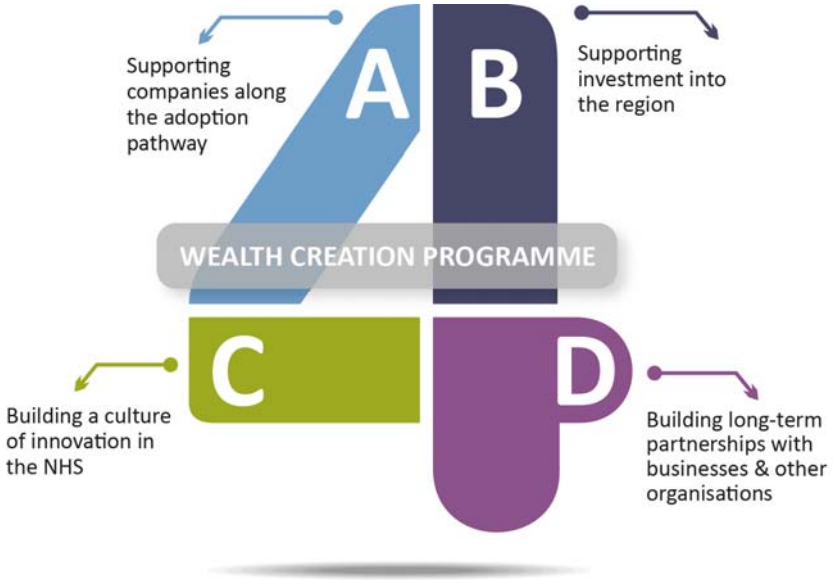
Oxford Academic Health Science Network Annual Report

For the year ending 31 March 2016

Professor Gary A Ford CBE FMedSci



Oxford AHSN's Wealth Creation programme supports innovators, a culture of innovation in the NHS and investment in the region through building long term partnerships

Chair's Report

I am delighted to present our third Annual Report for Oxford AHSN. The programmes and themes are all established and delivering results. The governance structure is robust and inclusive and the Oversight Groups are meeting regularly. Our reporting and business planning is of a high quality and demonstrates the depth and breadth of the work of the AHSN as it delivers against the four licence objectives. All the work of the AHSN is through partnership and collaboration of the NHS, Universities and industry in a complex health and social care system. In addition to the output of the programmes the work for the AHSN brings professionals and lay people together at a scale and frequency which is supporting the development of the region as a centre of excellence for healthcare provision, research and product development. We have several leavers and joiners to the Oxford AHSN Board during the year with changes to the chairs of the programme and theme oversight groups. Sir Jonathan Michael retired from the Board and the chair of the R&D Oversight Group, and from the AHSN's host, Oxford University Hospitals NHS Foundation Trust (OUH). I would like to thank Sir Jonathan for the support he gave the AHSN in its designation and establishment. We were delighted to welcome Dr Bruno Holthof, the new CEO of OUH to the Board as Deputy Chair. Stuart Bell has moved to chair the R&D Group in addition to the Informatics Group. After more than 8 years as CEO of Buckinghamshire Healthcare, Anne Eden moved to the Trust Development Authority as Director of Delivery and Development. Neil Dardis, the new CEO of Buckinghamshire Healthcare, has taken over the role as chair of the Clinical Innovation Adoption Oversight Group. Dr Justin Wilson also left the Board and his role as chair of the PPIEE Oversight Group as he has moved to Surrey and Borders NHS Foundation Trust. We were also delighted to welcome Royal Berkshire NHS FT's Jean O'Callaghan to the Board as chair of the Patient Safety Oversight Group.

I would like to thank the AHSN Board, particularly the chairs of the Oversight Groups, who take time to oversee our collaborative programmes of work. I would also like to thank our wider Partnership Board which helps guide the direction of the AHSN.

Despite the cuts in funding since the AHSN started, and, as we enter year four, the work and engagement across the region goes from strength to strength – I am confident that the upcoming Road Shows will show this to great effect. The new Accelerated Access Review policy sets out a central role for AHSNs in delivering uptake of innovation across the NHS. This and the support of our local partners are key to securing funding for the AHSN in our region beyond March 2018 when the NHS England licence agreement comes to an end.

I am impressed by the enthusiasm and skill for collaborative work in our region by the partners of the AHSN that is showing tangible results to improve patient care and outcomes – which is what all of this is about.

Nigel Keen, Chair, Oxford AHSN

March 2016

'This is what I would look like with flu' poster competition. Winner Owen Lock, six, RAF Benson primary school.

Further details can be found here on the Oxford AHSN website.

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Chief Executive's Review

This has been a challenging year for the NHS, with increasing demands on emergency care services and primary care, worsening financial deficits in many NHS providers, and an ongoing dispute between the government and junior doctors. In the context of this difficult environment it is pleasing to report major progress in the Oxford AHSN work streams and successful delivery many of our projects despite this challenging environment. The case studies in this report highlight some of the benefits and improved patient outcomes achieved by our work this year.

The NHS works alongside world leading science with the UKs life science research capability is supported by significant and sustained government investment in NIHR and the research councils. The results of that investment are evident with the UK contributing almost 20% of the top 1% cited life science publication citations. Our region is a major contributor to that success hosting world leading universities and over 750 life science companies that our NHS partners can draw on to improve patient outcomes and experience. However the NHS continues to lag behind other European health care systems in uptake of innovation. Data from the Office for Life Sciences show that the per capita uptake of 28 new medicines launched in the UK between 2007-12 and approved by NICE, was 11% compared to the average in a group of comparator countries in the first year of availability. This and other examples of the challenges of innovation adoption have led to the establishment of the Accelerated Access Review which aims to speed up access to innovative drugs, devices and diagnostics for NHS patients. We welcome the review team's recognition of the key role of AHSNs in supporting innovation adoption and recommendation in the interim report that the AHSN Network should be developed further.

What remains clear is that increased collaboration and partnership working between NHS organisations drawing upon innovative solutions from academic and commercial partners will be necessary to deliver transformative sustainable changes that deliver the NHS Five Year Forward View. Through our programmes, themes, events and training, collaboration by the partner organisations and their staff has grown significantly. We are talking to our partners to discuss how best we can support the developing Sustainable Transformation Plans. Our Best Care Clinical Networks, Clinical Innovation Adoption programme and Patient Safety theme are leading over 100 projects to improve patient outcomes and share best practice which will provide some of the solutions to delivering sustainable change. Delivering such change will need clinician, manager and patient leadership. With our partners Health Education England Thames Valley, University of Oxford, Buckinghamshire New University and Henley Business School we are developing capability and capacity of partners' staff and lay members in quality improvement, entrepreneurship, innovation adoption and leadership.

Progress has been made on informatics interoperability between NHS organisations with sharing patient images, through the work of the Best Care Maternity Clinical Network and the Imaging Clinical Network with Oxford University Hospitals NHS Foundation Trust and other partner Trust IT departments. An Information Governance Framework is in the process of being signed off by partner NHS Trusts – it is hoped that data sharing will be enabled more quickly through using this framework, and support more effective working across NHS organisations.

Whilst most of our projects are successful we are learning from those projects that fail to progress. Two common reasons are an absence of clinical leadership or poorly developed business cases to support a case for change. Our clinical networks were reviewed by a panel of our partners this year and we will fund and develop, over the next two years, eight networks, including a new Respiratory Clinical Network. The clinical networks are a huge asset to the region to raise clinical standards. We continue to work closely with the Strategic Clinical Networks to ensure alignment and avoidance of duplication. We were disappointed that our joint Test Bed proposal with Wessex AHSN was not funded, despite submitting a strong clinically-led bid. However, we will be taking a number of innovations in the bid forward in our existing work programmes.

We were pleased that with the support of our Wealth Creation team Oxford has been designated a centre of excellence for precision medicine recognising our region's world leading academic and industrial expertise. We announced a strategic partnership with Johnson & Johnson this year. This is a highly promising development that recognises the many opportunities for working closely together to improve patient care and development of new therapies.

I would like to thank Paul and the team for their commitment in coordinating and delivering the work of the programmes and themes, Dr Bruno Holthof and Oxford University Hospitals NHS Foundation Trust senior management team for their support as our host organisation, and my continuing thanks to Nigel Keen, our Chair for his support.

Professor Gary Ford CBE, FMEDSci

Chief Executive Officer, Oxford AHSN

getphysical
be active • stay healthy

Nearly 150 healthcare, sports professionals and public health staff, met at **Get Physical**, an event exploring how physical activity might be incorporated into the daily lives of NHS staff and patients across Oxfordshire, Berkshire and Buckinghamshire to improve their health and well-being.

A full report is available to download at www.getphysical.org.uk

Case Studies

1. Clinical Innovation Adoption: Catheter Acquired Urinary Tract Infection Project
2. Reducing Absence Without Leave (AWOL) from adult psychiatric wards
3. Expanding pharmacists' consultation skills to better meet patients' medication needs
4. Spreading best practice in dementia care
5. Strategic Partnership with Johnson & Johnson
6. Economic Evaluation Case Studies:
    - Best Care - Maternity
    - Clinical Innovation Adoption – Intermittent Pneumatic Compression (IPC)
    - Best Care – Anxiety and Depression IAPT
    - Wealth Creation – Carbon Energy Savings

Clinical Innovation Adoption: Catheter Acquired Urinary Tract Infection Project

Start and end dates of work covered by case study

October 2014 - present

Project Aim

To reduce the number of catheter acquired urinary tract infections (CAUTI) across the region

Headline quote

"This project is much needed and it is good to hear that it is taking a whole health economy approach– in general practice we frequently see patients with infections and ongoing complications caused by catheterisation" – Local GP

Lead AHSN and joint partners

The Oxford AHSN Clinical Innovation Adoption team is leading the project and are working with three partner Trusts in the first wave - Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust and Great Western NHS Foundation Trust.

Key points at a glance

- Catheter Acquired Urinary Tract Infections (CAUTI) represent a significant patient safety issue and reducing incidence of CAUTI has been identified as a priority by providers across the region
- Three Trusts in Oxford AHSN are been working to facilitate a reduction in CAUTI through promoting best practice in continence and catheter care, including the creation of a comprehensive training package and the introduction of bladder scans into the clinical pathway to reduce the number of unnecessary catheterisations

Challenge identified and actions taken

Catheter Acquired Urinary Tract Infections (CAUTI) represent a significant burden in poor patient outcome and experience, increased length of stay and increased costs. The Oxford AHSN is leading a project reduce the incidence of CAUTI through raising awareness and embedding best practice in catheter and continence care.

Urinary Tract Infections (UTI) account for 19% of Health Care Acquired Infections with around 75% of these being associated with a urinary catheter. Approximately 5% of patients with a CAUTI will go on to develop life threatening secondary infections such as bacteraemia or sepsis. Urinary catheterisation is a very common intervention in both acute and community healthcare settings with it being estimated that up to 25% of all hospitalised patients have a catheter at some point during their stay.

Reducing unnecessary catheterisations, following best practice guidelines for catheter insertion and ensuring catheters are removed as soon as they are no longer required are three key steps to reducing the incidence of CAUTI.

The project objectives are to:

- Reduce the number of unnecessary catheterisations
- Reduce the number of CAUTI across the region through:
    - Promoting and increasing best practice and reducing variation of practice
    - Increasing the use of portable bladder scanners within the clinical pathway

In phase one of the project each of the partner Trusts has:

- Reviewed its current patient pathway and clinical protocol from decision to catheterise through to catheter removal
- Is measuring and monitoring CAUTI and catheterisation rates
- Is assessing staff knowledge, awareness and competence
- Is standardising protocols and procedures between acute and community partners
- Is upskilling staff through training and educations programmes
- Is introducing appropriate use of bladder scanners into the clinical pathway where not already in place

Outcomes

The output from phase 1 will be the creation of a 'catheter toolkit' which will be implemented in each of the partner Trusts and offered more widely to Trusts across the region with support for implementation (phase 2). The toolkit will comprise:

- Diagnostic algorithms for the diagnosis of a CAUTI
- A catheter passport for information sharing between acute and community providers
- Protocol for catheterisation with a focus on the decision to catheterise
- Daily protocol for catheter review with the aim of removing as soon as no longer indicated
- E-learning package
- Root cause analysis tool to enable learning following a CAUTI

Plans for the future

Roll out of the project across the remaining Trusts in the region.

The project has benefited from the attendance of two of the local leads at the patient safety collaborative quality improvement training. The local teams will continue to use QI methodology including PDSA cycles, measuring, monitoring and analysis to ensure that the project delivers sustainable results.

Contact for further information

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AHSN Core Objectives

A – Promote health equality and best practice

B – Speed up adoption of innovation into practice to improve clinical outcomes

C – Build a culture of partnership and collaboration

Clinical priority or enabling theme/s

1 – Reducing premature mortality

2 – Enhancing quality of life for people with long-term conditions

4 – Positive experience of treatment and care

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

Reducing Absence Without Leave (AWOL) from adult psychiatric wards

Start and end dates of work covered by case study

April 2014 - present

Project Aim

To reduce failure to return to acute psychiatric wards by detained and informal patients by 50%

Headline quote

"Through their understanding and passion for patient care and safety, and their drive and support for our teams, they (Oxford Health Safer Care team and Oxford AHSN Patient Safety Theme) have enabled the wards to achieve excellent success in implementing, maintaining and sustaining the safe return of mental health patients from leave using quality improvement methodology".

Nokuthula Ndimande, Matron, Oxford Health NHS Foundation Trust.

Lead AHSN and joint partners

Oxford Health NHS FT is the lead organisation collaborating as part of the Oxford AHSN Patient Safety Theme. The Lead Matron is Nokuthula Ndimande based at the Warneford Hospital, Oxford. Berkshire Healthcare NHS Foundation Trust is now participating in the project and Central and Northwest London NHS Foundation Trust plan to initiate the project. The South of England Mental Health Patient Safety Collaborative has worked with all trusts in the region to provide training in Institute for Health Improvement (IHI) methodology.

Key points at a glance

- Oxford AHSN Patient Safety Theme has worked with Oxford Health NHS Foundation Trust and the South of England Mental Health Patient Safety Collaborative with the aim of reducing failure to return to acute psychiatric wards by 50% using IHI methodology.
- Five of seven participating Oxford Health NHS Foundation Trust wards have achieved and sustained this 50% reduction. The remaining two continue to work towards this target.
- Project Teams from our two other mental health providers, Berkshire Healthcare NHS Foundation Trust and Central and North West London NHS Foundation Trust participated in an Oxford AHSN Patient Safety Theme quality improvement training programme with NHSIQ. These teams are now positioned to employ improvement methodology to reduce failure to return to wards in their organisations.
- Berkshire Healthcare NHS Foundation Trust has commenced the project on Bluebell Ward, Prospect Park, and return on time rates are now at 91% from a baseline of 20%. The ward is now working towards sustainability. Adoption plans will then commence. Central and North West London NHS Foundation Trust has also agreed to participate in the project commencing in Milton Keynes.

Background Summary

Absconding is a significant safety issue that can have negative consequences for patients, their relatives and staff. Absconding includes both leaving the ward without permission and failure to return at an agreed time. Between 2003 and 2013, 22% of inpatient suicides in England occurred following an incident of absconding from mental health wards. Patients are also at greater risk of self-harm, self-neglect, missed medication, and interruptions to treatment plans. Absconding incidents can also cause relatives and staff distress and anxiety can lead to a deterioration in the relationship between staff and patients' relatives and distract nurses from other responsibilities. In many cases the police are also engaged in the search for the missing patient which has a considerable impact on police resources. This project aimed to improve the safe return of both detained and informal patients who took leave or time away from acute psychiatric wards.

The focus of the project was to improve the number of detained and informal patients who return on time to the ward following leave or time away. The measure definition was agreed with Oxford Health NHS Foundation Trust and is now embedded in local policy. Late return is defined as:

"Any inpatient, detained or informal, who fails to return to the ward later than ten minutes over the leave period that was agreed and documented by ward staff, and has not made contact with the ward to agree a later return time".

Challenge identified and actions taken

In the Oxford Health NHS Foundation Trust, leave episodes can number over 1,000 episodes per week across the acute psychiatric wards. The high number of leave periods and the need to enhance the reliability of patients returning safe and well, and on time, to the ward indicated that new approaches to managing leave were required. Ward staff worked with patients to agree changes, and together with the coaches, they developed four tests of change using Plan, Do, Study, Act cycles including:

- PDSA cycle 1: establishment of a signing-in-and-out book
- PDSA cycle 2: ward phone card
- PDSA cycle 3: patient information leaflets
- PDSA cycle 4: introduction of a pre-leave form

The Oxford AHSN Patient Safety Theme worked with the Oxford Health Safer Care Team to train and coach staff in improvement methodology to improve the reliability of care processes surrounding the management of leave. It also:

- worked with the South of England Mental Health Collaborative
- worked alongside the provider and coached clinical staff to implement the project using IHI methodology
- supported teams with the development of measures, data collection and the analysis of data

- develop a regional adoption plan (ongoing)

Outcomes

On the lead ward, baseline data were collected over 17 weeks and the mean rate for patients returning on time was 56% of the total number of patients returning to the ward. This increased to 87% at 45 weeks following intervention using improvement methodology. This corresponds to a 55.5% increase. The ward has since sustained a mean of 91% patients returning on time. This is in the context of the ward managing a mean of 165 leave episodes during the baseline period and this increased to a mean of 346 leave episodes following the introduction of the national NHS smoking ban in April 2015.

The project has now started the adoption plan and a further four wards have achieved mean return on time rates above 85% in Oxford Health NHS Foundation Trust. Berkshire Healthcare NHS Foundation Trust has also achieved a mean 91% return on time on their lead ward and is working towards sustainability.

Plans for the future

Once sustained, the plan is to develop the adoption plan across the remaining Berkshire Healthcare acute wards. Central and North West London NHS Foundation Trust has also agreed to participate in the project – so all three mental health providers will implement the improvement.

Contact for further information

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AHSN Core Objectives

A – Promote health equality and best practice

B – Speed up adoption of innovation into practice to improve clinical outcomes

C – Build a culture of partnership and collaboration

Clinical priority or enabling theme/s

1 - Reducing premature mortality

4 – Positive experience of treatment and care

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

Expanding pharmacists' consultation skills to better meet patients' medication needs

Start and end dates of work covered by case study

2015-ongoing.

Headline quote

"A customer's asthma was not being controlled adequately and during the consultation [she] admitted to a recent episode of abuse by a close relative. I really feel that the CBT course helped me to help her admit and cope with this. It also reinforced my signposting resources and helped me personally by being available to support me during something I found quite difficult" – Community Pharmacist

Lead AHSN and joint partners

Oxford AHSN Medicines Optimisation Clinical Network, community and hospital pharmacists, GPs and practice nurses.

Key points at a glance

Healthcare professionals are being equipped with the skills to help patients better understand, consider and take charge of their medication regime. This will lead to more timely and effective patient consultations, improved patient outcomes and satisfaction with health services, and indirectly reduce medicines wastage.

Background Summary

As well as GPs, pharmacists are funded to provide face-to-face consultations about medicines through the Medicines Use Review (MUR) and the New Medicine Schemes (NMS). However, the NMS has recently undergone a national evaluation. Whilst it was found to improve adherence and was also cost-effective, a secondary evaluation uncovered that the NMS did not significantly change patient beliefs about their medicines, suggesting there is scope for improvement.

Cognitive behaviour therapy (CBT) has a proven track record of improving patient outcomes in a wide range of specialisms; it is a talking intervention, proven to help treat a wide range of emotional and physical health conditions in adults, young people and children. CBT examines how we think about a situation (cognitive component) and how this affects the way we act (behaviour). In turn, our actions can affect how we think and feel.

By using additional tools and skills alongside the MUR/NMS service, pharmacists can empower their patients to consider factors that influence the way they take their medicines. This involves identifying barriers to taking medication, mutual decision-making and generating options between pharmacist and patient. For wider benefit to the local population and to support workforce development in collaboration with Health Education England - Thames Valley (HEETV), we decided to open the training up to community and hospital pharmacists, GPs and practice nurses. This will ensure many more patients' needs are more thoroughly considered and they receive a service more tailored to their personal needs and health beliefs.

Challenge identified and actions taken

Enhancing the communication and consultation skills of healthcare professionals has been identified as a priority by the Oxford AHSN. We carried out a feasibility study to find out whether CBT-based techniques training, delivered through the PIPPCare programme (http://www.talkingspaceoxfordshire.org/information-for-professionals/pipp-care-credited-training-for-health-professionals/), could be implemented in a short delivery time and would be appropriate and effective for pharmacists. Twenty pharmacists were trained by professional coaches over two separate days, three weeks apart. Feedback from the course showed that trainees found the sessions useful and appropriate and they felt confident to use the techniques in future clinical practice. The full feasibility report is available on the Oxford AHSN website.

Outcomes

Pharmacists who participated in the feasibility study were very positive about the training. They were clear about how they thought their clinical practice would change. Within two training days attendees demonstrated that they could incorporate psychological approaches into routine clinical consultations. One of the most striking results was the difference in opinion on the applicability of the CBT model in helping resolve difficulties in patient consultations between the start and end of the training sessions. At the beginning of training, trainees reported a lack of understanding of the model and rated it as 'not applicable' to supporting patient decision-making. By contrast, when asked the same question at the end of day two trainees reported the CBT model was 'very applicable' to supporting patient decision-making.

Plans for the future

We are now developing the training schedule further to fit the specialist need for 'CBT for Medicines Related Consultations' and we will be rolling out the skills training to a further 150 trainees in May 2016 throughout the Oxford AHSN region.

Contact for further information

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AHSN Core Objectives

A – Promote health equality and best practice

B – Speed up adoption of innovation into practice to improve clinical outcomes

C – Build a culture of partnership and collaboration

D – Create wealth through co-development, testing, evaluation and early adoption and spread of new products and services

Clinical priority or enabling theme/s

2 – Enhancing quality of life for people with long term conditions

3 – Helping people recover from episodes of ill-health or following injury

4 – Positive experience of treatment and care

Spreading best practice in dementia care

Start and end dates of work covered by case study

Nov 2014 - present

Project Aim

To improve memory clinics by raising the standard of all to that of the best

Headline quote

"When we were first considering taking our memory service through the MSNAP review process the prospect was somewhat daunting and overwhelming. We were extremely grateful that the Oxford AHSN was able to provide a very experienced clinician to act as an overall lead."

Frances Finucane, Team Manager, North Bucks

Lead AHSN and joint partners

The Oxford AHSN Dementia Clinical Network working with NHS Trusts running memory clinics in Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire.

Key points at a glance

- Thousands of dementia patients are getting better care following expert input from a specialist nurse and peer support. All memory clinics have been brought up to the standard of the best in the region through a comprehensive national accreditation programme.
- By January 2016 all six memory clinics with which the Oxford AHSN worked had been accredited by Royal College of Psychiatrists (RCP) Memory Services National Accreditation Programme (MSNAP), three of them receiving the highest 'excellent' rating.

