potential 2016/17 cohort the opportunity to find out more about the Innovation course being given by Bucks New University

October/November Entrepreneurs course Henley Business School

5th November half day event to introduce the new HEE/NIHR Integrated Clinical Academic Programme for non-medical healthcare professions at Oxford Brookes

30th November Oxford Innovation Forum meeting at the John Radcliffe – Nick Scott-Ram and Keith Errey speakers, event opened by Bruno Holthof, CEO, Oxford University Hospitals NHS Foundation Trust

9th December Get Physical Event www.getphysical.org

10th December AHSN attendance at Genesis 2015 – Wealth Creation team

Dates to be confirmed

Follow up to first IP workshop on open access with a focus on investors

Q4 2015/2016
13th January Celebrating Trauma Research, Park House, Whiteknights Campus, University of Reading, with Royal Berkshire NHS FT and NIHR CRN and The Thames Valley and South Midlands CRN 19th January Physical, Psychological or what…,? At the John Radcliffe Hospital the Oxford AHSN Physical and Mental Comorbidity Network 26th How can national infrastructure collaborations drive innovation? Diamond Light Source, Harwell Campus 28th January AHSN Board meeting 10th February People are messy: a play about patient and public involvement in research, John Radcliffe Hospital 30th March AHSN Partnership Board meeting – final endorsement of 2016/2017 Business Plan Dates to be confirmed Building mid-cap life science companies Biotech and Money - Panel discussion of the CEOs of the 4 mid-cap companies in Oxfordshire Promotion of Horizon 2020 opportunities to companies – SME instrument Workshop
Q1 2016/2017
IDEAL Conference (7th and 8th April 2016) – regulation of surgical innovation - Oxford 25th - 27th April BioTrinity 2016 Novotel West London – featuring AHSN Innovation Poster Showcase and AHSN Workshop Dates to be confirmed Isis Innovation Event to highlight evolving nature of clinical trial in digital health Evidence Live event 24th -26th June 2016 VentureFest Oxford 29th June 2016

Q2 2016/2017
Isis Innovation/AHSN/BRC showcase 6th July 2016 Said Business School, Oxford AHSN Roadshows May 2016