Challenge identified and actions taken

Memory clinics provide valuable support to people with dementia and their carers. Having identified unwarranted variation across its region, the Oxford AHSN appointed a specialist nurse to work with six memory clinic teams in Buckinghamshire, Milton Keynes and Oxfordshire, aiming to bring them up to the standard of the best through the Royal College of Psychiatrists (RCP) Memory Services National Accreditation Programme (MSNAP), which provides a structured means of working, embedding consistent high standards in memory clinics.

Three memory clinics in Berkshire, which had led the way having already gaining excellent ratings, helped their colleagues elsewhere by helping them evidence standards and identify gaps. This resulted in successful cross-fertilisation of ideas and sharing of protocols, encouraging mutual support and a 'learning cascade'.

Outcomes

- By January 2016 all six memory clinics with which the Oxford AHSN worked had been accredited by Royal College of Psychiatrists (RCP) Memory Services National Accreditation Programme (MSNAP), three of them receiving the highest 'excellent' rating.

- Improvements have been embedded into dementia services with benefits felt by 8,500 patients and their carers.
- Patient and carer experience has improved with more positive feedback.
- Improvements have been made to the physical environment at memory clinics.
- Policies and procedures within memory clinics have been improved.
- Multi-disciplinary and inter-agency working has improved.
- A new website for memory services has been developed.
- Resources are being used more efficiently e.g. more nurse assessment in GP surgeries.

Plans for the future

Future plans will be guided by feedback from the Royal College of Psychiatrists (RCP) Memory Services National Accreditation Programme. Accreditation lasts two years so the process is ongoing with Berkshire clinics already undergoing re-accreditation. The Oxford AHSN is working to ensure improvements are embedded into services.

Contact for further information

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AHSN Core Objectives

A – Promote health equality and best practice

B – Speed up adoption of innovation into practice to improve clinical outcomes

C – Build a culture of partnership and collaboration

Clinical priority or enabling theme/s

1 – Reducing premature mortality

2 – Enhancing quality of life for people with long-term conditions

4 – Positive experience of treatment and care

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

Strategic Partnership with Johnson & Johnson

Start and end dates of work covered by case study

2015-ongoing.

Project Aim

Johnson & Johnson and Oxford AHSN have already worked together to find new ways to improve outcomes for patients. Through this unique new partnership, we will explore further opportunities to share knowledge and expertise, in order to help develop innovative local health services and advance the health of people across the region.

Headline quote

"This deepening partnership with J&J is an example of how stronger links between the NHS and industry can improve health and encourage economic growth."

Lead AHSN and joint partners

The senior management teams from Janssen/Johnson & Johnson and the Oxford AHSN

Key points at a glance

The Oxford AHSN entered into a strategic collaboration agreement with Johnson & Johnson in December 2015. Discussions between the two organisations began in early 2015, and developed over several months as it became apparent that both organisations had a number of shared interests. The senior management teams from Janssen/Johnson & Johnson and the Oxford AHSN meet twice a year to review ongoing progress and to focus on delivering tangible outcomes for patients across the various activities of the strategic partnership.

Johnson & Johnson is one of the largest employers linked to healthcare in our region with its headquarters in High Wycombe. Oxford AHSN and Johnson & Johnson have signed a Memorandum of Understanding to formalise the strategic partnership, recognising the synergies between them relating to improving patient care and health outcomes and accelerating access to new innovations and technologies through academic and commercial collaborations.

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.

Plans for the future

By formalising this collaboration in a new – and, we believe, unique – strategic partnership we can take this further, benefiting patients and strengthening J&J's presence in the Oxford AHSN region. We are excited about the opportunities presented by deepening and extending our joint activities with J&J, sharing our experience, expertise and influence. Our regular discussions at a senior level are helping us refine our work programmes and accelerate access to new innovations and technologies. Links have also been made with NHS and Academic research partners through the AHSN's R & D Oversight Group.

Contact for further information

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AHSN Core Objectives

A – Promote health equality and best practice

B – Speed up adoption of innovation into practice to improve clinical outcomes

C – Build a culture of partnership and collaboration

D – Create Wealth

Clinical priority or enabling theme/s

1 – Reducing premature mortality

2 – Enhancing quality of life for people with long-term conditions

4 – Positive experience of treatment and care

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

Economic Evaluation Case Studies

Oxford AHSN commissioned four independent economic studies from the Office of Health Economics and RAND Europe to estimate the economic impact from four exemplar collaborative initiatives undertaken at scale across the region:

1. Best Care Maternity - improving referral pathways for premature babies
2. Clinical Innovation Adoption - Intermittent Pneumatic Compression (IPC): increasing utilisation of IPC therapy in immobile stroke patients
3. Best Care - Anxiety and Depression Clinical Network IAPT Case Study
4. Wealth Creation – Carbon Energy savings

The independent analysis concludes that the initiatives are good value for money.

Economic Study

Best Care Maternity Clinical Network Case Study - Improving referral pathways for premature babies

The aim of this case study was to assess the value of the Oxford AHSN collaborative initiative to increase the number of extremely premature babies (defined as (<27 weeks gestation) and extremely low birth weight babies weighing less than 800g being transferred in-utero to Level 3 (L3) maternity units (units that provide the whole range of medical and neonatal care - a neonatal intensive care unit) from across the Oxford AHSN region during 2015. This followed evidence that maternity units in the area had much lower rates of in utero transfer than comparable areas, and that this was likely to have adverse consequences for survival and wellbeing of premature babies.

The Oxford AHSN undertook a service evaluation of the region for the 24-month period April 2012 to March 2014. The audit revealed that babies were not accessing L3 maternity services as appropriate. Of 146 babies that met the criteria for birth in a L3 unit, 67 (46%) were born in one of the five maternity units outside L3 facilities. In these cases, in-utero transfer was attempted in only 14% of pregnancies, none of which resulted in an actual transfer. This was due to inefficiencies in the referral pathway. Nevertheless, in line with the current policy of the region, these babies were all subsequently transferred to the L3 maternity unit at the John Radcliffe Hospital after birth.

A before-and-after study design was used to assess the numbers and proportion of preterm babies born at L3 maternity units within the Oxford AHSN region since April 2015 when compared to the data gathered for the AHSN audit during a 24-month period prior to the policy changes. This was supplemented by a literature review which identified national-level data to provide estimates of the likely impact on levels of mortality and, if possible, morbidity. An assessment was also made of the changes in costs that occurred within the maternity units within the region, and the project-related costs incurred by the Oxford AHSN.

The main finding of the analysis was the estimated improvement in the likelihood of survival after the policy change of 5.2% percentage points, rising from 40.7% prior to the policy change to 45.9% after the policy change. Based on an estimate of 84 babies

meeting the criteria for transfer to a L3 unit per annum, this translates into an increase of approximately 4 babies surviving per annum than would have been the case prior to the policy change. These improvements in survival are set against estimates of changes in cost amounting to a total £6,452 net saving in the first year (due to the inclusion of Oxford AHSN costs) and thereafter £24,883 saving per year. Given the improvement in survival that is identified in the model (and supported by the wider literature), OHE concluded that the policy change (and AHSN's contribution to the policy change) represented good value for money.

Economic Study

Clinical Innovation Adoption Programme – Intermittent Pneumatic Compression (IPC): increasing utilisation of IPC therapy in immobile stroke patients

IPC has been shown to reduce the risk of deep vein thrombosis (DVT) and reduce mortality at 6 months in immobile stroke patients. This is a major finding as DVT and pulmonary embolism (PE) collectively known as venous thromboembolism (VTE), whilst potentially avoidable, are a major cause of death in this patient group. Consequently, IPC has important consequences for patient survival, quality of life, and costs to the health service.

IPC is a prophylactic therapy, which is used to improve circulation in immobile patients. It involves using a pair of inflatable sleeves, which wrap around the leg and are attached to a bedside electric pump. When in use, the pump fills the sleeve with air and compresses the limb, thereby encouraging blood and other fluids out of the pressurised area. When pressure is reduced, fluids flow back to the limb. The sleeves inflate and deflate intermittently, encouraging the flow of blood.

In the Oxford AHSN region, the national IPC programme was picked by the AHSN Clinical Innovation Adoption Programme as one of 10 projects for adoption in 2014/15. The overarching aim of the project was "*to implement and embed the technology across all stroke units in the region so that the benefits noted in the CLOTS trial can be realised.*"

The AHSN facilitated the uptake of IPC, providing project management support, coordination and data analysis. A cost-effectiveness model was developed to analyse the costs and benefits of the Oxford AHSN's IPC programme. This was a retrospective analysis using data from the beginning of the programme in April 2014 to the latest available data (September 2015).

Between April 2014 and September 2015, an additional 434 patients in the AHSN region have received IPC sleeves than would have based on the national IPC utilisation rate[1]. An additional 687 patients have received IPC sleeves than would have if the utilisation rate remained at its pre-project level (8% in April 2014).

This indicates that the AHSN IPC project has been effective in increasing the IPC utilisation rate in the Oxford AHSN region. The results clearly show that the Oxford AHSN's IPC project increased IPC utilisation rates to a much greater extent than can

[1] Note that this number (434) is different that stated in the final Oxford AHSN audit report (Oxford AHSN, 2016) as different data sources were used.

be seen across the rest of the country. OHE estimate that the project prevented 22 DVTs, two PEs, and 12 deaths within an 18 month period saving an estimated £64k, all for an additional total cost of £31,286 for the CIA project management time. The OHE report also estimates that if the 80% target is met, there would be an additional 37 DVTs, 4 PEs and 21 deaths prevented (saving £109k) with no added cost as the project management is moving into a measure and monitor phase with minor actual intervention time required

Overall, compared to conventional thresholds at which healthcare interventions are typically considered cost-effective, this programme has delivered good value for money.

Economic Study

Best Care - Anxiety and Depression Clinical Network - *IAPT Case Study*

The AHSN's Anxiety & Depression Clinical Network is linked to the nationwide Improving Access to Psychological Therapies (IAPT) programme, which aims to implement NICE-recommended talking therapies for adults with common mental health problems. IAPT is open to patients who refer themselves, as well as those who are referred by GPs. Patients receive NICE-recommended therapies, such as cognitive behaviour therapy, brief psychodynamic therapy, couples therapy, and counselling

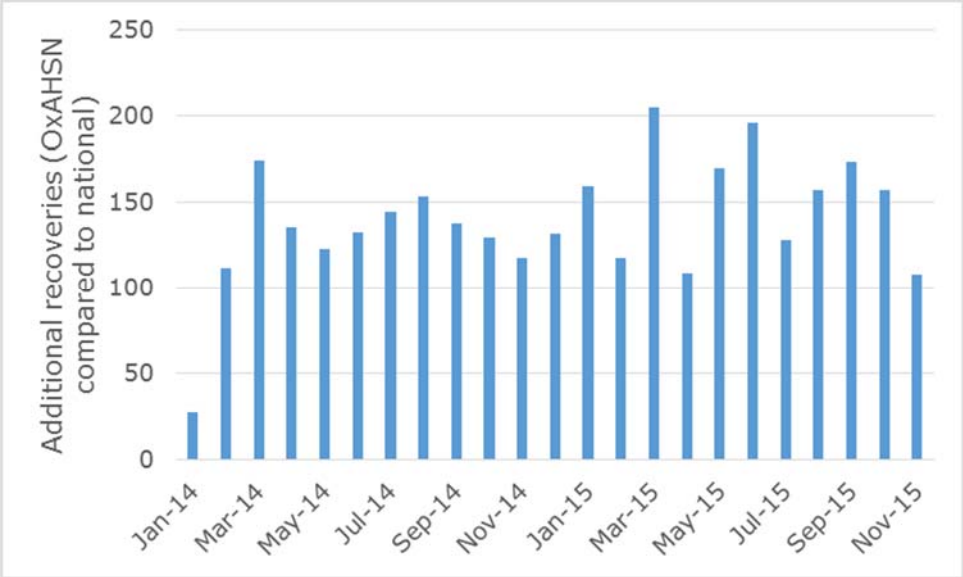
The Oxford AHSN set a target to increase recovery rates in local adult IAPT services by a minimum of 5% between January 2014 and March 2016. This increase has been achieved and exceeded, during which national recovery rates have remained fairly static. The purpose of this analysis was to demonstrate the added value of the Oxford AHSN network support to IAPT, and not to assess the cost-effectiveness of IAPT therapy, which has been demonstrated elsewhere

In order to assess the added value of the Oxford AHSN this analysis compares recovery rates and costs in the Oxford AHSN region to all non-Oxford AHSN IAPT service recovery rates and costs (i.e. national averages excluding the Oxford AHSN region). A cost-effectiveness model was developed to analyse the costs and benefits of Oxford AHSN in relation to the IAPT programme. This was a retrospective analysis using data from the beginning of the programme in January 2014 to the latest available data (November 2015).

Between January 2014 and November 2015, 38,411 patients finished treatment within the Oxford AHSN IAPTs programme. A total of 20,395 patients recovered (57.9%), an additional 3,199 patients recovered compared to what would have been expected if the national recovery of 44.8% rate applied. An additional 2,659 patients have recovered than would have if the recovery rate remained at its pre-project level (46.2% in January 2014). An estimated £897,228 of NHS money may have been saved due to reductions in physical healthcare expenditure. Even when taking into account the additional costs of clinical staff training within the IAPT services and staff time at the Oxford AHSN, **the savings still total £755,494.**

The analysis suggests that the Oxford AHSN IAPT project has improved recovery rates in the Oxford AHSN region (compared to national rates) and reduced total costs to the NHS (even when the costs of the AHSN involvement are included).

Number of additional recoveries per month are shown overleaf



In addition, it is likely that the Oxford AHSN IAPT project has had further knock-on effects into society. OHE were able to approximate the number of patients who have returned to work due to the AHSN IAPT programme (an additional 384 people compared to the national level). Whilst the total monetary value of this increase in employment is uncertain, as patients may once again relapse, it is reasonable to expect that this represents a benefit to society. These individuals will contribute to the economy, receive income, pay taxes, and will most likely claim fewer disability benefits. These benefits are over-and-above the quality of life gains felt by the patients and their friends/family, and the aforementioned monetary savings to the NHS. In addition, amongst those who are employed (either as a result the treatment or otherwise) who have recovered, we expect that there has been an increase in productivity at work (for example through a reduction in sick days; 40% of sick days are thought to be related to mental ill health, which will lead to further economic gains. Whilst OHE have been unable to quantify these benefits fully within the scope of this project, it is likely that the societal benefit of the increased recovery rates is positive, and as such reflects an even greater added value of the Oxford AHSN.

Economic Study

Wealth Creation – Carbon Energy savings

Energy project: quantifying the value of energy savings and carbon reduction

The aim of this case study was to assess the value of the Oxford AHSN in terms of their contribution to supporting the decision of five NHS organisations to work with partners to deliver investment in energy infrastructure and sustainability projects. Whilst these projects are at an early stage, they are expected to result in future reductions in energy use and carbon emissions through a combination of improved energy generation and demand reduction.

Oxford AHSN began work on this project in October 2014. The purpose of the project was to support NHS organisations in the region to identify opportunities for realising cost and carbon savings from investment in energy infrastructure and sustainability projects.

Initially the Oxford AHSN engaged 10 NHS organisations in a 'rapid benchmarking analysis' and 'state of readiness' assessment which was undertaken in collaboration with Zexu Limited, a specialist energy and sustainability organisation. This work led to the recommendation that five of these NHS organisations should engage in a more detailed, formal feasibility study which would assess the scope for investment in energy infrastructure and the potential energy savings and carbon reductions that could be achieved.

The five NHS organisations were:

- Buckinghamshire Healthcare NHS Trust

- Great Western Hospitals NHS Foundation Trust

- NHS Frimley Health Foundation Trust

- Oxford Health NHS Foundation Trust

- Southern Health NHS Foundation Trust

The feasibility studies were undertaken and funded by the Carbon and Energy Fund (CEF), a national not-for-profit organisation set up by the NHS and the Department of Health in 2011 to support NHS organisations in funding, facilitating and managing complex energy infrastructure upgrades.

Across all organisations, a total projected investment of £23.6m is estimated to yield an annual return, in terms of energy savings, of £6.0m, and annual savings of 29,000 tonnes of carbon dioxide (see Table below).

The study showed that there was a high degree of certainty about the value of these investments, in terms of energy and carbon savings, as well as a high financial rate of return. Assuming that the investment would not have gone ahead without Oxford AHSN's input, then set against the modest costs incurred by the Oxford AHSN, this project represents good value for money.

Table: Estimated capital cost, energy savings and carbon reductions across five NHS organisations

IRR: Internal Rate of Return calculated for a, conservative, ten year period of annual saving

NHS organisation	Estimated capital costs		Estimated energy saving		IRR (internal rate of return)	Payback years	Estimated carbon dioxide reductions (tonnes)
	£	% total1	£ (annual)	% total1			
ESTIMATES FROM ZEXU LIMITED							
Buckinghamshire Healthcare	£9,199,300	39.0%	£2,494,300	41.4%	23.9%	3.7	13,081
Great Western Hospitals	£4,793,000	20.3%	£1,020,600	16.9%	16.8%	4.7	4,950
NHS Frimley	£6,692,900	28.4%	£1,801,800	29.9%	23.7%	3.7	6,999
Oxford Health	£1,611,600	6.8%	£399,100	6.6%	21.1%	4.0	2,177
Southern Health	£1,285,000	5.4%	£309,100	5.1%	20.2%	4.2	1,793
TOTAL	£23,581,800	100.0%	£6,024,900	100.0%	21.9%	3.9	29,000

Operational Review

Our third Annual Report also includes our activities in Q4 of 2015/2016. This report goes to all members of the Oxford AHSN Partnership Board (meeting on 30 March 2016, to NHS England and is published on our website. It is a review of engagement across the region and delivery by the seven programmes and themes. The length and breadth of this report reflects the extensive work that the AHSN is delivering with all its partners in the region.

We are also producing a shorter Annual Review, a review of the 30 patient safety projects and "Developing Leaders through Partnerships" – a summary of the training and development for partners' staff in quality improvement, entrepreneurship and innovation adoption we are running with Health Education England (Thames Valley). We will be presenting a review of the year along with local leaders of AHSN collaborative work at seven roadshow events around the region in May – this replaces the AGM.

Partnership and collaboration

Partnership and collaboration are the bedrock of all the AHSN's work to improve patient outcomes and support economic growth in the region. Three elements are necessary in all the work – clinical leadership, good data/evidence and excellent programme management. Without the engagement, involvement and delivery of the local clinical and managerial teams, supported by provider/commissioner financial resources, none of the collaborative work can happen.

[Engagement on the ground, getting the right people, at all levels involved in the work and governance is growing the overall Network.]

The AHSN is essentially a network for the circa 100,000 health and life science professionals in the region - many more are actively involved than last year. We keep partners informed through our newsletter, Twitter and the website which is refreshed frequently. The events run by the programmes and themes are attracting large numbers of participants. Hits to our website have almost doubled to more than 2 million in the last year. Subscribers to our newsletter increased from 1,000 in March 2015 to 1,652 at the end of March 2016. Twitter followers also doubled to 1,763 from 853 in March 2015. The number of clinicians and managers involved in the Best Care clinical networks has doubled to 2,775 (1,279, March 2015). The Wealth Creation team has engaged with 320 companies and has projects with 21 companies including Johnson & Johnson with which we have a strategic partnership.

We are also active in the national AHSN Network; Martin Leaver, our Head of Communications is now joint chair of the National AHSN Network Communication Group. We are collaborating with AHSNs and other partners from outside the region when it brings benefits to our local partners:

- Best Care – **Medicines Optimisation** clinical network is part of the AHSN Network
- Best Care – **Imaging** clinical network working with Yorkshire & Humber AHSN
- CIA joint event '**NHS Innovation Scouts**' visited 3M with NW Coast AHSN & NHS England (Tony Young presenting)
- CIA **Intraoperative Fluid management** - NHS Benchmarking and Greater Manchester (GM) AHSN

- CIA NICE Implementation Collaborative **nalmefene (TA325) alcohol control** national project involving NW Coast, GM and Wessex AHSN
- Oxford AHSN and Wessex AHSN **Test Bed** application – although not awarded by NHS England, opportunities to work together with innovators will be followed up
- 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 clinical network** has developed the national standards for EIP Preparedness – being rolled out across the country

Governance

The Partnership Board meets twice a year to ratify the annual business plan, review performance and decide on partner contributions to the AHSN. The Partnership Board endorsed the 16/17 Business Plan at its meeting on 30 March. All the programmes and themes have regular board meetings and each has an Oversight Group whose chair sits on the Oxford AHSN Board. Most of the programmes/themes are chaired by NHS Trust CEOs as the change management to improve quality, patient safety and adopt innovation is in their organisations and with their staff. The Best Care Oversight Group oversaw the review of the clinical networks and the decision to fund eight in the next two years.

Our programmes and themes are very closely aligned to the four objectives in our five year NHS England licence. We have delivered against the Matrix of Metrics that forms part of our annual contract with NHS England. We have made solid progress against the top level milestones and KPIs (see below). As with all plans, some work streams take longer than planned – this reflects the effort involved in engaging widely across the region to build local commitment and also the work required to source and analyse the data that provides the evidence base for change.

We review programme risks and issues regularly and escalate unresolved risks and issues to the AHSN Board when necessary.

Highlights of Oxford AHSN partners collaborative work:

- **People are happier** – 1,320 more people this year will have recovered from anxiety and depression so that they can make long term plans for the future. Recovery rates are best in the country at nearly 58% (nationally 45%)
- **Pre-term babies are safer** – 75% of pre-term babies are being born in Level 3 Neonatal Intensive Care Units, an improvement of 50% (16 babies per annum)
- **Patients discharged from hospitals are safer** – enhanced Medication Use Reviews will save 20% patients a year from being readmitted due to medication issues
- **271 more stroke patients will have reduced risk of DVT each year** from application of intermittent pneumatic compression stockings. 53% receiving intermittent pneumatic

compression stockings (national rate 25%) stroke patients. This is equivalent of saving 4 patients a month more than the national average

- **Dementia diagnosis has been improved for patients pa** in 6 newly accredited memory clinics as best practice spread from West Berkshire to Oxfordshire, Buckinghamshire and Milton Keynes
- **6 Trusts and universities will reduce their carbon footprint** and save £8.7m per annum
- **Leveraged funding for the region £9m to date**
- **Developed clinical networks** with 2,775 members - doubled since March 2015
- **15 active innovation adoption projects** – participation in acute and mental health sectors, 96% and 100% in work streams respectively. Implementation rate to date 33% in acute and 42% in mental health - significant growth in the year

As well as delivering improved outcomes through projects, Oxford AHSN's Partners have:

- **Come together to improve research** access and capability across the region
- **Engaged with over 320 companies and established 21 formal collaborations**
- **Presented 30 + posters** at national events with life sciences industry, the NHS and the universities
- **Developed a region wide IG framework** to improve data sharing and enable better patient care
- **Developed interoperability** of maternity data and imaging data to improve patient care and clinical effectiveness
- **Patients involved in all programmes/themes** – two HSJ Top 50 patient leaders
- Established a strong **patient safety theme**
- **Developed many of our region's people** in clinical leadership, entrepreneurship, quality improvement, patient leadership and innovation adoption
- Focused on **physical activity to improve health and wellbeing** of patients and staff

Our partnership with Health Education England (Thames Valley) (HEETV) is supporting the AHSN's programmes and themes and developing capability and capacity in our partners' workforce:

Accelerating innovation adoption

With HEETV, the TVW Leadership Academy, Henley Business School and Buckinghamshire New University

- Challenge 2023 – more than 100 entries, 6 winners and runners up; one in practice – Hospital In Hand
- Entrepreneur Programme; 30 participants across two courses in 2015
- Practical innovating in healthcare settings; 60 participants Feb 2016 – Jan 2017

Improving patient safety

With Nuffield Department of Surgery, HEETV and the Health Foundation

- Patient Safety Academy – training clinicians in human factors
- Q Initiative – 7 leaders from the region trained in improvement methodology

Strengthening patient and clinical leadership

With NHS England, The Performance Coach and University of Oxford

- Leading together – patient leadership development; 60 patients + 60 clinicians, Feb 2016
- Fellows in Evidence-based Healthcare MSc; 13 frontline NHS clinicians

Resources

We employ more than 50 people, mostly through our host Oxford University Hospitals NHS Foundation Trust. In addition we also fund many clinicians through the clinical networks. We have received an additional funds at the end of the year from partners Health Education England (Thames Valley), £0.2m and from the SCN, £0.2m – these funds have been fully committed in the programme budgets for 16/17 for workforce development and joint clinical network projects respectively. We are forecasting to spend £0.2m less than budget for the year.

Finally – combining the initiatives in a patient story

Communicating the portfolio of projects is challenging – we have developed a number of patient stories to convey "Current" and "Future" following the collaborative interventions in the AHSN programmes and themes. This is an example (overleaf) of how ten AHSN initiatives in **improving clinical standards, patient safety, patient experience and innovation adoption** can make a difference to a patient. Transformation cannot happen unless we work together on many such initiatives at scale across the region so that we can keep patients safe and well and reduce demand on the health system.

Muriel - experience of frail elderly patient with multiple morbidities

Current

Aged 90, Muriel has osteoporosis and rheumatoid arthritis, is at risk of falling and has suffered from a Catheter acquired UTI on two occasions in her care home. She is frequently confused and appears to be depressed

Three hospital stays this year as a result of confusion and one hip fracture as a result of a fall. One readmission quickly followed the second spell in hospital as UTI flared up again

She was in hospital a long time after her hip operation and developed a nasty pressure ulcer

AHSN Innovation/Improvement

- Access to newly accredited memory clinic
- Early prescribing of memory drugs
- Better access to biosimilars to treat RA
- Improved protocols for catheterisation
- Optimise use of bladder scanner in hospital to reduce unnecessary catheterisation
- Falls strategy for region
- Fragility fracture clinic
- Improved utilisation of intra operative fluid management
- Reduced incidence of pressure ulcers

Future

- Increases independence and activity within the care home
- Earlier diagnosis and treatment to reduced disability from arthritis
- Shorter length of stay during first admission
- Avoidance of second hospital admission for UTI
- Avoidance of pressure ulcer and more rapid discharge after hip operation
- Increased time with family and on visits away from care home

Dr Paul Durrands ACA, CMILT

Chief Operating Officer

Oxford AHSN

Key Milestones – progress to date

Programme/Theme	Key Milestone	Progress to date
Corporate	Oxford AHSN 5 Year Strategy	Will be developed in 2016 response to the Accelerated Access Review and local STPs
Best Care	Delivery of first tranche of networks PIDs Variation reports produced	Networks remain on track with the exception of Imaging and Dementia both of which have mitigation pans in place. Diabetes and Out of Hospital networks will not be funded from March 2016 and have handed over to SCN and Urgent and Emergency Care Network respectively Completed and report published the Best Care Review in October 2015
Clinical Innovation Adoption	First tranche of innovations adopted	IPC has been implemented at all 6 Stroke Units and GDm-Health at 5 Trusts. Phase 1 has completed for IOFM at 7 Trusts (includes Greater Manchester) Dementia Memory Drugs variation at all 3 MH Trusts CAUTI phase 1 with the 3 Trusts that participated Early Inflammatory Arthritis – Best Practice Tariff has been implemented at OUH All baseline work for Early Inflammatory Arthritis has completed ready for roll out 16/17.
R&D	Trust R&D plans developed	Work in progress by Trusts
Wealth	Alumni International Conference Regional diagnostics council for industry	Complete Established
Informatics	Information Governance Framework	Following consultation and amendments now in Trust sign off phase
PPIEE	Provider engagement	Superseded by Leading Together Programme
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 2,775 (1,279)

Key Performance Indicators (KPIs)

Programme	Licence Objective	High level KPI (measured annually unless otherwise stated)	As at Q4
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 – as measured by patients allocated an EIP coordinator within 14 days As from 01 April 2016 target is 50%	The range for the 3 Trusts providing mental health services as at the end of March is 55.6%-87.5%
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 work streams more than 96% and 100%. Implementation rate 33% in Acute and 42% 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	The Informatics Strategy is work in progress
Informatics	1,3	Information Governance – regional consultation and sign up to the AHSN IG sharing framework.	Sign up to be completed by end of Q1 2016/2017
Stakeholder engagement	3	Number of subscribers to the Oxford AHSN Newsletter Twitter followers	1,652 March 2016 (1,000 March 2015) 1,763 March 2016 (853 March 2015)
Stakeholder engagement	3	Number of visits on the Oxford AHSN website (annual)	Page views: 914,808 Visits: 250, 978 Hits: 2,184,161
Stakeholder engagement	3	Number of attendees at all AHSN events per annum	1000+ (not including formal meetings)

Best Care

Introduction

2015/2016 has seen the Clinical Networks consolidate and continue to expand their stakeholder membership and begin to demonstrate the impact of 'new ways of working' on the quality of healthcare through collaboration, sharing and support. The Best Care stakeholder membership has now reached 2,775, which is a size that can influence the local healthcare system. It includes 1,596 acute providers, 354 commissioners, 223 academics and 148 from the life sciences industry. The Clinical Networks have been encouraged to extend their membership in primary care (49), the third sector and with the public.

The Best Care Review (January 2016), which related to 13 Reports from the Clinical Networks was circulated to the providers and CCGs. It described the tangible impact that the Clinical Networks are beginning to have on our healthcare system, in what is effectively their second year of activity; impact that would not have been delivered in their absence. Some of this impact relates directly to NHS England's nine national 'must dos' for 2016/2017. Some was also delivered through focused training of the clinical workforce by the Clinical Networks, which has the added value of increasing capacity within our healthcare system.

These tangible gains are described in detail in the individual Clinical Network reports below. They demonstrate the particular strength Best Care in mental health and in maternity and children's health:

- Anxiety and Depression - Improved recovery rates from IAPT (46% to a stable 55% average, with national average around 45%). This improvement means that up to an additional 2,659 people each month have been successfully treated for anxiety and depression, since the network started, and are now able to make long-term plans for their lives with greater confidence.
- Dementia – 8 out of 11 memory clinics in the region are now MSNAP accredited within the AHSN region, building on the high standards of two memory clinics in West Berkshire. In the last year the Dementia Network has helped 6 memory clinics achieve MSNAP accreditation, and raising the standards of the clinics will improve the care of 8,500 people a year. A further 3 memory clinics are awaiting the result of the MSNAP review.
- The Early Intervention in Psychosis Clinical Network, having contributed significantly to developing the national access targets for psychoses, led Oxford AHSN to being commissioned to support the preparedness of provider trusts across NHS England South to meet these new national targets.
- Maternity - 79% of extremely preterm babies are now born within Level 3 Neonatal Critical Care facilities
- Children's - flu immunisation rates for 2, 3 and 4 year olds (circa 85,625) in our region have exceeded national rates this year

Constraints on AHSN funding resulted in a 25% reduction of Best Care's budget for 2016/2017. This resulted in a rationalisation of the Clinical Network family through a Round 2 bidding process for funding. This year Oxford AHSN decided to discontinue funding Diabetes (responsibility handed to the local Diabetes SCN), Out of Hospital (responsibility handed to the local Urgent & Emergency Care

Network) and Mental-Physical Comorbidity. We are funding a new Respiratory Clinical Network, which has just commenced work. This process has led to even closer alignment between the AHSN Clinical Networks and the local SCNs to avoid duplication. Despite this rationalisation, however, our Clinical Networks have pledged to undertake 44 projects in 2016/2017, which is 12 more than in the previous year, ensuring that they continue to deliver value on investment.

Finally, a third cohort of Evidence Based Health Care Fellows, supported by Health Education Thames Valley, will be recruited to commence in October 2016. The very successful first cohort will complete their MSc. this summer and each will then commence an implementation project aligned to one of our Clinical Networks.

Best Care Clinical Networks

Anxiety and Depression

Objective: The network was established with the specific aims of understanding outcome variability, improving recovery rates, supporting service innovation for adult services and improving data completeness in children and young peoples' (CYP) IAPT.

The Anxiety and Depression (A&D) Clinical Network builds on the success of existing local Improving Access to Physiological Therapies (IAPT) services by bringing together providers, commissioners and leading academics to improve patient outcomes by sharing innovations and effective data analysis. By using a data-driven approach, this network has been highly successful in terms of project delivery and key stakeholder engagement over the past 12 months, and has worked well to mitigate challenges in data collection, collation and completeness that have been encountered in some of their projects. The network committed to a minimum 5% improvement in average recovery rates across the AHSN geography has significantly exceeded this target by improving recovery rates across the AHSN geography from a baseline of 46% (Jan 2014) to a stable average of 55% (Sept 2015), at a time when the national average has remained the same (44.8%). Over the lifetime of the network an additional 2,659 patients have recovered from anxiety and depression (see economic case study). The network has worked hard to maintain an improvement in recovery rates whilst the number of patients accessing services has increased. Key deliverables for the network in 2015/2016 include:

- Active PPIEE forum with patient representation on the A&D steering committee and input into specific project plans
- 250 staff have been trained through the educational workshops based on the outcome variability analysis
- All IAPT services created implementation plans and have rolled out new service innovations which have been shown to reduce not only anxiety and depression but also some disorder-specific markers
- Health economics evaluation of the Depression and Diabetes in Talking Therapies project has been initiated though collaboration with Professor David Stuckler at the University of Oxford Department of Sociology
- Baseline data on the collection of Routine Outcome Measures (ROMs) in CYP IAPT have provided a clear direction for improvements that need to be made to data collection and the use of outcome measures

In the coming year the clinical network will focus on the continuous improvement of recovery rates and IAPT services; broadening the scope of this work to including follow-up, relapse rate and the impact of psychological therapies on employment. The service innovation project is being expanded due to the £600 million allocated in the recent comprehensive spending review to develop Long Term Conditions/IAPT services. The AHSN A&D network will support a bid for funding to become an Early Adopter site for integrated services. The CYP IAPT work will be extended with a focus on the use of paired ROMs data to improve treatment and the pilot of a fit-for-purpose data collection.

"I wanted to congratulate you on the recovery rate you are now achieving at your Improving Access to Psychological Therapies service following what strikes me as a quite extraordinary turn around. I hope that others can be learn from the immensely impressive transformation you have effected" Buckinghamshire Health Minds IAPT service - Health Minister Norman Lamb

Children's

Objective: To improve the health outcomes and experiences of children in the Oxford AHSN region by reducing variation in the prevention, diagnosis and treatment of conditions which are commonly the leading causes of hospital admission.

The Children's Network focuses on using robust regional data to identify best practice and reduce variation in care, so that parents get consistent advice and children get the right treatment, wherever they are. It has built a lively network of paediatricians, children's commissioners and others involved in children's health, which is a vital building-block to agreeing and implementing improvements in processes and treatments.

Key achievements in 2015/2016 include:

- Circulation and discussion of 1st Annual Variation report (April 2015 onwards) leading to:
    - Formation of regional clinical guideline group, with representatives from all Trusts in region, meeting quarterly to discuss and agree areas for audit and improvement.
    - Creation of shared database of existing guidelines, to reduce duplication of effort and promote equity in production of new guidelines.
    - Standardisation of approach to paediatric antibiotic prescribing across region (5 acute Trusts)
    - Creation of paediatric pneumonia management e-learning module (aimed at GPs and paediatricians), endorsed by Health Education England and hosted on national learning management systems, allowing full regional access (and beyond).
    - 'Flu vaccination awareness campaign over 2015/2016 winter, running a poster competition in schools, working with industry to promote vaccine use, working with school nurses and developing a toolkit of tips, and working with GPs to promote best practice. Network was invited to present its work as a best practice exemplar at a

national NHS England event. Work was recognised by local Public Health leaders (see quote below)

"What I feel has made a difference in the Slough uptake of children's flu vaccination this year are the community based, grass root interventions by the Oxford AHSN nurses… The internal intelligence about their visits to our children's centres helped our area to be more aware and more focused on the issue of children's flu. I hope that they continue to support us every year and would recommend that other areas take this approach next year."

Dr Onteeru Buchi B Reddy, Public Health Programme Manager, Public Health & Wellbeing, Slough Borough Council

Dementia

Objective: reducing variation in patient and carer experience and outcome, supporting the adoption of innovation to improve the quality of care and working to establish common agreement on dementia practise and diagnosis.

Projects have specifically focused on the delivery of a webinar programme to reduce unwarranted variation in dementia diagnosis and care, the pilot of an SMS data capture system technology for assessing carer support, improving outcomes and experience for younger people with dementia (YPWD) and their carers, and supporting memory clinical services to become accredited by the Memory Service National Accreditation Programme (MSNAP); the latter project directly meets the Prime Minister's Challenges launched in 2012 and 2015. Key achievements in 2015/2016:

- 6 memory clinics have been supported to gain MSNAP accreditation which will help to standardise and improve the quality of care and experience for around 8,500 people who use their services, and their carers, in our local area. In addition to providing a common standard of care the process has promoted collaboration and peer-support for memory clinic staff throughout the Oxford AHSN region
- Well-received conference on variation in dementia diagnosis and care hosted in collaboration with the Strategic Clinical Network attended by 70 people from across the AHSN geography
- Workshops for Young People With Dementia (YPWD), which have been shown to improve patient and carer outcomes, have been rolled out into East Berkshire through AHSN support and will be evaluated in April and October 2016
- Well-attended series of 10 webinars hosted by the Dementia clinical network has established broad and varied engagement, raised the profile of the network and initiated a dialogue about variation and consensus in dementia diagnosis with healthcare specialists across the AHSN geography

The network will continue to support the reduction in variation of diagnosis and care through the webinar series and working with the Memory Clinics; focusing on post-diagnostics service and establishing a consensus for the diagnosis and treatment of fronto-temporal dementia. New projects include the development and use of a dementia-specific PROM, in collaboration with the CLAHRC, and a work stream supporting the use evidence-based best practise in care homes. By prioritising in these areas the network will continue to closely align and support the delivery of the Prime Minister's challenge, Five Year Forward View and government's mandate to the NHS 2016/2017.

"This process has been a highly rewarding one, allowing us to reflect upon and enhance the quality of care that we provide. The positive feedback received from patients, carers and reviewers alike has offered welcome recognition for a dedicated, hard-working and motivated team". Dr Chris Ramsay, Consultant Psychiatrist, North Buckinghamshire Memory Clinic

Diabetes

Objective: To improve the patient experience associated with diabetes care, reduce the variation and absolute levels of diabetes complication risk attributable to elevated blood glucose and thereby reduce the incidence of diabetes related complications.

The Diabetes Network worked on a portfolio of 6 projects through 2015/2016. These included:

- The trialling of a Ketone breath measurement tool in collaboration with an industry partner
- A study of the development of an integrated diabetes care service in Oxfordshire (in order to document decision-making processes, and develop tools useful for repeating this initiative)
- Training and standardisation of protocol for treatment of newly diagnosed young adults with diabetes
- Expansion of the Regional islet cell transplantation service
- Reducing unwarranted variation in health checks for diabetes patients
- Creating a network of professionals with an interest in obesity

At the 'Round 2' clinical network review, the panel recommended that the network should not be funded beyond March 2016. In making this recommendation the panel recognised the good work the network had done, and noted that in the climate of continuing reduced budgets, the region could not justify operating both an AHSN and an SCN network in diabetes. The network has therefore focused in the past 4 months on developing its work so that it can be either handed over to the remaining SCN network (in the case of the unwarranted variation and obesity work), or continued through other means. Whilst these projects will therefore no longer form part of the AHSN Best Care portfolio, they will nonetheless continue to add value to the regional healthcare economy.

"The work on the visualised data (part of the unwarranted variation work) has potential to combine data and bring new learning to the surface."

Neil Sandys, Cardiovascular Disease Network Manager, Thames Valley SCN

Early Intervention in Mental Health

Objective: The vision of the Early Intervention in Mental Health is to improve outcomes for young people with psychosis by bringing together clinicians, managers and academics from across the Oxford AHSN region.

In 2015, following a benchmarking exercise of existing capabilities of Early Intervention in Psychosis (EIP) teams to deliver NICE concordant care, the network was invited to take a leading role on the Southern Region Preparedness Programme to support regional providers in the implementation plans for the incoming national EIP Access and Waiting time standards. This regional role has

produced challenges for the network in the delivery of the local aims as they have worked without a full-time network manager for much of the year. However this broader role has also allowed the network to draw on the experience and expertise from EIP teams across the South. Engagement with the network is high, through their regional profile and well-attended best practice meetings. Support and sharing of best practise for local teams has been evidenced by the training they have provided for the implementation of the common assessment and through hosting information sharing events, workshops and collaborative meetings with colleagues from the Norwegian EIP services and the Australian Young and Well Cooperative. Key deliverables in 2015/2016:

- A common assessment for early intervention in psychosis has been agreed across all EIP services in the AHSN – implemented onto Electronic Patient Records (EPR) in two mental health trusts within the area
- Quality champions have been embedded in each EIP service to support teams with the implementation of the local common assessment.

"We have achieved a lot. We can keep achieving by working more collaboratively and by taking stock of our learning about what's working and ensuring we do more of it" EIP Sustainability workshops – Stuart Clark EIP Clinical Lead

"The 5 things to know 'postcards' are brilliant – we are using them at our next GP education session – clear, simple and effective!" Dr Rosemary Croft GP and the Mental Health Commissioning Lead for Berkshire West Federation

Imaging

Objective: To streamline imaging diagnostic pathways so that patients can decide on their best treatment options more quickly.

Imaging services provide essential milestones on a patient's pathway through diagnosis and treatment. Radiologists' reports support GP and consultant decisions on a daily basis and imaging also plays a role in early detection of disease, for example the breast cancer screening programme. With improvements in technology, imaging has become more complex and powerful, leading to an increase in demand, with an annual increase in CT and MRI of 11%. As key decisions in healthcare increasingly rely on the results of patient scans, the demand for faster and easier access to scanning and reporting has increased. The demand for 24/7 scanning has led to an increase in outsourcing of scanning and this results in a greater need for consistent protocols for scanning and reporting across the country. This has been accompanied by a shortage of radiologists with many vacancies nationwide and a pressure for greater home working to enable better work/life balance and maintenance of advanced radiology skills. Against this backdrop, the Imaging Network has sought to standardise scanning and reporting protocols in the region, collecting and analysing local data to identify best practice.

Key achievements in 2015/2016 include:

- Development in partnership with OUH IT and Insignia Medical Systems of a cross-organisational image and data-sharing system, to be used for second opinions, specialist on-call, and research. This system has been recognised by the Royal College as having great potential.

- Agreement in all (7) acute trusts to install and utilise Insignia system (pending IG agreement).
- Being awarded pilot status for NHS England's "ACE" innovative one-stop diagnostic pathway.
- Designing the RAIQC software for radiology training and revalidation, and gaining accreditation from the Royal College for CPD. This software will shortly be trialled in 1 location, before being rolled out across the region, highlighting areas of both excellence and need.
- Production of a series of patient videos 'demystifying' the hospital diagnostic experience. These videos are now incorporated into patient letters, and one has won an international award.
- Developing links with other regional Imaging Networks (East Midlands, and Yorkshire and Humber AHSN), sharing issues and solutions.

"Existing radiology services should collaborate to form networks of expertise serving a population of several million rather than a few hundred thousand as at present. A grouping of 150–200 radiologists would have the capacity to provide continuous 24-hour cover across the range of required specialties."
Royal College of Radiologists statement

Maternity

Objective: all those involved in maternity care in the region to function collaboratively - agreeing and implementing best practice, introducing and spreading innovation, reducing unwarranted variations in care and standards between units, collecting data together and creating a culture where maternity staff can learn from each other.

The Maternity Network has developed strong working relationships with a wide range of stakeholders throughout the region. This includes managerial, clinical and midwifery staff at all the provider organisations, the Thames Valley Children and Maternity Clinical Network, the Thames Valley and Wessex Neonatal Network, local CCGs and Health Education England (Thames Valley). Stakeholder membership has risen by almost 50 people (to 166) due to continuing engagement activities. It has already achieved some significant successes in the place of birth and guidelines projects (see below), and promises to achieve much more in the coming 12-18 months, with the increasing sharing of data through the continued roll-out of the data-sharing platform, and the Small for Gestational Age identification project, which has the potential to dramatically reduce the stillbirth rates of the region, in line with the NHS England Business Plan 2014/15 – 2016/2017.

Key achievements in 2015/2016 include:

- Significantly (50%) more extremely premature babies are being born in the safest place in the region after our 'Place of Birth'' project; on average 75-80 % were born in the safest place during 2015/2016. This project identified key barriers to the referral pathway, and made specific changes to counter these. It also revised the guidelines for the region associated with extreme preterm delivery (see economic case study).
- Network wide guidelines have been developed, agreed and implemented, reducing risk and unwarranted variation in care. This includes the administration of the emergency IV drug

'Magnesium Sulphate' is now the same across the area, reducing the chance of it being given incorrectly. It also includes guidelines and referral criteria for babies at risk of stillbirth and long term disability.

- Collaboration with Health Education England (Thames Valley) is ensuring that these guidelines are used in the education of doctors in training.
- Connected ultrasound reporting systems in the Oxford AHSN area to improve patient referral safety and convenience and in the future allow for collaborative data collection.
- 'Shared Learning Events' to promote a culture of learning lessons from clinical incidents or interesting or rare cases across the region (not just within the Trust in which they took place) have started, with good participant feedback.
- A region-wide Maternity Patient and Public Involvement forum has been set up to gather the views of women and families on the network's work, and to source future work. This forum is a combined project involving the Thames Valley Maternity Strategic Clinical Network and the Maternity Research Department (NDOG) at the University of Oxford.

"The Thames Valley Neonatal Network... is delighted to see that there has been a dramatic reduction in preterm babies being born outside a tertiary centre (down to 21% in 2015/2016). This is a major achievement in a short space of time and the whole network are to be congratulated on all the hard work and co-operation that has gone into making this project a success"
Dr Eleri Adams, Clinical Lead Thames Valley Neonatal Network

Medicines Optimisation

Objective: To engage with stakeholders and clinical teams to drive care quality improvements for the direct benefit of patients.

There is growing evidence of poor medicines management, including:

- In primary care across England around £300 million per year of medicines are wasted (likely to be a conservative estimate) of which £150 million is avoidable and remains a largely untackled issue.
- Up to half of all patients do not take their medicines as recommended.
- Only 16% of patients who are prescribed a new medicine take it as intended, experience no problems and receive as much information as they need.
- Ten days after starting a medicine, almost a third of patients are already non-adherent and of these, 55% do not realise they are not taking their medicines correctly, whilst 45% are intentionally non-adherent.
- When admitted to hospital, most patients have a medicine omitted or a wrong dose recorded. Patients taking several medicines for long term conditions are most likely to have experienced medication management errors.
- 5-8% of all unplanned hospital admissions are due to medication issues, rising to 17% in the over 65's and at least 6% of emergency re-admissions are caused by avoidable adverse reactions to medicines.
- When patients don't take their medicines in line with recommended advice it costs the NHS an estimated half a billion pounds a year in lost patient benefits.

- Overall, poor adherence to medication regimens is common, contributing to substantial worsening of disease, death and increased healthcare costs.

The Medicines Optimisation Network has been set up to address these issues and strives for maximum benefit for patients and the healthcare system from the medicines at its disposal. Key achievements in 2015/2016 include:

- Effective consultations with patients: a successful pilot and study of pharmacy CBT training led to award of £96k funding from Health Education England (Thames Valley) for further roll-out of the scheme. First wave for rollout fully subscribed and due April 2016.
- Medicines Reconciliation database procured, installed, and monitored across 7 trusts. Training given to pharmacy staff, with set of standards agreed to ensure consistent use. Practice reviewed after 6 months, and changes recommended to database team for improvement of system and to encourage greater levels of reconciliation in 2016.
- Feasibility study for introduction of new falsified medicines detection system completed and recommendations published in European Journal of Hospital Pharmacy (October 2015). Further implementation work to continue in 2016.
- Introduction of "Transfer of Care" scheme (as pioneered at Newcastle NHS FT) across 6 trusts in region. Training and awareness events held. Scheme refers patients for post-discharge medicines reviews at community pharmacies, aiming to reduce readmission due to non-adherence. Monitoring of use of system shows steady increase in uptake.

"This service (Transfer of Care) will make an enormous difference to our ability to help patients after discharge from hospital"
Khal Khaliq, community pharmacist, Lansdale Pharmacy, High Wycombe

Mental- Physical Comorbidity

Objective: Improve awareness of mental-physical comorbidity and provide guidance for commissioners and Trusts for the development and expansion of psychological medicine services.

This network has brought together clinicians and other key stakeholders working in the psychological medicine and liaison psychiatry. The network has mapped psychological medicine services for inpatient, primary care and community settings across the geography to inform service developments and reduce variation in care. Key deliverables for 2015/2016 are:

- Established a regional network of psychological medicine and liaison psychiatry clinicians
- Piloted outcomes framework for 300 patients across the AHSN area
- Delivered five successful educational events attended by over 400 clinicians, managers, commissioners and members of the public
- Over 20 video clips created from events to allow a wider audience access educational materials

The primary output from this network is a guidance document for commissioners for the development and expansion of psychological medicine services. This report is due for release in April 2016 and a meeting with commissioners, senior acute trust management and other key stakeholders is planned to share this guidance. Following the review of the Best Care Clinical Networks in October 2015 it was decided that this network would not receive AHSN funding in 2016-2018.

"All speakers were top draw and a privilege to hear", "Should be mandatory for all doctors" Feedback from the Mental Physical Comorbidity educational event attendees

Out of Hospital

Objective: to increase acute ambulatory care activity by 10% within two years, from a determined baseline. This will provide commissioners with adequate and appropriate evidence and data for business cases to support continued commissioning of ambulatory care services.

The Out of Hospital Network has worked largely with commissioners to develop a detailed understanding of the care pathways in primary care which lead to secondary care, and how these might be developed to prevent unnecessary admissions. As this work has progressed, the national mandate for the Urgent and Emergency Care Networks (UECNs) has emerged, and it became clear that there was a large overlap of aims, stakeholders and methodologies. As a result, it was decided in October 2015 to wind the network down, focusing on supporting the incoming UECN with data collection and analysis. This work was recognised by the UECN:

"I write to say a great big thank you to the Out of Hospital Network Manager who supported the Thames Valley UECN. Without his help we would not have got off the ground with the work we needed to initiate. The stocktake and mapping of urgent and emergency care services was an early action and a mammoth task and he undertook it with relish and skill. NHSE acknowledged we were ahead of the curve because of his work."
Dr Annet Gamell, Chief Clinical Officer, Chiltern CCG and Chair, Thames Valley UECN

Evidence Based Healthcare Fellowships

Best Care successfully secured funding from its partner, Health Education England Thames Valley to support a second cohort of Evidence Based Healthcare Fellowships in 2015/2016. Interviews for the fellowships were held in April 2015, with a strong field of 13 applicants for 6 available places. Successful applicants were led through the University of Oxford formal application process, and were enrolled in the University in October 2015. The first cohort of fellows were 'paired' to the second cohort in order to impart their learning from their experiences on the course. This has been a move welcomed by all participants, and has greatly added to the sense of mutual interest and support in the group. Another development from the first year has been the integration of a module in leadership, taught by the NHS Leadership Academy. This was identified through feedback sessions at the end of year 1 of the course as a valuable potential add-on, and was therefore integrated into the year 2 syllabus.

Clinical Innovation Adoption (CIA)

There are now 15 innovations (30 project implementations) being deployed across the region. Selection of these innovations has been guided by the CIA Oversight Group which has representation from 6 Providers and Clinical Commissioning Groups from Berkshire, Buckinghamshire and Oxfordshire. As we approach the end of year 3 the Oversight Group has taken an active role in the decision making process as to which projects to continue, extend roll out further and capacity for new innovations that will offer significant impact in both patient outcomes and efficiency. Highlights and decisions for the programme were as follows:

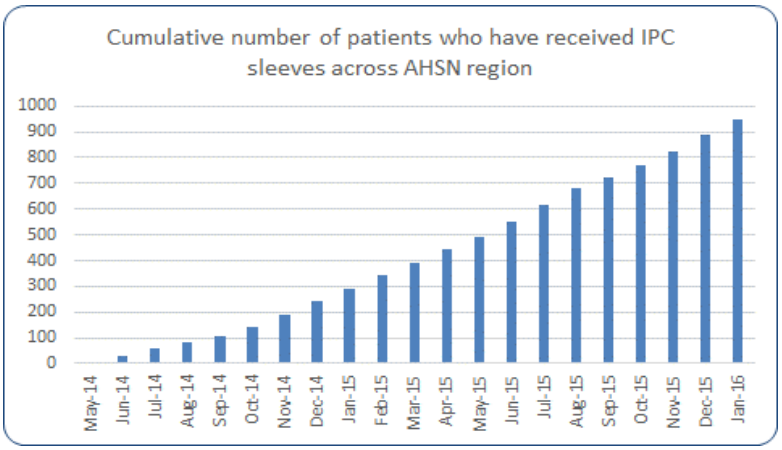
- **Three projects have been completed**: Intermittent Pneumatic Compression (IPC) sleeves, Nalmefene (Nice Implementation Collaborative Board project) and Gestational Diabetes e-Health. The IPC and GDm e-health projects are now in the measure and monitor stage.
- **Five projects have completed Phase 1** *which includes interest to participate, base-lining of current services (pathway mapping), regional variation analysis, preparation to implement, deployment to 1st wave Trusts.* **These projects will move into Phase 2** *to complete regional deployment in 2016/2017-18.* Intra-operative Fluid Management, Early Inflammatory Arthritis, Biosimilars, Catheter Associated Urinary Tract Infections, Atrial Fibrillation and opportunistic ECG Monitoring for AF.
- **Two projects will remain open for review** during next quarter when a decision will be made as to their viability: Dementia and Eating Disorders (Support Hope and Recovery Online Network).
- **One project will close at Phase 1:** Electronic Blood Transfusion.
- **Four projects that were initiated during Q2/3 and have been established** as viable have now been confirmed for implementation by providers and commissioners: Alcohol Teams, Heart Failure and Fragility Fracture and Falls Prevention.

Completed Projects

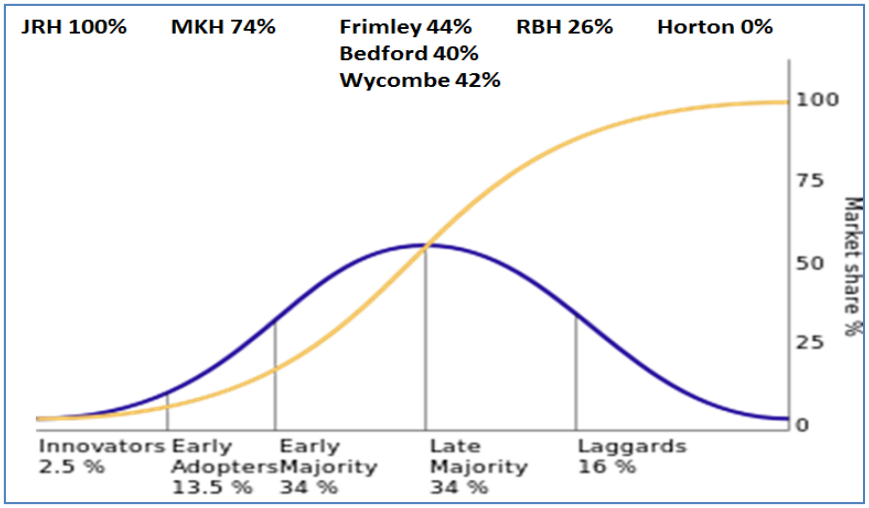
Project: Intermittent Pneumatic Compression (IPC) Sleeves – to reduce the risk of death and DVTs

Clinical Lead: Dr Matthew Burns – Buckinghamshire Healthcare Trust

- In Q4 (January 2016) the IPC project entered the measure and monitor phase. The graphs below demonstrate the improving utilisation of IPC sleeves across the region between April 2014 and January 2016.
    - In April 2014 only one stroke unit was using IPC sleeves; following project implementation other units began to utilise the sleeves, closing the gap between the estimated number of patients in the region who are eligible for IPC sleeves and the number receiving them.



- The take up has followed the traditional adoption curve and an evaluation was carried out in Q3 to identify barriers to success



- Following the evaluation audit further actions have been taken to ensure that the innovation adoption is sustained past the lifetime of the project. As part of ensuring sustainability, utilisation will continue to be monitored for 6 to 12 months (the measure and monitor phase). The original aim had been to deliver 80% utilisation across the immobile patient cohort. However this target will be difficult to achieve in the light of NICE guidelines published in June 2015 that state that clinicians should 'consider' the use of IPC sleeves for immobile stroke patients.

  Project Completion date: Implementation completed January 2016, measure and monitor for 6 months.

Project: Nalmefene - NICE Implementation Collaborative Project – The CIA Programme agreed to support this project as a sub-project of the Alcohol Teams Project. Nalmefene is used for reducing alcohol consumption in people with alcohol dependence.

In England, alcohol dependence affects 3.8% of people aged 16–65 years (6% of men, 2% of women). Over 22% of people in England consume alcohol above higher risk drinking levels and alcohol harms costs £21 billion a year, with costs to the NHS of £3.5 billion. As a result there are established care pathways for alcohol misuse in many areas of England which integrate services, support and pharmaceutical interventions.

Nalmefene is an option for people with alcohol dependence who do not suffer physical withdrawal symptoms and who do not require immediate detoxification.

Despite positive recommendation by NICE in Technology Appraisal (TA) 325 (published November 2014) few localities in England have agreed arrangements for the provision of nalmefene.

Implementation of NICE TA 325 could offer benefits to patients and the care system as a whole through:

- Improved identification of people with alcohol dependency as a result of reviewing current care pathways.
- Reduced alcohol related harm and alcohol related morbidity and mortality.
- Improved outcomes for people as a result of reducing alcohol intake and alcohol dependency.

Objectives

- To understand how nalmefene is currently included in existing policies and pathways and how psychosocial support is being commissioned to support the TA recommendations
- To understand how specific localities have engaged GPs and other healthcare professionals and used local enhanced services, intermediate care and outreach services to ensure nalmefene is accessible for patients who need it
- To review examples of best practice in integrated working between CCGs and Local Authorities to support TA implementation
- To identify local and national barriers to implementation of NICE TA 325 and explore how Academic Health Science Networks across England may be able to support the implementation of NICE TA 325

AHSN	CCG	Local Authority
Oxford AHSN	**Oxfordshire**	**Oxfordshire**
	Aylesbury Vale	**Buckinghamshire**
	Chiltern	
	Bedfordshire	**Central Bedfordshire**
	Berkshire West CCGs	**West Berkshire**
		Reading
		Wokingham

AHSN	CCG	Local Authority
	Berkshire East CCGs	**Bracknell Forest**
		Royal Borough of Windsor and Maidenhead
		Slough
	Milton Keynes	**Milton Keynes**
NWC AHSN	**Blackburn with Darwen**	**Blackburn and Darwen**
	Liverpool	**Liverpool**
	St Helens	**St Helens**
	Wirral	**Wirral**
Other	**Dudley**	**Dudley**
	Central Manchester	**Manchester City**
	Portsmouth	**Portsmouth City**
	Gloucestershire	**Gloucester City**

Understanding national and local barriers and enablers to prescribing nalmefene

- Research into formulary status, primary care awareness, and ease of patient access to nalmefene and the associated psychosocial support packages

Capturing models of provision

- Identifying different models of provision of nalmefene across England in the public and private sectors
- Presenting in-depth case studies to demonstrate how models have been implemented and challenges and barriers faced.

Identifying national and local commissioning barriers to the implementation of NICE TA 325

- Engaging with CCGs and Local Authority partners across numerous AHSN regions (see Project Partners) to understand the complexities of implementation across Public Health and CCG commissioned services
- Engaging with national leaders in alcohol misuse disorders to review and ratify findings

Final Report to NIC Board

The lessons learned, models of provision and implementation strategies will be bought together as a report which will be taken forward by the NIC board (to be published by End of April 2016). Recommendations and advice will be made in the report to help stakeholders overcome barriers to implementing NICE TA 325.

Project: Gestational Diabetes – improve monitoring and management using telehealth

Clinical Lead: Dr Lucy McKillop – Oxford University Hospitals Foundation Trust

It is estimated that gestational diabetes mellitus (GDm), which may occur, most commonly, in the third trimester during pregnancy currently affects about 10% of all pregnancies. The national incidence of GDm has increased in recent years, due to a widening of the screening criteria, lowering the diagnostic thresholds and underlying demographic changes with an increasing proportion of overweight or obese pregnant women. This has led to a raise in the prevalence of GDm, from a baseline of around 4% in 2008 to a predicted value of 16% in 2020.

In order to minimise the risks to the pregnancy, intensive medical treatment and follow-up is instituted so as to attempt to normalize blood glucose. This involves very frequent home blood testing and hospital visits every 1-2 weeks, a time consuming and difficult process for the women involved. A system which allows less regular face-to-face contacts with HCPs while still providing adequate input when required would be hugely advantageous. The tele-health in gestational diabetes project (GDm-health) is a collaboration between Obstetric medicine, OCDEM and Biomedical Engineering to produce a system whereby blood glucose readings are transmitted (with appropriate annotations) through a smartphone to the specialist diabetes midwife and the midwife, or other staff, can send messages back to the patient advising on dose titration or asking them to attend a clinical appointment. The business cases for GDm have been approved by Trusts based on raising demand, capacity and safety. The alternative for Trusts would be to increase capacity by opening up additional clinics at an estimated cost of £100k per annum per clinic. In addition, the system offers better clinical management as patients at risk can be more closely monitored, which may lead to a reduction in the risk to the foetuses and neonatal care requirements - and increasing the probability of normal deliveries. A Research Controlled Trial took place at the John Radcliffe Hospital during 2015 to determine the impact of GDm on glycaemic control during neonatal care. Other observations included birth weight and caesarean section. An initial report was published in the BMJ March 2016.

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

Clinical Commissioning Group	Number of births/year	Estimate of number of women with GDM*
Bracknell and Ascot	1,554	77-248
Chiltern and Aylesbury	6,197	309-991
Milton Keynes	3,887	194-621
Oxfordshire	8,217	411-1314
South Reading and North & West Reading	2,748	134-440
Slough	2,704	135-433
Newbury and District and North & West Reading	1,896	95-303
Wokingham	1,963	98-314

Clinical Commissioning Group	Number of births/year	Estimate of number of women with GDM*
Windsor Ascot & Maidenhead	1,860	93-298
Bedfordshire	5,411	271-866
Total	63,640	1,817-5,828

**this is dependent on the prevalence of risk factors for GDM (such as non-white ethnicity and obesity) in the CCG population (Data from Public Health England published report March 2014, for deliveries in 2012 calendar year).* Local Authority. That is why they appear twice in table above as the data is only provided on a local authority footprint and not by CCG.

Potential cost saving achieved by implementing the system, instead of opening a new clinic:

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

Further benefits of GDm system implementation are:

- Remote clinical monitoring with alerts
- Regular opportunity to communicate with patient
- Reduction in unnecessary clinic visits so increased capacity

Further research underway on impact on difficult births and birth defects assists with patient self-management.

Deployments

Hospitals	Implementation
Oxford University Hospitals	Completed
Royal Berkshire Hospital	Completed
Milton Keynes Hospital	Completed
Frimley Health – Frimley Park	Completed

Hospitals	Implementation
Frimley Health – Wexham Park	In the process
Buckinghamshire Healthcare	Decision to proceed outstanding
Great Western	Decision to proceed outstanding
Bedford Hospital	Decision taken not to proceed

Measure and monitor

The system was deployed last year Royal Berkshire NHSFT (RBH). An independent assessment at the RBH has demonstrated, over a four month period, a 26% reduction in clinic visits for women using the GDm-Health App, in comparison to those receiving usual care. In parallel with this, the time spent by the diabetes midwives on clerical and administrative tasks has decreased by 50%.

In addition, the Randomised Controlled Trial of 200 women at the OUH is now complete. This RCT looked at two groups of women, the first using the GDm-Health management system and the second using conventional care. This trial is to evaluate the effects of the system on clinical, economic and satisfaction outcomes (Clinicaltrials.gov NCT01916694). The results from the trial will be published soon.

OUH has also undertaken a time in motion exercise to explore and demonstrate the potential time savings achieved in clinical visits and administration/clerical support post GDm implementation.

Next Steps

The next stage in this innovation will involve further back end development of the app for ease of configuration and implementation to other Trusts, both in the UK and possibly aboard. Also to explore the potential for the app to be used on iPhone's and on patients own phones.

The Oxford AHSNs Clinical Innovation Adoption programme and Wealth Creation programme are working together with the Oxford University Institute of Biomedical Engineering (BE) to explore the possibilities for rapid adoption within the NHS and commercialisation overseas. The BE will continue to support the system at implemented Trusts.

The CIA team will continue the measure and monitor stage for organisations that have implemented the system.

Further support will be given to trusts that have implemented the technology to drive up utilisation to 80% of all patients eligible to use the system.

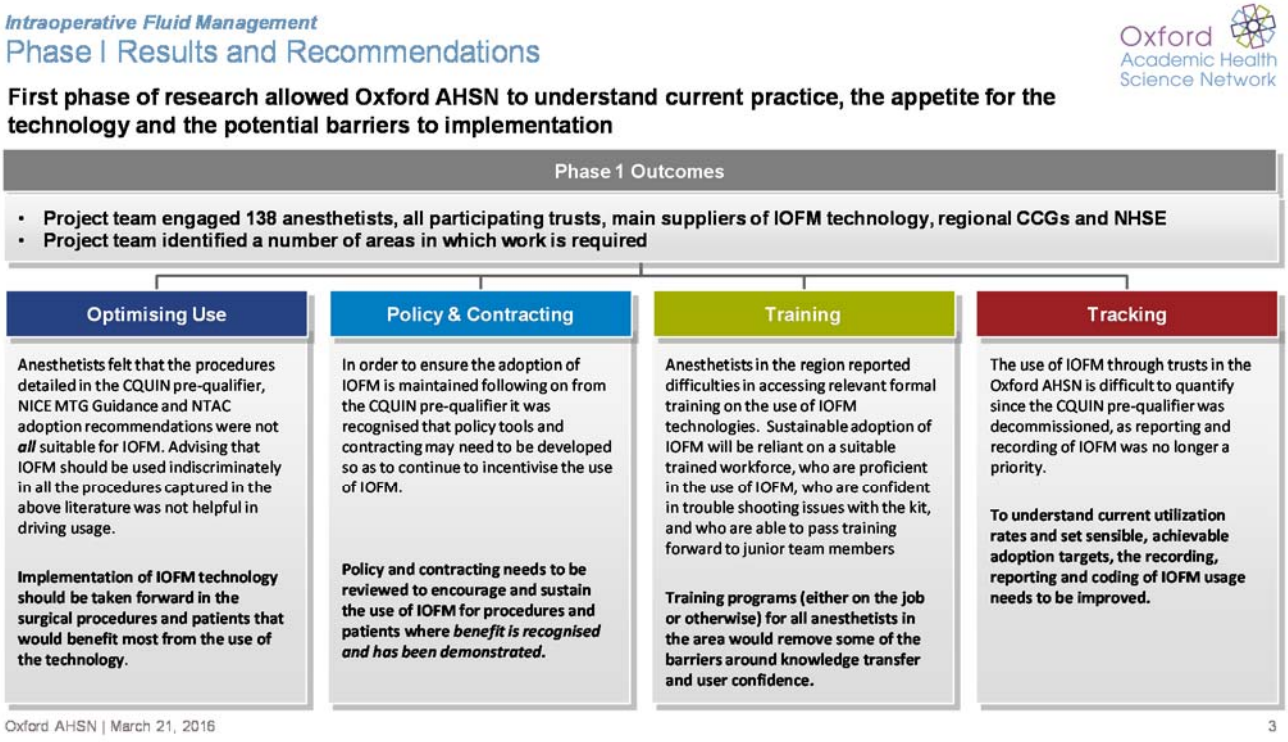
Phase 2 Projects - *to complete regional deployment in 2016/2017-18*

Project: Intra-operative Fluid Management - increase the *relevant* adoption of IOFM technology in the Oxford AHSN region.

Clinical Lead: Dr Emmanuel Umerah – Frimley Health

Over the last 4 years IOFM technology has received considerable attention as a High Impact Innovation that would have a significant impact on patient recovery and should be implemented at pace and volume across the NHS. In England, usage increased between 2011/12 and 2013/14 with introduction of a CQUIN pre-qualifier which increased awareness of the technology. Since the end of the IOFM CQUIN pre-qualifier, policy on the use of IOFM technology has been set locally by Trusts with limited roles played by CCGs. In most cases usage has largely remained stable, although one Trust has reported a reduction. During initial implementation, the CQUIN pre-qualifier had a significant impact on the levels of usage of IOFM. However, there was little information as to on-going usage rates, availability of equipment and the approaches being taken by different Trusts.

In order to further understand how this technology should be implemented in the region, the Oxford AHSN commissioned the expertise of NHS Benchmarking to support the first phase of this project.



All Trusts are participating in Phase 2. Dr Emmanuel Umerah has agreed to continue as the Clinical Lead for this project.

PHASE 2: Proposed Project Objectives and Scope

Work Package	Scope	Key Points	Stakeholders
Improve frequency of IOFM procedures being captured/ coded in practice	Frimley Health pilot followed by *regional roll out	Understand current practice Gauge existing levels of coding/tracking of IOFM Identify barriers to appropriate coding use	Clinical lead Theatre management Theatre nursing staff Clinical coding
Agree shortlist of procedures and patients in which IOFM should almost certainly be used	*Regional engagement	Achieving clinical consensus with engaged clinicians across region Evidence review Workshop Publication	Anaesthetists Key Opinion Leaders (e.g. Rupert Pearse)
Develop IOFM training package with clinicians	*Regional engagement in development Regional and local delivery	Assess existing skills and training capabilities in region Develop training plan Engage clinical advocates of technology	Anaesthetists Suppliers Clinical advocates of technology
Measure and monitor frequency of IOFM usage for agreed procedures/ patients	WP pilot followed by *regional roll out	Collect baseline data for IOFM usage Develop agreements with engaged stakeholders to	Anaesthetists Trust management Theatre management

Participating Trusts

- Berkshire – RBH and FHFT
- Buckinghamshire – BHT
- Milton Keynes - MKFT
- Oxfordshire - OUH
- Wiltshire - GWH

Project: Early Inflammatory Arthritis (EIA) - Improve patient outcomes

Objectives and Anticipated Benefits

- Improve outcomes for patients with Rheumatoid Arthritis by optimising the patient pathway for Early Inflammatory Arthritis
- Faster access to diagnosis and treatment leading to improved outcomes for patients with EIA and RA
- Implementation of evidence-based best practice
- Reduced variation in clinical practice
- Simplification of payments for EIA via best practice tariff (if / where implemented)
- Potential efficiency savings enabling more patients to be treated within current resources

2015/2016 progress:

- Significant progress was made over the course of Q3 and Q4 in baselining existing organisational and service processes. This will be critical in demonstrating the impact of innovation adoption on services regionally.
- In addition, representatives from each of the engaged trusts were consulted on the key barriers to improving outcomes for EIA patients.
- At the half-day regional meeting the project team discussed a number of options for improvement/ innovation adoption and looked to identify key deliverables that would deliver the greatest value to the region.
- The project meeting has been written up and shared with the team along with a proposed project plan for the next stage of the project. This will be ratified and agreed before the next project meeting taking place at BHT in Q1 2016/2017.

Table: Progress on core activities at Q4 end

	OUH	RBH	BHT	FHFT	GWH	MKFT	BEDS HT
Engaged in Project Planning	✓	✓	✓	✓	✓		
EIA Service Pathway Mapping Completed	✓	✓	✓	✓	✓		
RA Capacity and Resource Audit Completed	✓	✓	✓	✓	✓		
RA Service Performance Audit Completed			✓	✓			
Barriers to Service Improvement Evaluated	✓	✓	✓	✓	✓		

A major regional meeting was held at Royal Berkshire Hospital (RBH) during Q4 in which the project team reviewed EIA service pathways, staffing and resource levels against the national EIA BSR audit and focused on agreement for next the steps during 2016/2017.

The National Audit of Early Inflammatory Arthritis makes a number of recommendations, some of which will be addressed in the next steps of this project:

- Educational bodies and providers should work with primary and secondary care to improve early recognition and referral
- Providers of rheumatology should review processes and capacity to improve waiting times and to allow appropriate follow up
- Commissioning should take account of best practice and Quality Standards
- NHS England should develop better outpatient data systems

Completion date: This project is scheduled to complete at the end of 2017

Project: Biosimilars - to release cost efficiencies to support the treatment of an increasing number of patients and the uptake of new and innovative medicines

Network involvement and Clinical Lead: Medicine Optimisation Network – Dr Bhulesh Vadher

Summary

With £22 billion of efficiencies to be made within the NHS by 2020-21[1], the availability of biosimilar anti-TNF medicines offers a substantial potential savings opportunity for health economies within the Oxford Academic Health Science Network. NHS England supports the appropriate use of biosimilars to drive greater competition to release cost efficiencies to support the treatment of an increasing number of patients and the uptake of new and innovative medicines. Working together, clinicians and other key groups across the Region (Medicines Optimisation Network, Regional Procurement Pharmacy, CCG Medicines Optimisation Group, Chief Pharmacists Group) can structure framework agreements to optimise savings opportunities, for both commissioner and provider organisations, There is scope for Oxford AHSN to add value by coordinating and facilitating this work.

Anti-TNFs and Biosimilars

Anti-TNF medicines are one of the highest spend areas on high cost drugs by CCGs. They are used to treat a number of autoimmune and inflammatory disorders, including: adult rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and psoriasis, Crohn's disease and ulcerative colitis. Products include infliximab, etanercept, adalimumab, certolizumab pegol, golimumab.

The availability of 'biosimilar' Anti-TNFs presents a significant opportunity for the NHS to achieve substantial savings based on a lower acquisition price of 20-50% vs list price of the originator product. Across the UK biosimilar infliximab has been available since March 2015 at an acquisition price of approximately 40-50% of the list price of the originator product (Remicade). Infliximab was the UK's 8th highest spend medicine in 2014 and usage continues to grow. It is mainly used in Gastroenterology, as well as Rheumatology and Dermatology (e.g. to treat a typical patient with Crohn's disease, the originator product costs an average of £12,000 per year).

A number of other biosimilar Anti-TNFs are due to become available in the coming months.

Table: Branded Biologic Patent Expiry

Generic Name	Branded Biologic	Patent Expiry	Administration Method	Biosimilar	Biosimilar Availability to NHS
infliximab	Remicade (infliximab)	Feb 2015	IV	Inflectra (Hospira)	March 2015
				Remsima (Napp pharma)	March 2015
				Other	Further biosimilar products launched 2016 and 2017
etanercept	Enbrel (etanercept)	Oct 2015	Sub-cutaneous	Benapali (Biogen)	Feb 2016
				Other	Further biosimilar products emerging in 2017

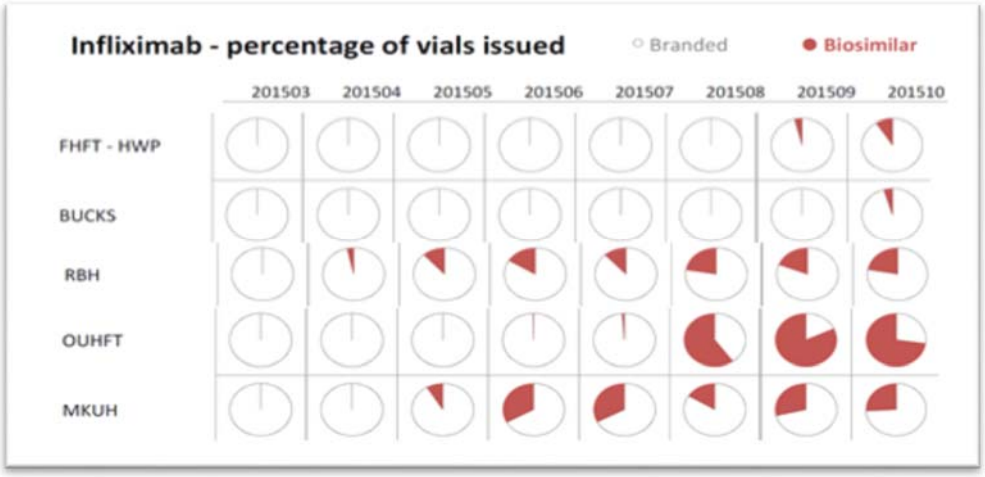
Generic Name	Branded Biologic	Patent Expiry	Administration Method	Biosimilar	Biosimilar Availability to NHS
rituximab	MabThera (rituximab)	2012	IV	rituximab	2017
adulimumab	Humira	2017	Sub-cutaneous	adulimumab	Biogen Product 2018
Source: UKMI. Prescribing Outlook: New Medicines. September 2015. Available at: http://www.ukmi.nhs.uk/filestore/ukmianp/2015PrescribingOutlook-NewMedicines-FINAL.pdf					

[1] NHS England. Five Year Forward View. October 2014. Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Biosimilar Infliximab

Uptake of biosimilar infliximab across the UK in the immediate post-launch period was relatively slow:

- By July 2015 (5 months after launch) it accounted for approximately 7.4% of infliximab usage nationally
- Uptake of biosimilar infliximab varies by region and by organisation. Uptake across the majority of Trusts within Oxford AHSN is shown below:



Despite regional procurement frameworks being in place there were numerous reasons for the 'cautious' approach, including (anecdotally):

- Clinicians wary approach to prescribing biosimilar infliximab:
  - In some localities the clinical argument for similarity / efficacy has not been sufficiently communicated: There seems to be general acceptance about starting new patients on a biosimilar but reticence to switch existing infliximab patients to a biosimilar

- Because the originator product and biosimilar are essentially viewed as 'the same' there is no direct clinical advantage to change – the gain is financial. However, financial savings should enable further investment in clinical services IF the appropriate financial incentives are in place.

- Lack of formalised financial incentive for clinicians and acute Trusts to move more fully to the biosimilar
  - E.g. there may not be a gain-share agreement in place
  - Or the gain-share is insufficient to motivate change either from a Trust-wide perspective or from a speciality perspective
  - NB Following a mini-audit of rheumatologists and pharmacists (September / October 2015) formalised gain-share agreements did not appear to be in place between the majority of commissioner and provider organisations within Oxford AHSN
  - Organisational time and resource limitations / other priorities to address

This cautious approach is not reflected in some other EU countries where clinicians and organisations have been quicker to switch patients to the biosimilar e.g.:

Country	% Biosimilar to July 2015 (approx.)
Denmark	90%
Poland	80%
Norway	70%
Finland	38%

In addition some UK Trusts are now switching existing patients from the originator product to the biosimilar e.g. Southampton

- Southampton implemented a safe switch programme in April 2015
- After 2 months, all 150 patients were switched from Remicade to a biosimilar
- They reflected that none of this would have been possible without close collaboration and trust between clinicians, hospital management and CCGs, with all parties being appropriately incentivised to deliver high quality patient care and cost savings.

Suggested activities include:

- **Ensure appropriate incentives** are in place by developing a region-wide template gain-share agreement that potentially applies to all existing and forthcoming biosimilar biologics
  - Agree commissioner and provider split
  - Gain-share written into contracts with commissioners
  - Written agreement on split within Trust e.g. Speciality: Trust: QIPP
- **Communicate the clinical case for biosimilars / address objections and concerns:**
  - Clinician workshops
  - Biosimilars Q & A

- Summarise existing NHS guidance e.g. NICE, PRESQIPP etc.
- Case studies on early adopters e.g. Southampton
- Outcome data to reinforce safety aspects

- **Support implementation:**
  - Facilitate engagement between Clinicians, wider Trust and commissioners
  - Provide implementation tools e.g.:
    - Standard Operating Procedure / 'how to guide' for switching patients
    - Patient information leaflet etc.
- **Benchmark and communicate uptake**

Project: Catheter Acquired UTIs – reduce frequency, improve patient safety and reduce cost

Clinical Lead: Catherine Stoddart – Chief Nurse – Oxford University Hospitals

Catheter Associated Urinary Tract Infections (CAUTI) represent a significant burden to NHS in terms of poor patient outcome and experience, increased length of stay and increased costs. The Oxford AHSN is leading a project to raise awareness and reduce the incidence of CAUTI through embedding best practice in catheter and continence care.

Urinary Tract Infections (UTI) account for 19% of Health Care Acquired Infections with around 75% of these being associated with a urinary catheter. Approximately 5% of patients with a CAUTI will go on to develop life threatening secondary infections such as bacteraemia or sepsis.

Quarter 4 Progress

During Q4 key deliverables have been agreed with participating Trusts. The intention is to produce a catheter passport (for information sharing between acute and community staff); catheter care plans and protocols; patient information, root cause analysis tools and a comprehensive e-learning bundle. As part of the project a detailed staff survey was carried out during Q2 of 2015, looking at staff awareness, training and competency in catheter care. Results were variable and it was clear that many staff were not fully confident in delivering catheter care, had not received refresher training since qualification and were unware of best practice guidelines.

Measures: key challenges have included gaining consensus on how to measure outcomes as infections may be present prior to catheter application. The 3 Trusts involved in phase 1 have agreed that the most important aim for this project is to avoid unnecessary catheterisation and where patients are catheterised, to reduce the duration. This will be achieved by improving staff awareness, knowledge and competence, ensuring staff follow an agreed protocol, making bladder scanners available in all areas, ensuring catheters in situ are reviewed daily and improving communication between acute and community staff through the use of catheter passports . The impact of changes to the process will be measured by:

- Number of CAUTIs reported
- Ratio of bladder scanners to beds (acute)/ population (community)Adherence to the protocol for use of bladder scanners and assessment tools
- Number of staff trained
- GP and District Nurse feedback on the effectiveness of catheter passports

Project completion date: Phase 1 completed, phase 2 – implementation by March 2017

Project: Atrial Fibrillation and opportunistic ECG Monitoring for AF - reduction in the number of AF related strokes by 220 per annum
Clinical Lead: TBC

Atrial fibrillation (AF) is the most commonly sustained cardiac arrhythmia and is a leading cause of morbidity and mortality. It can also be experienced intermittently (paroxysmal AF). It is estimated that around 1.5 million people in England live with AF and that about one third of these people are unaware that they have the condition. Men are more commonly affected than women and the prevalence of AF rises with age. It is anticipated that the number of people with AF will double over the next 20 years as the population ages.

AF is a major cause of embolic stroke. The risk of stroke for a person with AF is 5 times that of a person with normal heart rhythm. In addition to the higher risk of stroke, strokes caused by AF tend to be more severe with higher mortality and resulting in greater disability. Treatment with anticoagulants such as warfarin and novel anticoagulants (NOACs) significantly reduce the risk of stroke in people with AF, however not all patients who are at risk of an AF stroke are appropriately anticoagulated. Many patients with AF are still taking anti-platelet agents (e.g. aspirin) despite NICE guidance stating that anti-platelet agents are not recommended for stroke prevention in AF. The Cardiovascular Outcomes Strategy estimates that across England around 7000 strokes and 2100 deaths could be avoided per annum if all people with AF received appropriate management.

Across the AHSN and Thames Valley Strategic Clinical Network (SCN) region around 65,000 patients are estimated to have AF (according to national prevalence) but only around 48,000 patients are recorded on GP clinical systems as having the condition. This suggests that there is significant opportunity to screen patients for the condition so that undiagnosed AF can be detected and appropriately managed. Between October 2014 and September 2015, 637 patients in our region who had previously been diagnosed with AF suffered a stroke. Only 46% of these patients were receiving anticoagulation treatment. This means that 342 patients suffered a stroke that may potentially have been preventable.

Quality and outcomes framework (QoF) data for 2014/15 indicates that there are approximately 38,000 patients within the Thames Valley region who are recorded on GP clinical systems as having atrial fibrillation. Circa 18,500 of these patients have a CHA_2DS_2VASc score of greater than 1 and should be receiving anticoagulation treatment, unless contraindicated. QoF data indicates that 76%

of these patients are receiving anticoagulation treatment which means that circa 4,500 patients who are at a high risk of stroke are not being appropriately treated with anticoagulation.

The AHSN and the SCN have appraised the various methodologies and models that have been used nationally to improve detection and management of AF. A report (see publications) sets out a range of options for commissioners to consider and makes key recommendations, based on proven methodologies and real life case studies. Many recommendations are based on a successful project – 'Don't Wait To Anticoagulate' which has been piloted in the West of England AHSN region and which all AHSNs across England are being asked to adopt.

Key Deliverables Identified

AF detection and screening

- Maximise diagnosis of AF within the general population
- Raise awareness of AF within the general population

Paroxysmal AF in patients suffering minor stroke or TIA

- Increase detection of paroxysmal AF in high risk patients
- Reduce the risk of recurrent stroke or stroke after TIA

Optimising anticoagulation

- Maximise the number of patients with AF who are receiving anticoagulation via warfarin or a NOAC.

Address poor anticoagulation Control

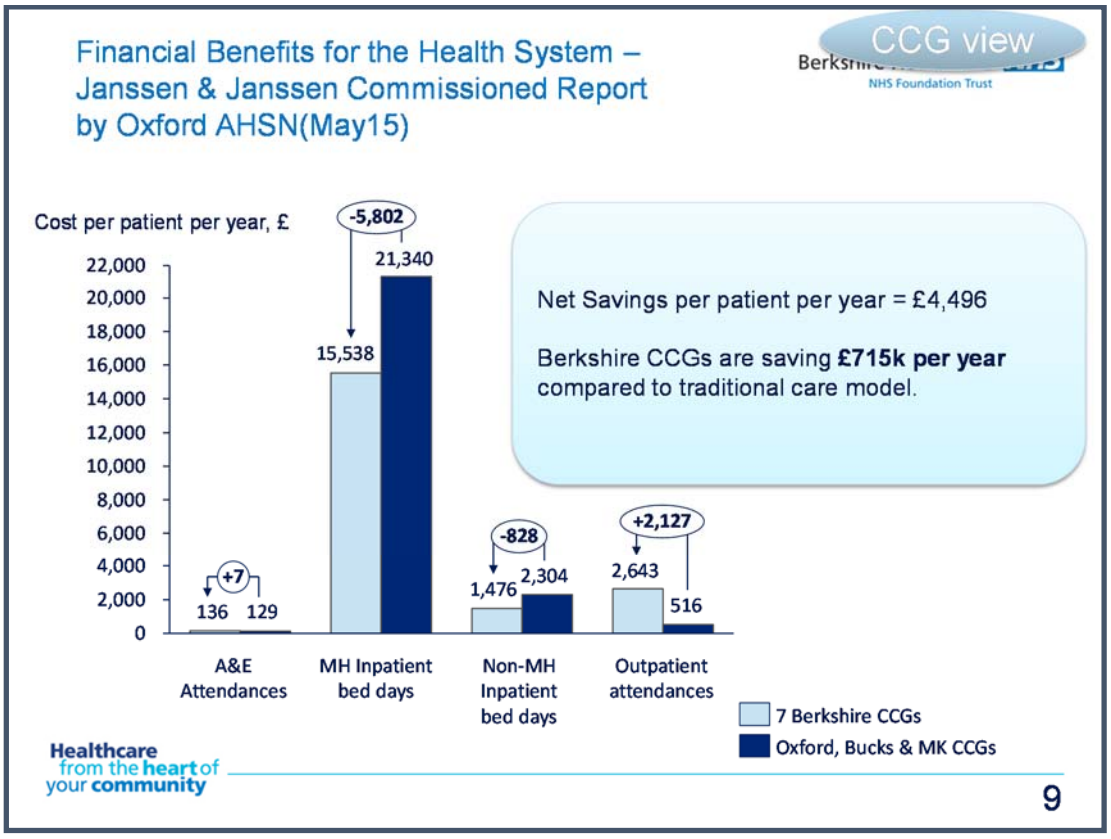
- Minimise the number of patients who have poor anticoagulation control on warfarin

A Task Group has been established in the Thames Valley Region. During 2016/2017 the CIA programme will work with them on delivery.

Projects Remaining Open for Review

Project: Support Hope and Online Recovery (SHaRON) – support for adults with eating disorders
Clinical Lead: Simon Thomson Berkshire Healthcare Foundation Trust

In a year when early intervention for young people started to be a focus, eating disorders have received considerable attention. The recently published "*National Collaborating Centre for Mental health – Access and Waiting Standard for Children and Young People with Eating Disorder (July 2015)"* prompted the Oxford AHSN Trusts to form the Best Practice Eating Disorder Group which is supported by the AHSN and the Mental Health Strategic Clinical Network. The Group aims to seek out best practice and implement this within the region. The SHaRON system has been a key aspect of the transformational change happening within this service and within other areas of mental health delivered by Berkshire Healthcare NHS Foundation Trust. Independent analysis has demonstrated that the Trust has fewer inpatient referrals taking place and the providers of the service link this to the key difference being the use of the SHaRON system over the past 5 years.



The Eating Disorders Best Practice Group is considering whether it would be possible to use the SHaRON system at other Trust within the region. West Berkshire Clinical Commissioning Group has commissioned a Young SHaRON version which includes perinatal care.

Other Activity

- The Support Hope and Recovery Online system was shortlisted for the HSJ Awards during 2015.
- Berkshire Healthcare was invited to present at the Scottish Eating Disorders Conference at the Scottish Parliament on Friday 26th February hosted by Dennis Robertson MSP. Follow up discussions are underway for potential implementation opportunities.

The Oxford AHSN will continue to support the project by setting up potential commercial options and supporting engagement for implementation for a further 6 months.

Project: Dementia – optimise prescription of memory medicine to improve outcomes

Clinical Lead: Dr Jacqui Hussey, Berkshire Healthcare Foundation Trust

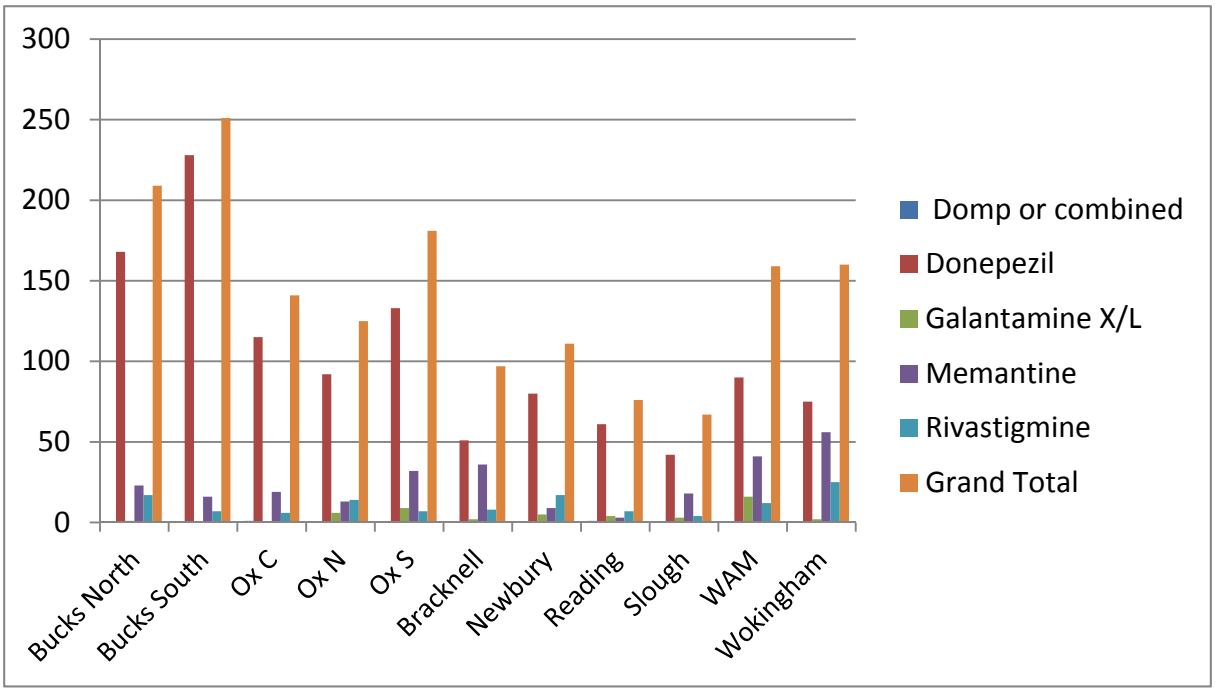
Dementia has many impacts including physical, mental, nursing, medical and social impacts. Carers (including friends and family) are affected by the progressive deterioration in cognition, function and behaviour of a person with dementia. Behavioural symptoms can have a particular impact on

carers, and are often the reason cited for a person with dementia going into full-time residential care. Treatments for dementia are available to treat and temporarily slow the progression of cognitive decline and function and may alleviate some behavioural symptoms.

The AHSN initially became interested in working on a project within dementia during financial year 2014/2015 as one of the innovation projects within the CIA Programme. The focus was on the uptake of NICE Technology Appraisals (NICE TAs) within the region and specifically NICE TA guidance 217 which covers donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease (AD) (review of NICE TA guidance 111). Acetylcholinesterase (AChE) inhibitors, donepezil, galantamine and rivastigmine are recommended options for managing mild to moderate AD and memantine is recommended for moderate AD when patients are intolerant of or have contraindications to AChE inhibitors or for severe AD. The medication is also prescribed across the network for patients with mixed dementia (AD and vascular pathology) and for Lewy Body/Parkinson's dementia. The medication used should have the lowest acquisition cost.

The aims of treatment with AChE inhibitors and non-pharmacological approaches is to maintain function and treat symptoms including cognitive and non-cognitive (hallucinations, delusions, anxiety and associated behavioural and psychological) symptoms of dementia. The earlier stage at which people are referred for treatment is likely to produce better outcomes as they will have access to medication, where appropriate, in a more timely way, but will have access to earlier post diagnostic support at a time when they can cognitively engage with the process and carers benefit from psycho-education and support in their own right.

Prescriptions of AChE inhibitors and Memantine by locality



% of dementia population that that we prescribed to in 1 year expressed as a percentage of the predicted prevalence of dementia for each county

Locality	Medication Initiated	>65 predicted dementia	%
Buckinghamshire	460	6588	6.98
Berkshire	447	8229	*5.43
Oxfordshire	670	9046	7.41

* this is an underestimate as OUH clinic prescribing data not available.

There is clearly regional variation in the operation of Memory Clinics across the Thames Valley, which is likely to reflect partly historical issues in terms of the emergence of Memory Clinics and also response to local need. The six Berkshire clinics are less likely to show variation as Berkshire Healthcare Foundation Trust underwent a re-design programme (Next Generation Care) in 2010 which looked at skill mix and gave proportionate funding according to Older People's populations. Differences in waiting times (although data is incomplete) may reflect variation in GP referring practice but also skill mix as well as capacity issues per se and this may warrant further exploration.

1. To arrive at an agreement across the Network in terms of data collection on referrals, waiting times, diagnosis and prescribing of medication for dementia.
2. Explore diagnostic variation. There has been one discussion exercise on MCI/mild dementia overlap, which could be further developed through clinicians' CPD groups webinars and Memory Clinic forum. The variation in diagnosis of Alzheimer's disease and mixed dementia could be understood through similar groups.
3. To share best practice through Network events and webinars.

Project due to close: September 2016

Project Due to Close 2015/2016 at Phase 1

Project: Electronic Blood Transfusion (EBT) – improve patient safety and reduce cost

Clinical Lead: Dr Mike Murphy – Oxford University Hospitals

EBT has been in use for several years. CIA developed business cases with two Trusts, Bucks Healthcare and Bedford Hospital to deploy the system. The cost/benefit analysis did not support the decision to invest in EBT. A regional audit was undertaken to better understand the safety and effectiveness of blood transfusion management. Lessons have been learnt from the project.

Blood Transfusion: Reducing Risk

Electronic Systems are available to reduce the risk of patient / blood component identification error - *bedside electronic clinical transfusion management systems* – and are being used in a number of hospitals across the UK. The system prompts staff to perform checks at the patient's side through key steps of the transfusion process, verifying the correct blood is transfused, including:

- Electronic capture of unique identification from the patient's wristband
- Electronic capture of the donation number, component code, blood group and patient identification from the blood unit
- Alert errors in real time to prevent incorrect blood component transfusions
- Prompting for and recording of manual checks recommended by the Administration of Blood Components (BCSH 2009):
    - Date and time of transfusion
    - Healthcare staff identity
    - Transfusion start and end time
    - Patient observations
- The system is also used for blood sample collection, greatly reducing the potential for human error in labelling of blood samples in the pre-transfusion phase.
    - When blood samples are detected as incorrectly labelled there is a consequent need to re-bleed the patient to obtain a new sample. Not only does this have a negative impact on Patient Experience, it also has cost and productivity implications
- From a process perspective, use of an appropriate electronic bedside system can significantly simplify post-transfusion administration and audit including:
    - Determining the final fate of each blood component
    - Audit of adherence to standards and Trust policies
    - Effectiveness of training and identification of training needs
- The technology is potentially implementable in those Trusts undertaking regular Blood Transfusions, and where an electronic monitoring system is not already in place: Relevant Hospitals and current status across the AHSN Region is shown in the table below:

Hospital	Bedside Electronic Blood Transfusion Monitoring System in Place?
Bedford Hospital	✘
Buckinghamshire Healthcare	✘
Wexham Park Hospital (Frimley Health Foundation Trust)	✘
Great Western Hospital	**(currently being implemented)**
Milton Keynes Hospital	✘
John Radcliffe Hospital	✓
Royal Berkshire Hospital	✘

- Because of the complexity, cost and scale of potential change for each organisation, the CIA Oversight Group agreed the technology should be rolled out on a Trust-by-Trust basis, and via a phased approach within each Trust.
    - Buckinghamshire Healthcare NHS Trust (BHT) was the first organisation to undertake a feasibility study on the introduction of the technology, however, did not proceed with implementation due to the investment required in relation to other Trust priorities.
    - Bedford Hospital NHS Trust also requested the AHSN's assistance with an outline Business Case, but have not progressed towards implementation at this time.

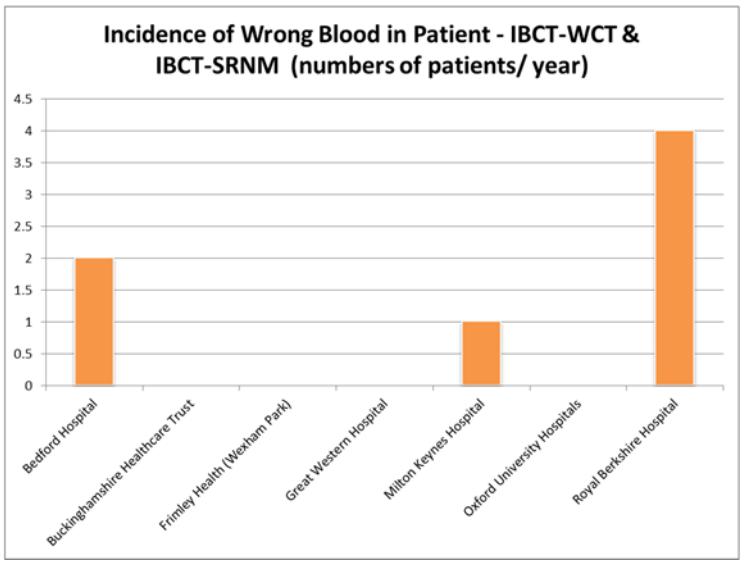
Baseline Audit of Risk

Some of the key indicators that determine the safety and effectiveness of blood transfusion management include incidence of wrong blood in patient, number of rejected blood samples and wrong blood in (sample) tube. A self-reported baseline audit of these indicators was carried out within each of the region's Trusts. As can be seen from the table below, all Trusts participated – although it should be noted that all audits covered a 12 month period, but not necessarily the same 12 months so direct comparisons cannot be made. In all comparisons Oxford has been used as 'best practice'.

Hospital	Baseline Audit Completed?
Bedford Hospital	✓
Buckinghamshire Healthcare	✓
Wexham Park Hospital (Frimley Health Foundation Trust)	✓
Great Western Hospital	✓
Milton Keynes Hospital	✓
John Radcliffe Hospital	✓
Royal Berkshire Hospital	✓

Audit Results (full results of the audit are available from the CIA team)

There have been 7 incidents of a wrong blood component being administered to a patient, involving 3 Trusts:



Although in all cases there was no harm done to the patients involved, the potential consequences are extremely serious.

Lessons learned

There have been a number of lessons learned from the project, including:

- Strong project leadership within the participating organisation is crucial.
- Buy-in to the concept and knowledge of the project at all levels is essential.
- Timing of potential implementation alongside other relevant projects is very important – particularly IT-related projects.
- Depending on the efficiency and effectiveness of the organisation's current systems and processes the cost / benefit analysis of introducing this technology will vary. The key indicators to be assessed prior to progression to full implementation of Phase 1 can be summarised as:
    - Review of SHOT reports – in particular wrong blood incidents
    - Policy on staff numbers for transfusion checks
    - Blood usage and wastage figures
    - Number of rejected samples
    - Traceability process
- Depending on the organisation's other priorities and financial status, implementation of this innovation may be difficult to justify unless other sources of funding are available.
- Even if organisations do not proceed to Phase 2 (implementation) the audit and process mapping work is of value to organisations to help them understand:
    - Strengths and weaknesses of their current systems and processes.

- Where additional training is required to strengthen areas of weakness and / or vulnerability in order to improve patient safety.

Next Steps

1. Due to the investment costs required by Trusts to implement this technology, and the reality that the majority of Trusts across the AHSN Region are not able to prioritise the innovation at this time, the CIA Programme element of the project will be closed.
2. Individual Trusts should review their current end-to-end processes for blood transfusion via in-depth process mapping to understand how the safety and efficiency of the process can be improved. Trusts may wish to focus efforts on key recommendations for implementation published in NG24
3. Oxford AHSN will produce a route map, checklist, relevant audit templates and template business case to provide guidance for those Trusts wishing to proceed to business case stage.

Four additional projects were initiated during Qs2/3

Project: Alcohol Team Project – reduce alcohol based hospital admissions

Clinical Lead: TBC

The Alcohol Prevention project was initiated in September 2015 and requires multi-organisation collaboration within localities. Whilst involvement was invited across the region, the first area to express an interest in undertaking this project was the Slough Area which includes Slough CCG, Frimley Health, the Local Authority, police and voluntary services.

Work is underway to understand referrals and to liaise with Frimley Health to:

- Understanding the impact of alcohol on Wexham Park Hospital
- Hospital Admissions:
- Alcohol specific
  - Alcohol-related
  - A&E attendances
  - Repeat attenders
- Looking at what others are doing including pilot service at Frimley Park Hospital commissioned by Surrey CCGs
- Liaising with CCG Commissioners
- Understanding Ambulance transfers
- Service quality audits
- Evidence review
- Starting to identify gaps in service delivery
- Mapping the new integrated care pathway

West Berkshire CCG and the Reading Area have expressed an interest in undertaking this project during 2016/2017.

Project: Heart Failure – Provision of IV Diuretics in an Ambulatory Setting – reduce hospital admissions, length of stay, patient experience and cost

Clinical Lead, Dr Will Orr - Royal Berkshire Hospital

Around one million people across the UK suffer with heart failure. Both the incidence and prevalence of heart failure increase steeply with age. The number of patients with heart failure is expected to rise over the next 20 years due to an ageing population, increasing survival rates following heart attack and the availability of effective treatment for heart failure.

Chronic heart failure has a poor prognosis with 40% of newly diagnosed patients dying within the first year and total annual mortality ranging from 10-50%. Patients often experience a poor quality of life with breathlessness, fatigue and fluid retention. Patients with progressive fluid retention are usually treated with oral diuretics such as furosemide. Sometimes fluid retention can increase to the extent that it no longer responds to oral diuretics and the patient will experience severe oedema and breathlessness. At this stage most patients will require intravenous (IV) diuretics.

Traditionally, patients with congestive heart failure requiring IV diuretics have been admitted as inpatients to an acute hospital bed. Typically patients receive 2-3 hours of active intervention (furosemide infusion) per day and have a length of stay averaging 8 days. The traditional method of care delivery for these patients is unsatisfactory from both a patient experience perspective, from a service delivery perspective and from a cost perspective. Older patients in particular can lose their independence during a prolonged hospital stay and they are isolated from family and friends. Long and repeated hospital stays can have a significant negative effect on a patient's quality of life, particularly as they near the end of life. An inpatient admission for heart failure costs the commissioner circa £2315 and also uses an acute hospital bed, adding to the pressure on beds, particularly in the winter.

Treatment of these patients in an ambulatory setting offers a cost effective alternative to inpatient admission. This model is in use and has proven to be effective at Staffordshire Hospitals NHS Foundation Trust and more locally at the Royal Berkshire NHS Foundation Trust.

The advantages of ambulatory care models are:

- Reduced hospital admissions and length of stay
- Less expensive to deliver
- Support early discharge
- Provide a better experience for patients and their carers

As part of the IV Diuretics project the AHSN will review national evidence, review practice across the region and make recommendations for commissioners.

Actions to date:

- Dr Will Orr, Consultant Cardiologist confirmed as clinical champion
- Development of baseline data
- Identification of Royal Berkshire Hospital Ambulatory Unit as potential model for adoption and adaption
- Meeting with British Heart Foundation to understand variation in IV diuretics service across the AHSN
- Continued work by AHSN informatics team on baseline data
- Work with Dr Will Orr to understand results of Royal Berkshire 'proof of concept' trial
- Engagement with commissioners in Berkshire and Buckinghamshire

The AHSN reviewed the Royal Berkshire Hospital model in more detail to understand the qualitative and quantitative aspects of the service and to understand the impact the service has had for the Trust, its commissioners and the patients who utilise the service. Given the efficacy of the RBH model compared to other models that have been trailed national and locally the AHSN and the SCN agreed that they would work together to support other interested Trusts in the region to develop an ambulatory unit.

Next steps

The CIA team will work through the 10 step process including base-lining, variation reporting and possible opportunities to implement the RBH Heart Failure model where appropriate. This work will be done collaboratively with the Cardiovascular Strategic Clinical Network.

Project: Fracture Liaison Services – reduce risk of re-fracture

Clinical Lead is Dr Kassim Javaid, Oxford University Hospitals

The Fracture Liaison Service was selected in 2015 for roll out in the region. Where there is an effective Fracture Liaison Service is in place there are opportunities to realise savings across health and social care.

The opportunity in the Oxford AHSN is as follows:

CCG	Estimate of fractures prevented over 5 years if effective FLS in place					
	Total Fractures prevented	Hip Fractures prevented	Acute care - value of fractures prevented	Community & primary care -	Social care - value of fractures	Total - value of fractures
Aylesbury Vale CCG	170	72	£680,833	£37,890	£673,956	£1,392,679
Chiltern CCG	287	120	£1,139,294	£63,361	£1,126,568	£2,329,323
Bedfordshire CCG	364	153	£1,449,560	£80,673	£1,432,569	£2,962,802
Milton Keynes CCG	167	69	£657,460	£36,546	£649,245	£1,343,251
Berkshire Eest Federation - subtotal	298	125	£1,186,041	£65,947	£1,174,169	£2,426,157
Berkshire West Federation- subtotal	368	154	£1,461,247	£81,294	£1,444,014	£2,986,555
Total - all CCGs	1,654	693	£6,574,435	£365,711	£6,500,521	£13,440,767

Oxford AHSN is working in partnership with the National Osteoporosis Society (NOS) to optimise secondary fracture prevention across the region to

- Improve patient safety: patients presenting with a fragility fracture will be effectively assessed and managed to reduce the risk of a re-fracture and maintain their independence.
- Improve patient experience: a single point of contact and bespoke patient information prescription
- Reduce re-fracture
- Reduce medicines wastage

During Q4 work has focused on engagement and commitment to implementation from both providers and commissioners (this would be a newly commissioned service in some instances) on the business cases for change.

Participating Organisations

We are currently actively working with:

- Wexham Park Hospital, Slough / East Berks CCGs, Chiltern CCG on establishing a Fracture Liaison Service for East Berks & South Bucks resident
- Royal Berkshire Hospital, West Berks CCG Federation on increasing capacity and improving service delivery of the existing fracture liaison service
- Stoke Mandeville Hospital, Chiltern & Aylesbury Vale CCGs on increasing capacity and improving service delivery of the existing fracture liaison service

Project: Falls Prevention

Clinical Leads 6 month rotation:

Alison Durrands, Professional Lead for Allied Health Professionals and Health Care Scientists at Berkshire Healthcare NHS Foundation Trust and Caroline Griffiths, AHP Clinical Lead, Central and North East Integrated Localities at Oxford Health NHS Foundation Trust were appointed as joint Clinical Leads supporting/leading Mental Health and Community work streams.

Ali Northover, Clinical Governance Manager, Patient Safety at Oxford University Hospitals NHS Foundation Trust (OUH) was appointed as the Clinical Lead supporting/leading acute settings for the first rotation.

The objective of this project is “falls prevention” using innovations that would potentially reduce the incidence of falls within the regions Acute, Mental Health and Community hospitals. The project

started in May 2015 with an initial invitation to all providers to find out their level of interest in participating.

Key Milestones Achieved:

Initial Engagement
Initial interest and involvement from the partners has started with the following organisations:

- Bucks Healthcare
- Oxford University Hospitals
- Great Western Hospital
- Berkshire Healthcare
- Oxford Health

Deciding on the Aims
Leads from the above regional partners met to decide on the aims of this "Falls" related project. The aims were agreed as follows:

- To initially review "Falls" services across the Oxford AHSN region;
- Work to develop a region wide Falls Prevention Strategy as agreed by local NHS Clinicians, drawing on the work being undertaken within organisations currently and sharing best practice and policies.
- To conduct a literature review on falls prevention innovations and collation of best practice in falls prevention work locally, nationally and internationally;
- To select an evidence based innovation/innovations for implementation across the region;
- For the CIA Programme to work with Trusts to implement the selected innovation/innovations as appropriate for their care setting.

The team has established itself as the Falls Prevention Best Practice Group *(see appendix A)* and has agreed that one of the key innovations would be to implement or improve utilisation of the 'FallSafe Care Bundle'.

"FallSafe" is a quality improvement approach to support frontline staff to deliver evidenced based falls prevention initiatives and provide multifactorial assessments and interventions that identify and treat the underlying reasons for falls. This approach has been shown to reduce falls by around 25% on implementation wards[1].

Webinars, National Contacts and Visits
Part of the work undertaken by the project group has been to understand more about what is going on at a regional and national levels and to make contact with identified organisations leading on falls prevention activities.

The group joined a national webinar hosted by NHS England's sign-up to safety theme discussing 'Reducing harm from falls in acute, mental health & community hospitals; what does & doesn't

work'. This webinar was well attended by organisations nationally and introduced the project to the benefits of the Royal College of Physicians 'FallSafe Care Bundles'.

Following this webinar contact was made with the Royal College of Physicians to discuss the 'FallSafe' bundle and also to discuss findings from the Acute Inpatient Audit 2015[2] that was completed by all acute trusts within the region (and nationally). The report on findings from the Acute Inpatient Audit 2015 was published at the end of October 2015 with a number of recommendations.

During January 2016, the group invited Julie Windsor, National Patient Safety Lead for Older People and Falls, to attend the Falls Prevention Best Practice Group to share information on the work she has been involved in and potential topics that could be good areas to look at for the project.

Literature Review

The CIA team undertook a literature review of "falls innovations" so as to identify evidence-based innovations that may offer potential solutions. Trusts such as BHT who had recently embarked on a major Falls Prevention Programme with national funding, found that this review provided helpful guidance as to appropriate innovation investment.

National Audit Applied to Mental health and Community Settings

Royal College of Physicians (RCP) Survey – Acute Inpatient Audit 2015 was replicated and applied to Mental Health and Community Settings in the region. It was agreed that we would also collate information on:

- Falls projects already undertaken
- Interest in doing the FallSafe Bundles
- Data collection

The original acute RCP audit was created to measure organisations against the National Institute for Health and Care Excellence's (NICE's) guidance on falls assessment and prevention (NICE clinical guidance 161 (CG161)) and other patient safety guidance on preventing falls in hospital.

The following data has been extracted from the Acute RCP audit data and gives information for our regional Trusts:

	Falls resulting in moderate/severe harm or death/1000 OBDs*	Falls per 1000 OBDs
Bucks Healthcare	0.06	2.76
Milton Keynes University Hospital	0.18	5.96
Oxford University Hospitals	0.11	6.92
Royal Berkshire Hospital	0.37	7.07
Frimley Park	0.31	6.39
Great Western	0.19	8.33
Bedford Hospital	0.19	7.02

*OBDs: Occupied Bed Days – Extract from the RCP Audit Report 2015.

No similar national or local audit had taken place for Community and Mental Health settings.

Regional Survey
Our regional survey took place in September 2015. All organisations within the region were invited to participate in the survey. The survey was completed by 3 trusts, with 38 individuals completing the survey.
All regional Trusts had done work on falls projects with varying degrees of success.
The group identified the Royal College of Physicians 'FallSafe' care bundle as an innovation of particular interest due to its proven success in reducing the rate of falls on implementation wards by 25%.

Some organisations wishing to participate in the project had partially implemented the care bundle and were keen to explore improving the bundles usage and compliance. Other organisations participating were new to care bundles and were keen to implement within specific areas for their organisations.

Implementation Activity to Date
As part of implementation, the CIA Programme has been working with Buckinghamshire Healthcare NHS Hospitals to evaluate one of their Falls Innovations – "Desk in a Bay". The project has been working with the QIP Programme Manager to implement fall prevention measures and innovations within the trust. The Trust was awarded funding as part of the Sign up to Safety Improvement Plan to reduce falls throughout the hospital. The Trust has recently procured equipment required to start the 'desk in a bay' project, which is going to look at how increasing nursing presence on wards can reduce the number of falls that happen and also the level of harm resulting from a fall. The project group has been introduced to Prof Sallie Lamb, Co-Director of the Oxford Clinical Trials Research Unit, Kadoorie Professor of Trauma Rehabilitation and Professor of Rehabilitation (University of Warwick) and colleagues at Buckinghamshire Healthcare NHS Trust to discuss the potential for an evaluative piece of work to be undertaken on the desk in a bay project. Buckinghamshire Healthcare NHS Trust are using Institute of Healthcare Improvement (IHI) quality improvement methodology to run the project and would like to evaluate the project, potential value to the organisation, sustainability and any cost savings achieved from reducing the rate and harm of falls.

Data Collection
Baseline data on falls prevalence from the Patient Safety Thermometer (PST) was presented to the group and generated discussion about the need for a more detailed organisational picture of prevalence. A data request was submitted to the National Learning and Reporting System (NRLS) to provide further information on falls prevalence at organisational level within the region. The project has undertaken further analysis of the National Learning and Reporting System (NRLS) data to create individual baseline data packs for organisations taking part in the project. This data will undergo further analysis to obtain ward level data once local project plans are agreed.

Having representation from the CLARHC has provided useful input on data analysis with the aim of understanding impact of implemented interventions on reduction on falls incidence.

NIHR CLARHC Involvement

A successful application was made to the NIHR CLARHC by Prof Sallie Lamb, Kadoorie Professor of Trauma Rehabilitation, University of Oxford with input from the Clinical Innovation Adoption Programme. The application is to undertake evaluation but not a Randomised Controlled Trial (RCT) to assist with more rapid evaluation on whether a change is having an impact using Regression Discontinuity Analysis on existing collated data. Trusts within the region already collect this data in DATIX systems, which covers levels of harm and data on slips, trips and falls. This data has been collected over a long period meaning a time track and volume is already in existence and available. The work would enable the project and wider Oxford AHSN to make inferences as to whether a change is having an impact on the region. This will also strengthen the evaluation of intervention impact and also empower local implementation teams to track, monitor and assess whether or not they are effecting positive change.

Next Steps for the Project

- Continue to support Buckinghamshire Healthcare NHS Trust with implementing Falls Prevention measures and innovations.
- Work with Prof Sallie Lamb at the CLARHC on project regarding analysis of innovation impact.
- Support Trusts within the region to implement or improve FallSafe care bundle utilisation.

Clinical Innovation Adoption programme publications:

- **Heart Failure IV Furosemide Case Study Evaluation:** In 2015/2016 the Royal Berkshire NHS Foundation Trust introduced an innovative model of care for patients with congestive heart failure who require IV furosemide. Previously these patients required long inpatient admissions which were detrimental to quality of life and costly for the commissioner. Now patients are able to access care via a day unit which is located on the acute Cardiology Ward and provides inpatient levels of care in an ambulatory setting. The CIA programme has evaluated the RBFT model of care and found that it performs better on a cost and patient experience basis than both the traditional model and other models that have been piloted nationally (home and community delivered care). As part of the project to support better management of heart failure patients the CIA team will share key learnings from the RBFT experience with commissioners and providers across the region and support other areas to adapt and adopt the innovation.
- **Biosimilars publication:** This paper provides a clear process to transition from more costly drugs to Biosimilars through clinical engagement and agreement with CCGs and Trusts on "gain-share" arrangements. A number of biosimilars have entered the market and more are on the way; Parts of this region have been particularly slow to capitalise on this. A more systematic approach would ensure quicker financial returns.
- **Electronic Blood Transfusion Publication:** A regional indicative assessment has been done on key factors on blood management within our Acute Trusts. This is not a complete risk

assessment however, it has sparked some interest in developing a risk assessment model. This would require funding and clinical input.

- **IPC project audit/evaluation report:** The aim of the audit was to evaluate progress so far and to understand issues and barriers that will need to be overcome by individual stroke units to achieve the 80% target. Individual audit reports have been prepared for each stroke unit. These have been disseminated to individual stroke units and are attached as appendices to this report.

- **Atrial Fibrillation report:** Atrial Fibrillation is a high priority area for the NHS and commissioners within the region have demonstrated that they are keen to improve AF detection and management for their patients and have carried out a lot of work in this regard. However, AF is a significant, complex and multifaceted area for commissioners to tackle and results have been variable. Commissioners have asked both the AHSN and the SCN to provide support in this area, specifically into how the AF population can be managed more effectively. The AHSN and the SCN have appraised the various methodologies and models that have been used nationally to improve detection and management of AF. This document sets out a range of options for commissioners to consider and makes key recommendations, based on proven methodologies and real life case studies.

Clinical Innovation Adoption Programme - workforce development

Sharing Innovations and Innovation Expertise

The Programme Team provides modules on the Wealth Creation Entrepreneurs Course held at Henley Management College and leads on the Practical Innovation Course funded by HEETV and provided by Bucks New University. Both Courses have been very well received.

The Practical Innovation Course covers the following:

Both modules runs for 6 days each and give students the opportunity to find out about innovation – what is innovation, what's out there and available? How do we know whether it's good? How does industry and the NHS create innovation for the NHS? How do I find out about innovations and what do I need to do to successfully make the change happen?

Sessions include:

- Visiting and hearing from leading health innovators
- Hearing from colleagues who have successfully got an innovation into their organisation
- Students get an opportunity to identify a need from within their organisation so as to practically explore possible solutions involving innovation.

Evaluation

- Analysing data, writing up the evaluation
- Present findings to group
- Self-Study Write project report including evaluation and assessment of impact of innovation.

Feedback from the course participants is very positive.

Clinical Innovation Adoption – infrastructure for innovation

FluidReview and LifeRay System

As part of the 2015/2016 objectives the CIA programme committed to the development of an online platform to manage innovations from identification to implementation. Working with Greater Manchester AHSN and NHS England (CoLab) we are developing this online platform with the potential to incorporate innovation sharing across all 15 AHSNs.

The online platform will enable organisations to create, manage, track and measure the innovation process from idea creation through to final implementation and impact reporting.

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

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

The impact of this innovation for the Oxford AHSN partners could be significant as the system allows for a more collaborative approach to working and identifying innovations with NHS England and other AHSNs. There would be more opportunities for innovators in the Oxford AHSN to submit their innovations for timely scoring and feedback throughout the year. While the Oxford AHSN does not have the capacity to take on board all excellent innovation opportunities that we become aware of, NHS organisations or clinical groups may be interested to know about these innovations and to take them up. By setting up clinical forums for discussion of innovations, we hope to increase the interest, participation and appetite for new ideas and to foster more communication within specialities.

In terms of processing and management of innovations, this change would reduce the administration time for the yearly 'call to innovation'. Currently members of the CIA Oversight Group are required to score innovations using a combination of a paper based report with the shortlisted innovations; Initial scores are put on a paper sheet that then must be transferred onto survey monkey for comparison. The FluidReview system enables viewing of innovation information and scoring to happen online and at the same time.

Clinical innovation Adoption programme - linking with the Research Bodies – CLARHC and BRC

The AHSN is exploring opportunities to conduct health economic evaluations on several implementation projects within the Clinical Innovation Adoption Programme with BRC.

The CLARHC has received funding from the NIHR linked to the CIA Falls Prevention project. We will start work on this in April 2016.

Research & Development (R&D)

The Chairmanship of the R & D Group changed in October 2015 with the retirement of Sir Jonathan Michael from his post as Chief Executive of the Oxford University Hospitals NHS Foundation Trust. The R &D Group is now chaired by Stuart Bell, Chief Executive of the Oxford Health NHS Foundation Trust. The AHSN wishes to thank Sir Jonathan for his active encouragement of R & D.

The Group has remained active with meetings in October 2015 and March 2016. The October meeting included presentations as below:

Dr Kapila, R&D lead for Royal Berkshire NHS Trust and Professor A Williams, University of Reading highlighted joint activities and areas of interest. The development of the NIHR Clinical Trials Unit was now underway for hoped establishment in 2018. A number of partners were active in supporting this.

The new post of Director of Health Research at the University of Reading focuses on key areas of development and collaboration between the University and the NHS. NIHR supported work was already underway. Developing areas of research within RBH included surgical and anaesthetics research and injuries/emergency care. A conference highlighting trauma research was held on 13 January 2016. Other areas of interest included Radiology, (The University has MRI imaging in addition to the NHS trust), urology, pain. It was agreed that good links could be made between RBH, and the Open University and Milton Keynes.

Specific discussion took place in relation to a project involving prostate cancer, specimens and the use of medical detection dogs. It was agreed that the AHSN could help take this forward and would be happy to facilitate a meeting. Professor Williams also highlighted the importance of wider health research including nutrition and pharmacy.

Professor Susan Procter, Bucks New University, highlighted the interest of the non-medical universities in developing research capability and capacity for the allied health professions, nursing and midwifery. She would be taking this forward with Oxford Brookes and the University of West London. She also highlighted the developing life science strategy across Buckinghamshire which was also a positive development and would draw on a number of strengths and partnerships including with J&J, Imperial and the North West London CLAHRC as well as the Oxford CLAHRC.

She highlighted the importance of developing careers in academic posts for these professions and enabling and facilitating, for example, access to PhD programmes. The Group noted that it was quite hard to provide the right environment for a) front line staff and b) the group of research nurses already in place. Linkages between research and practice would be key as would coaching and mentoring for staff wishing to both maintain clinical involvement and academic development. New innovative approaches would be explored, e.g. 4 year p/t programmes, and funding sources would also need to be identified.

Professor Procter updated the Group on the work that had been done since the last meeting: the work prompted a significant discussion about the importance of encouraging clinical nursing research and identifying and making plans to meet the skills gaps that existed. It was noted that partners across the AHSN, including the NHS Medical, Nursing and R & D Directors, would make a significant contribution in taking this work forward, not only in the hospital settings but potentially

in areas 'closer to home' and in primary care. The differences between clinical academics in nursing and the allied health professors and the group of research nurses was noted. It was critical that the academics had the possibility of doing academic research directly related to nursing clinical practice.

Professor Proctor agreed to redraft the document after discussion with her colleagues in Brookes and UWL and circulate this for discussion prior to the next meeting.

The March 2016 meeting also included an update from the University of Cranfield (Joanna Cox) which highlighted its strengths and potential for linking into healthcare practice and research. She reported that the University, which had started as an aeronautical institute, had been recently reorganised, bringing together the key elements which included leadership and management, engineering and human factors. The presentation prompted a good discussion on the potential links with the AHSN's academic and NHS partners, particularly in relation to human factors and risk management work. Opportunities would be explored further.

Hilary Coles, R & D Director, UK for Global Clinical Operations, Janssen Research and Development, (part of Johnson and Johnson, a strategic partner of the AHSN) gave an update on their work and recent changes, including the bringing 'in house' of studies/clinical trials previously outsourced. A number of clinical trials took place within the AHSN and both the Royal Berkshire and Milton Keynes University Hospitals suggested that they would very much be interested in working together in the future. Janssen was looking to change the way it engaged with investigators particularly in terms of increased face to face and telephone contact rather than pure reliance on questionnaires. She hoped that this would improve engagement and hence the trials.

She described the key areas of interest and research for Janssen which included Oncology, Neurosciences, Diabetes and Metabolism and Immunology and Infectious Diseases.

The Group welcomed the approach now being taken and agreed that there would be merit in the AHSN developing a common approach to trials with Janssen in terms of contracts and costs. This would be explored further with Janssen and the CRN.

In addition, Katharina Ladewig, UK Director of the EIT Health (UK-Ireland), gave a short talk on EIT and its work. A number of funding opportunities existed each year and further information would be circulated. Partners of the AHSN were eligible to apply as the Oxford AHSN was an associate member of EIT. In addition, partners would also take advantage of the education and training opportunities across the Community.

The Chief Executive has continued to attend meetings of the NIHR Strategy Board which have proved informative for members. He described the potential new approach from the new Director, Dr Chris Witty.

Engagement has also continued with the Oxford AHSC and members of the group have been leading two BRC application bids to NIHR: Professor Keith Channon for the Oxford University Hospitals BRC bid and Professor John Geddes for the Oxford Health BRC bid. Both BRCs would be in partnership with the University of Oxford and, if successful, would also work closely together and develop wider links across both the AHSC and the AHSN.

Wealth Creation

Overview

The Wealth Creation team has 44 projects that are at various stages of progress across all of its key priorities. To date it has completed 33 specific projects. Since the Wealth Creation Programme commenced, the team has engaged with over 350 companies and entered into 21 formal arrangements. Just under £9 million of additional funding has been brought into the region, with a significant proportion of this arising through the SBRI Healthcare programme. Over 1,160 delegates have attended wealth creation events.

Achievements in 2015/2016 include:

- A strategic collaboration was agreed with Johnson & Johnson across a broad range of activities
- The following pilot studies have been initiated with companies in a variety of care settings across the region
    - Evaluation of the Intelligent Ultrasound audit process for ultrasound images at the Royal Berkshire NHS FT
    - Now Technologies for the testing and evaluation of Gyroset™ in Stoke Mandeville Hospital
    - Evaluation of the Horiba Microsemi^{CRP*} haematology testing system in A&E at the Oxford University Hospitals NHS FT
- Oxford was designated a Centre of Excellence under the Precision Medicine Catapult (PMC)
- Three late-stage projects have been agreed with the PMC for support and deployment across the region. These are:
    - Circassia's NIOX® FeNo testing in the management of asthma
    - Remote telemetric monitoring of home blood pressure to identify "missed" hypertension after TIA and stroke in collaboration with the Oxford BRC
    - The implementation of non-invasive pre-natal diagnosis for the most common monogenic diseases
- The Wealth Creation team is supporting the following companies in clinical pathway mapping as part of the SBRI Stratified Medicine Programme:
    - Point of Care (PoC) stroke IVD for paramedic use in partnership with Sarissa Biomedical
    - COPD Exacerbation Alert for patient stratification with Mologic
- Development of a clear adoption engagement programme with industry
- The Alumni Summit was held in July to showcase the region's strengths in Precision Medicine to an international audience. The Minister for Life Sciences, George Freeman was guest speaker at the Summit dinner
- Isis Innovation and Oxford AHSN held a Technology Showcase on eHealth and Big Data
- A collaboration was signed with the Carbon & Energy Fund for the development of identified projects through the Wealth Creation Sustainability Programme

- A second sustainability project targeted at behavioural changes in four Trusts has identified potential savings of over £284,000 per year
- AbbVie made a grant of $100,000 to the Oxford AHSN for the development of PROMS in inflammatory bowel disease. This work is being done in collaboration with the International Consortium on Health Outcomes Measurement
- Bicester has been selected to be part of NHS England's Healthy New Towns initiative. The Oxford AHSN is one of the lead partners, along with Cherwell District Council, the Oxfordshire CCG and A2Dominion
- We ran two four-day Entrepreneur Programmes at Henley Business School attended by 30 delegates
- We have undertaken detailed mapping of the Oxford AHSN cluster which can be accessed through an interactive map on http://wealthcreationmap.oxfordahsn.org
- We have mapped the digital health assets across the Oxford AHSN region
- A commercial review of the opportunities for an end-to-end whole genome sequencing (WGS) diagnostic solution for infectious diseases
- A business plan for the commercialisation of the Gestational diabetes health management system
- A submission for ESIF funding for an innovation hub in Buckinghamshire for a total value of £1.5 million
- Part of a consortium bid for ESIF funding in Oxfordshire for 'The Hill' to be located at the John Radcliffe Hospital
- A proposal has been submitted to the Oxford Martin School for funding a detailed intellectual property, health economic and partnership analysis of open access approaches to drug discovery
- An overview of NHS Trust IP and innovation policy has been completed
- The following reports were published during the year:
    - Addressing the 21st Century Challenges in Precision Medicine
    - The Alumni Summit Report
    - The intellectual property implications of Open Access drug discovery
    - Oxford AHSN and industry – Tomorrow's Innovations Today
    - Oxford and the Thames Valley favoured location

Adoption

- The Wealth Creation team has completed a pathway engagement document, which is available to industry. This articulates the concept of a 'Lit Runway' as defined in the Accelerated Access Review, highlighting the support services that the Oxford AHSN can offer to companies.
- During the year the following pilot projects were agreed with industry partners. The studies have commenced with results due to be reported in the year 2016/2017.

- Intelligent Ultrasound – A research grant agreement between the Oxford AHSN and Intelligent Ultrasound was signed to cover the funding of a pilot study at the Royal Berkshire Hospital. The Oxford AHSN is providing support in the form of a £20,000 grant.
- Now Technologies - The team has supported negotiations and contract drafting on a pilot project between Now Technologies and Stoke Mandeville Hospital. An agreement has been signed between Now Technologies and Buckinghamshire Healthcare NHS Trust. The study will evaluate the Gyroset™ system for assisting tetraplegic wheelchair users by capturing and interpreting head gestures for controlling mobility and communications.

- The Oxford AHSN is supporting the evaluation of the Horiba MicrosemiCRP* haematology testing system in A&E at the Oxford University Hospitals NHS FT. This system is used to assess levels of C-reactive protein (CRP) as a marker of inflammation.
- The Wealth Creation team is supporting Sarissa Biomedical in the implementation of its successful Phase I SBRI award in Stratified Medicine. Sarissa has developed a PoC test for the diagnosis of stroke in different health settings such as in ambulances.
- Mologic has received Phase I funding under the SBRI Stratified Medicine programme. The Oxford AHSN is supporting work using the COPD Exacerbation Alert for patient stratification and early warning in home use.
- The Oxford AHSN continues to support the Crucible Agreement between the University of Oxford and the US proteomics company Somalogic in developing a base in Oxford and looking at how the technology could benefit the NHS.
- In addition to the two successful SBRI Stratified Medicine Phase I projects mentioned above, an additional partner, Palpate Diagnostics, has also received a Phase I award.
- The final report on the commercial opportunities for an end-to-end whole genome sequencing (WGS) diagnostic solution for infectious diseases was reviewed at a meeting of the key stakeholders. The technology, jointly developed by Oxford University and the Oxford University Hospitals NHS FT, has received support from the Biomedical Research Centre. The development of a plan to explore funding opportunities will be developed.
- A project to develop an international standard of PROMS in IBD has been underway with the International Consortium for Healthcomes Measures (ICHOM). The project has received grant funding from AbbVie for $100,000. An international working group of clinical experts has been established and work on the standard set is well underway. The standard set of outcomes measures is due to be completed in Q3 2017.
- The Office of Health Economics and RAND Europe have been commissioned by Oxford AHSN to prepare evidence on the value of the network. The first stage involved scoping assessments of six pre-specified case studies and a workshop to explore methods of attributing the value of the AHSN with AHSN employees. The workshop was held at the Oxford AHSN in November 2015. Based on the workshop, four case studies were selected for further analysis as ‘phase two’ of the project:
  - Anxiety & Depression Clinical Network: 10% point improvement in recovery rates
  - Maternity Clinical Network: Improving referral pathways for preterm babies

- Sustainability project: Quantifying the value of energy savings and carbon reduction
- Intermittent Pneumatic Compression (IPC): increasing utilisation in immobile stroke patients.

- The first two case studies were selected for full economic analysis; the second two were selected for a 'light touch' analysis. The four case studies were chosen as examples of areas in which the Oxford AHSN has played a crucial role in projects to improve patient care, and areas in which analysis of added value is feasible. The analyses were based on local data collected within the Oxford AHSN region as far as possible.
- The definition of a development pathway into the NHS for non-commercial innovations has progressed during the year. Work has been underway in relation to a project called 'The Hill', which aims to support NHS based innovations into care pathways and mobilise NHS innovators. Plans to locate this facility at the John Radcliffe site are in progress.
- The Oxford AHSN and Wessex AHSN Test Bed proposal was unsuccessful. The Wealth Creation team put in considerable time and effort into the process. Where the opportunity arises, the team will continue to work with the clinical partners to identify opportunities that could benefit from further collaboration.

Investment

- The Precision Medicine Catapult (PMC) announced on the 26th October that Oxford was one of six Centres of Excellence (CoE). The other CoEs are located at Belfast, Cardiff, Glasgow, Leeds and Manchester. After the submission of a broad range of potential projects, three specific, late-stage projects have been identified to take forward:
  - Circassia's NIOX® FeNo testing in the management of asthma
  - Remote telemetric monitoring of home blood pressure to identify "missed" hypertension after TIA and stroke in collaboration with the Oxford BRC
  - The implementation of non-invasive pre-natal diagnosis for the most common monogenic diseases.

  The team is also supporting the PMC in establishing a presence in Oxford and in navigating the local ecosystem.

- The first Alumni Summit was held during the year at the Said Business School, drawing in a broad cross-section of delegates, including international life sciences executives who were alumni at one of the universities within the Oxford AHSN region. The conference showcased expertise in precision medicine from across the region and details of the programme are available on the website http://www.alumnisummit.com. The event was very well received and the Minister for Life Sciences, George Freeman, addressed the delegates at a conference dinner. The team continues to interact with delegates and consider follow-up opportunities.
- The detailed mapping of companies across the region has been completed and is now available on an interactive visual display on the following link:
  http://wealthcreationmap.oxfordahsn.org.

The sector breakdown is as follows:

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

- The Wealth Creation team has supported, in partnership with the University of Oxford and Oxford Brookes University, a survey by NESTA on regional entrepreneurship. NESTA has completed the baseline analysis of the entrepreneurial activity across Oxford, Cambridge and London. The final report and interactive map will be available in the near future and will complement other international surveys across leading international sites.
- The Hill proposal was part of a consortium that has submitted an EOI under the Oxfordshire LEP ESIF funding call.
- A proposal to form a Buckinghamshire Health and Social care Innovation Hub has been submitted by Buckinghamshire New University as part of the Buckinghamshire Thames Valley LEP ESIF funding call. The partners include Buckinghamshire Healthcare NHS Trust, NHS Chiltern CCG, Buckinghamshire County Council and the Oxford AHSN. The Wealth Creation team has acted as central co-ordinator of this project, which represents the defined output of a year-long development of a business planning process with a broad range of partners, including industry.
- The business plan for the commercialisation of the GDm-health system for the management of gestational diabetes outside of the Oxford AHSN region has been completed. Potential investors are being approached for initial discussions.
- An updated report of the Oxfordshire Innovation Engine is in the final stages of completion. The Wealth Creation team has supported the University of Oxford in this process and a launch event is in planning.
- The Bicester New Towns project has been selected as one of 10 Healthy New Towns by NHS England. The successful Bicester bid is a collaboration of over 20 organisations and is led by

Cherwell District Council and includes Oxfordshire Clinical Commissioning Group, the University of Oxford, Oxford Brookes University, healthcare providers and researchers and NW Bicester lead developer A2Dominion. The Oxford AHSN Wealth Creation team was instrumental in pulling the collaboration together and in supporting the application from conception through to final interview. The proposed development will encompass 13,000 homes.

- Oxford was one of nine shortlisted cities in the European capital of innovation competition for 2016 – http://oxfordicapital16.com. A delegation travelled to Brussels for interview at the end of January and included the Chief Executive of the Oxford University Hospitals NHS FT. The result will be announced in early April.
- A collaborative project with the University of Oxford and Isis Innovation on mapping the digital health opportunities across the Oxford AHSN region has been completed. The outputs of this project are being integrated into the Digital Health Business Plan for Wealth Creation.
- A proposal on open access in drug discovery has been submitted to the Oxford Martin School at the University of Oxford in collaboration with the Structural Genomics Consortium and the Office of Health Economics.
- The Diagnostics Industry Advisory Council was established, meeting twice a year, to support formerly the bid for the Precision Medicine Catapult and latterly the development of the Oxford Centre of Excellence.
- The Oxford AHSN continues in its support of the BIVDA (British in Vitro Diagnostics Association) Point of Care Working Party and as a Board Member for the EDCA (European Diagnostic Cluster Alliance).
- In early March, the Oxford AHSN helped host a UKTI Healthcare delegation from over 15 countries interested in the UK capabilities, and more specifically Oxford's capabilities, in genomic medicine.
- Dr Ben Thompson has been appointed to the joint post at the University of Reading and the Royal Berkshire Hospital NHS FT, and will start on the 1st June 2016.

NHS Culture

- Two Entrepreneur Programmes have been run at Henley Business School during the year in partnership with Health Education England Thames Valley. A total of 30 delegates attended the courses and feedback has been very positive. Further background is available on http://www.oxfordahsn.org/our-work/wealth-creation/nhs-culture-of-innovation/entrepreneur-programme-for-nhs-professionals/

- The future direction and funding of the Challenge 2023 is under further review with HEETV and the Leadership Academy following on the competition framework and delivery.

- A baseline review of innovation policy and intellectual property across the Trusts in the region has been carried out. A plan for developing supporting those Trusts that wish to develop or enhance existing policies will be undertaken next year.

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 senior management teams from Janssen/Johnson & Johnson and the Oxford AHSN met in February to review ongoing progress across the joint projects.
- The Sustainability programme has made strong progress during the year. A collaborative partnership was signed with the Carbon and Energy Fund to develop feasibility studies across the identified projects below:
    - Buckinghamshire Healthcare with connection to Bucks New University
    - Heatherwood & Wexham Park and Frimley Park hospitals
    - Great Western Hospital
    - Southern Health
    - Oxford Health and Oxford Brookes connection to Oxford University Hospitals
- Feasibility studies have been completed for a number of the above projects and in one case, a full business case has been developed.
- In addition a new collaboration with Global Action Plan has identified savings from behavioural changes in a pilot across four trusts within the region. The calculated savings amount to £284,000 per annum, along with an unquantified amount for heating savings.
- The Sustainability Working Group met four times during the year.

Conferences / Events

- Events hosted by the Wealth Creation team during the year:
    - The Isis Innovation and Oxford AHSN Technology Showcase on eHealth and Big Data was held on the 30 June - http://isis-innovation.com/news/events/isis-technology-showcases/, was attended by over 300 delegates
    - The Alumni Summit held between the 8 – 10 July 2015 - http://www.alumnisummit.com with over 170 delegates. A full report of the meeting can be found at http://www.alumnisummit.com/wp-content/uploads/2015/11/Alumni-Summit-eReport-low-res.pdf
- Events sponsored and supported by the Wealth Creation team during the year:
    - **BioTrinity 2015** was held between 13 - 15 May in London and was attended by over 960 delegates. The Wealth Creation team hosted a seminar on “Design for Successful Innovation” which highlighted the role of design in product development.

- The Oxford AHSN sponsored the **4th UK Diagnostics Forum**, which was organised by the Oxford Diagnostic Evidence Co-operative and held on the 19 - 20 May 2015. The team provided a talk on innovation adoption and the importance in diagnostics.
- The Wealth Creation team was actively involved at **VentureFest 2015** on the 8 July.
- A one-day conference organised by MediLink on **Novel Markers and Technology for Better Patient Care** was held at the Rutherford Appleton Laboratory, Harwell on the 12 October - http://www.lifesciences-healthcare.com/novel-marker-technology-towards-precision-medicine-better-care-for-patients-3/. A member of the Wealth Creation team chaired the meeting and gave a talk on Precision Medicine – The development of better patient care pathways for a more efficient service.
- The Wealth Creation team ran a workshop on "Innovation in healthcare: drug discovery, digital development and adoption within the NHS" at the **Oxford Alumni Weekend** on 19 September, which was attended by around 100 alumni.
- In conjunction with NHS Confederation and British American Business, the Wealth Creation team organised a meeting on the **Trans Atlantic Trade and Investment Partnership (TTIP)**. It was attended by over 70 delegates who heard from panel experts on key aspects of the TTIP in relation to healthcare regulation, intellectual property, finance and the NHS.
- The Wealth Creation team organised a workshop on "What does good engagement between the NHS and industry look like" at the **Oxford CLAHRC Symposium** on the 20 November - http://www.clahrc-oxford.nihr.ac.uk/upcoming-events/stakeholder-symposium-2015.
- The Oxford AHSN sponsored an **Innovation Forum** event at the Oxford University Hospitals NHS FT on the 30 November, which was attended by 200 delegates - http://www.inno-forum.org/#!oxford/c1hf8. The team gave an overview of the Oxford AHSN's approach to supporting companies and entrepreneurs across the development pathway.

Publications

- The following reports were published during the year:
  - Addressing the 21st Century Challenges in Precision Medicine - http://www.oxfordahsn.org/wp-content/uploads/2015/11/ctd4075-OAHSN-21-Century-Healthcare-A4-Final.pdf
  - The Alumni Summit Report - at http://www.alumnisummit.com/wp-content/uploads/2015/11/Alumni-Summit-eReport-low-res.pdf
  - The intellectual property implications of Open Access drug discovery - http://www.oxfordahsn.org/wp-content/uploads/2015/11/12504_OAHSN_Intellectual_property_implications_drug_discovery_lowres.pdf

- Oxford AHSN and industry – Tomorrow's Innovations Today - http://www.oxfordahsn.org/wp-content/uploads/2015/06/INTERACTIVE_Oxford_AHSN_A5_Biotrinty_Booklet_3.pdf
- Oxford and the Thames Valley favoured location - http://www.oxfordahsn.org/wp-content/uploads/2012/09/OMI_12365_Oxford_AHSN_Favoured_location_Sept2015.pdf

Supporting activity

- The Wealth Creation Oversight Group met three times during the year and provided support across a number of areas of activity.
- The Wealth Creation team has continued to support the Oxford AHSC Theme on Novel Partnerships, and has also engaged closely with the CLAHRC and the BRC to identify novel opportunities.

Informatics

2015/2016 Highlights

Following final consultation, the AHSN Information governance framework development was completed and the final document circulated for partner organisation sign off.

We are developing a new resilient data environment greatly enhancing capability as we move to provide new self-service and visualisation tools in 16/17.

Informatics support to the successful Bicester Healthy New Town application and Oxfordshire transformation programme provides a basis for support across the region as digital maturity roadmaps are constructed in 16/17.

The Informatics Team is in place: James Brannan has joined as the Head of Informatics and Helen Norman joined as Data Analyst in Q4.

Governance

CIO Forum – The fifth CIO forum was held in March Q4. There was wide representation from partner NHS organisations across the network however for the first time no representation from University partners. The group took time to collaboratively review recent updates to the European Union data protection regulations and provided feedback on the Digital Maturity Assessment process all NHS organisations went through during January.

Oversight Group – the meeting planned for March this quarter was postponed following last minute cancellation of attendees due to unforeseen circumstances.

Information Governance (IG) Framework

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 consultation and the amendments process that took place during Q3, the final document was shared with senior Information Governance professionals from NHS partner organisations to sign up to the data sharing agreement. This will allow a secure and uniform approach to data sharing between AHSN partners and ensure that data sharing protocols are filled in to monitor all data sharing activities going forward.

Operational Hybrid Analytics Service

During Q4 the Informatics team is completing the data warehouse implementation; working through a rigorous user acceptance testing regime which highlighted various issues in the initial build. These issues were investigated and resolved.

Having gained confidence in the robustness of the data warehouse and integrity of the data we started working on the backlog of report requests across the Best Care, Clinical Innovation Adoption programmes and the Patient Safety theme. To ensure an efficient service, work has been undertaken to build robust general queries that allow for valid explorations of re-admission to hospital in 30 days and length of stay. These procedures are reusable, and will support a variety of data requests going forward.

To further enhance the hybrid analytics service and to build on previous project planning work , the Informatics team has implemented regular weekly workstack (project) update meetings with each of the programmes and themes to agree priorities and RAG status' with the programme and theme leads. We are initiating a share of the Informatics Project Workstack Tracker with the Programmes to ensure full transparency.

Informatics Strategy

The Informatics Strategy is being developed through consultation with the CIO Forum and the Informatics Oversight Group and is influenced by the Sustainable Transformation Plan agenda. The strategy will need to be signed off by the individual partners and go the Informatics Oversight Group and the AHSN Board

Interoperability/ Personal Health Records (PHRs)

Engagement has continued during quarter four to understand the digital maturity across the Oxford AHSN region and to develop a case for data integration to facilitate interoperability. CCGs have been engaged to support the local digital roadmaps, designed to support sustainability and transformation plans locally. Additionally the team have been looking at interoperability models, which would represent a significant enhancement of digital maturity across the local health economy. Led by the director, Informatics are currently developing an outline business case that sets out the value and benefits for pursuing interoperability arrangements.

Digital Maturity Model

The CIO meeting during Q4 provided the opportunity to discuss the outcomes of the assessments that took place at the start of 2016. CIOs present highlighted how the assessment was undertaken within their organisation and reflected on the process, its merits and restrictions. Potential improvements were discussed that would enable a subsequent more detailed view of digital maturity; these reflections will be the starting point for the Informatics team in coordinating a more detailed assessment across Oxford AHSN partner trusts.

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

The software development phase was completed in Q4. A contract award has been made for the infrastructure of a service model and additionally for the managed service provider. Deployment planning is underway with a key focus on Information Governance and ethics application development.

Programme and Theme Support

Best Care

Children. Following the delivery of data in Q3 for the second variation report, scripts that were used to extract data have been replicated into the new SQl server environment which will allow the data to be updated regularly going forward. Informatics have also supported the network to organise and present data collected to demonstrate online engagement.

Diabetes. The interactive diabetes visualisation application has been updated following the release of the National Diabetes Audit data for 2013-14 and 2014-15 from the HSCIC. The application now compares three sets of data highlighting variation over the Oxford AHSN region at CCG level for a

period of three years. Additionally Informatics have worked with the outgoing Diabetes network to support the handover of the application to the SCN in line with other diabetes activities going forward.

Imaging. Following notification from the Royal College of Physicians that the LUCDA lung cancer database was re-opening, Informatics in collaboration with the network created and submitted an extensive data request to support the needs of a network project.

Maternity. Informatics coordinated with relevant IT teams to ensure that servers were refreshed locally following a disruption to the scan viewing link caused by a Viewpoint system upgrade. In collaboration with the network, an assessment of data that the OUH informatics team are submitting to the new HSCIC managed Maternity dataset was made to understand how the data is collected and which of the (non-mandatory) fields are completed. Discussed the possibility of getting a direct feed of this data from OUH rather than waiting for it to be released via HSCIC.

Clinical Innovation Adoption

Home IV data was extracted and presented detailing the number of patients coded with Heart Failure as inpatients in acute trusts across the Oxford AHSN region. This enabled the CIA team to understand the size of the patient population with heart failure in addition to demographic and outcomes information on this group.

IOFM. Following the HES data extracted last quarter highlighting demographic and outcomes data on surgical patients across the region managed with IOFM, a secondary dataset was provided to understand in more detail the most common procedures taking place by Trust across the region within colorectal, hip revision and free flap procedure surgeries.

Wealth Creation

Informatics have supported the wealth creation team with data detailing emergency department paediatric presentations during December 2015 at the John Radcliffe Hospital and the number of under 18s who had bloods taken as part of any investigations. The data has helped the team assess the need for technology to support point of care testing in the ED department.

Patient Public Involvement Engagement and Experience

Informatics have been working in collaboration with two Health Experience Institute fellows to support a project aiming to understand variation in patient experience across the trusts in the region. Scoping has taken place during quarter four and variation analysis is planned for quarter one and two of 2016/2017. Key themes will focus on the Oxford AHSN programmes reflecting some clinical networks, patient safety and innovation adoption projects.

Patient Safety Theme

Pressure Ulcers. Data has been extracted from the patient safety thermometer for Oxford University Hospitals, Oxford Health and Royal Berkshire Health to understand variation in instances between, male and female patients in addition to the category of pressure ulcers. Certain wards have been selected and data on the numbers of pressures ulcers at this local level have been sourced and provided. Data also extracted and presented from HES similar to the patient safety thermometer data above, although ward level data not available within this dataset.

Sepsis – work to re-run the sepsis data incorporating the extended HES data set to include all instances of secondary coding, the most recent data in addition to adding re-admission and length of stay data.

AKI –worked with members of the AKI steering group to clarify data required via HES. In particular with Consultant Nephrologist from OUH to finalise HES requirements.

Safety in Maternity – analysis and presentation work for the programme lead

Mental Health Safety AWOL - work to re-run data on a regular basis, ensuring IG and sharing agreements are in place.

Patient and Public Involvement, Engagement & Experience (PPIEE)

The Team

Our lay leaders

Our lay leaders, Mark Stone and Carole Munt, were included in the HSJ Top 50 Patient Leaders Awards. This accolade has been clouded with great sadness as Mark, with whom we have worked closely for the past two years, died unexpectedly at the beginning of this year. We miss his input greatly.

Joint working

We have revised our team structure to create even closer links with NHS England. Our PPIEE Director, Sian Rees, now works with NHS England South (Central) one day a week and their Patient Experience Manager, Emma Robinson, supports AHSN work more closely. In addition, Mildred Foster has joined the Team to support the *Leading Together Programme* and work to develop lay input into revalidation processes across the South of England.

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

Governance

As our joint work with NHS England South (Central) and Thames Valley Strategic Clinical Networks (SCNs) has developed so has the need to separate the operational, advisory and partner engagement components of our governance structures. We have therefore established an oversight group to provide strategic advice and continue our links with key stakeholders and an operational group to manage out joint work plans. This has given us the opportunity to appoint three new lay partners to work with us on the PPIEE Oversight Group.

Training and development

Collaborative Leadership: the Leading Together Programme

Patient and public involvement is expected across health and social care service delivery, research, innovation, education and training. The current 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.

Over the summer months, we undertook a competitive tender exercise with NHS England South (Central), the South Revalidation Team and Thames Valley and Wessex Leadership Academy to appoint a contractor. We appointed The Performance Coach, a national coaching and leadership organisation to work with us to develop and deliver the Leading Together Programme.

We have subsequently co-creating content for the Leading Together Programme, with lay people and professionals, and started running the first two of six 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;
- a focus on developing lay assessors and Responsible Officers to support lay involvement in medical revalidation as well as people who will take forward work in service delivery and research.

Planned 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 Program
- We were nominated for a National Academy of Fab Stuff Award

Plans for the future

Alongside comprehensive participant evaluation of the course, we are in the process of commissioning an independent evaluation. We are also exploring developing a course for people with learning disabilities, developing a model for sustainable rollout, and collaborations with industry.

Other training

Supporting lay leadership is one component of the work needed to increase effective involvement of lay partners in research, innovation and care delivery. To develop lay involvement more generally we have developed a specification for one day participation training with NHS England South (Central), the Oxford Collaboration for Leadership Applied Healthcare Research and Care (CLAHRC) and the Thames Valley and South Midlands Clinical Research Network (CRN). We are in the process of appointing a contractor to deliver the training by summer 2016.

Public Engagement

We have appointed a project manager. Kate Castleden, for the *Living Well* project. This is a joint

initiative across the AHSN, Science Oxford, the Cochrane Collaboration, the University of Oxford and Brookes University. We will be applying for further funding to develop a range of innovative public engagement events, targeting communities that are not usually involved.

Initial work includes:

- a storytelling event with a focus on stroke at the Oxford Story Museum;
- a series of lunchtime talks 'A short introduction to mental health with Oxford University Press and Blackwell's
- taking part in the Oxford Science Fair with stalls at the street and Temple Cowley Shopping Centre events

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 during 2016.

Education

We have been further developing our links with education locally – we ran a seminar for the leadership team of Health Education England Thames Valley, ran workshops at their annual conference and at the local Leadership Academy annual event.

Research

In addition to the joint work already mentioned, we were formally involved in the appointment process for two lay members for the NIHR Oxford CLAHRC's Board. We will be incorporating these members into our PPIEE Network.

We are also in the process of developing a public engagement event with CLAHRC and CRN colleagues.

Clinical networks

Initial PPIEE plans have been further developed and networks now have lay involvement embedded in the ongoing processes for network governance and delivery. We will be working with networks in the coming year to support the use of patient important outcomes and experience measures.

Patient Safety

Overview of Progress

Regional and Team Development

The Patient Safety Theme has now filled all posts. The team now comprises: Charles Vincent (Clinical Lead), Jill Bailey (Head of Patient Safety), Katie Lean, Cindy Whitbread, Geri Briggs (Patient Safety Managers), and Amanda Garner, Executive Assistant and Senior Programme Support Officer. The team also has the support of the Informatics Team, the Communications Team, and Bethan Page (Researcher, Department of Experimental Psychology University of Oxford).

Developing Capability and Capacity

We completed our six-day Quality Improvement training programme in collaboration with NHSIQ for 42 participants from our clinical programmes and our partners. The training engaged representatives from the Informatics Team, Clinical Innovation Adoption Team, commissioners, nursing and medical staff and pharmacy. Evaluation of the project was extremely positive. Most participants requested a follow up day with Mike Davidge in measurement for improvement. A day is planned in Q1 in which participants will bring their clinical project data to share with the group and build upon their knowledge and skills.

Seven of our regional leaders in quality improvement participated in the co-design of the Q initiative with the Health Foundation as founding members. Our successful bid to the Health Foundation in 2015 supported the facilitation of a conference at the Said Business School to work with senior managers, senior clinicians, health educators and Q founding members towards a strategy for developing capability and capacity that will support improvement in quality and safety across the Oxford AHSN region. The conference heard from local, regional and national perspectives on learning from the past and current work on building improvement capability and capacity. The delegates agreed that a further meeting to develop a collaborative strategy for the region should follow based upon principles of collaboration and ownership.

In collaboration with the Oxford Patient Safety Academy, the asset mapping exercise is in progress to establish current capability across the region. The team has designed an on-line survey to gather data to populate a live database of people who work in partner organisations using improvement skills. The aim of the asset mapping is to inform the Patient Safety Theme of people who form our collective improvement community across the region. Those participating in the survey will also be asked whether they wish to express an interest in the forthcoming Health Foundation Q initiative commencing in 2016. At our annual patient safety conference, planned for 21st April 2016, delegates will have a further opportunity to learn about the Health Foundation Q initiative from Stacey Lalley. Information will be provided for delegates about the application process and content of the programme.

The Patient Safety Theme continues to support the South of England Mental Health Patient Safety Collaborative for our three integrated care providers. Jill Bailey and Heather Pritchard Programme Lead, plan to meet Directors of Nursing to listen to their views on the design and the future development of the collaborative. Work has commenced to devise a three tier competency-based learning system (Learn, Live, 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 Patient Safety Theme 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 AHSN now funds the newly developed quality improvement project software designed through 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 monitor uptake of the software and take feedback on our partners' experience of using it for day-to-day improvement projects. All members of our clinical programmes have been given access to the software. Jill Bailey represents the Oxford AHSN on a Steering board to review use and drive further development of the software according to our users' needs. Current developments include a 'project area' where users can upload completed projects to provide a sharing environment.

The Oxford Patient Safety Academy (PSA) has appointed a full time Human Factors Fellow. The PSA will now offer training in human factors to the clinical work streams. The Oxford PSA plans to deliver 20 half-day introductory courses in human factors, each for 30 participants from our partners, 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. The Patient Safety Theme team will agree a programme of work with our new Human Factors Fellow designed to support clinical projects.

The Patient Safety Theme is also producing a brochure for our partners that represents the range of patient safety projects and initiatives across the Oxford AHSN. The brochure will be ready by Q1 for circulation at events and conferences.

Governance Arrangements

The Patient Safety Theme Oversight Group is now established as shown in the table below:

Role	Name	Title
Chair	Jean O'Callaghan	CEO Royal Berkshire Hospitals NHS Foundation Trust
Academic Lead – Patient Safety	Professor Charles Vincent	Lead for Patient Safety, Oxford AHSN Professor of Psychology, Department of Experimental Psychology, University of Oxford
Programme Lead	Jill Bailey	Head of Patient Safety, Oxford AHSN
Senior Business Lead	Dr Paul Durrands	Chief Operating Officer, Oxford AHSN
HEETV Lead	Pauline Brown	Local Director, Health Education England Thames Valley

Role	Name	Title
HEI Lead	Heather Loveday	Professor of Evidence Based Health Care, University of West London
Expert on the personal and organisational dimensions of leadership and transformational change	Professor Sue Dopson	Academic Director of the Oxford Diploma in Organisational Leadership, Associate Dean of Faculty at Saïd Business School Fellow of Green Templeton College, Oxford Visiting Professor at the University of Alberta, Canada. Non-executive Director Oxford Health NHS Foundation Trust.
Clinical Expert	Alex Lee	Consultant Neonatal and Paediatric Surgeon, Oxford University Hospitals NHS Foundation Trust

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

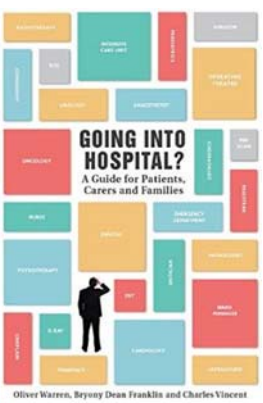
Informatics and Research

A paper describing the safety in mental health project, reducing detained and informal patients failure to return to acute psychiatric wards has been submitted for publication. The development of the paper has been in collaboration with Bethan Page, Researcher, Department of Experimental Psychology, University of Oxford, Nokuthula Ndimande, Matron, Oxford Health NHSFT and Charles Vincent, Clinical Lead, Oxford AHSN. A further interview paper has been produced for Mental Health Practice by the Head of Patient Safety and the Marlborough House Tier 3 service in Swindon to highlight their self-harm reduction work.

Charles Vincent has published two new books this year:

Vincent, C. & Amalberti R. (2016). *Safer Healthcare: Strategies for the real world.* Springer open. Available at http://link.springer.com/book/10.1007%2F978-3-319-25559-0

Warren O., Dean Franklin B., & Vincent, C. (2015). Going into hospital? A guide for patients, carers and families. UK: Eastdown Publishing.



The longstanding slippage in the informatics aspects of the Patient Safety Theme is currently being addressed with a revised action plan to meet the team requirements. A new informatics manager and a second information analyst have now been appointed to address the previous issues.

Communication

Our web pages are updated every month in collaboration with the Head of Communications to reflect the current progress of the programmes. There are also highlights noted on the news pages of up and coming events, published articles/books and other resources of interest. The Twitter account was launched November 2015 and followers are increasing in numbers. The Patient Safety Theme feed news items into the main Oxford AHSN newsletter to ensure that our partners receive a monthly update.

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, Oxford AHSN & Consultant Nurse Patient Safety, Oxford Health NHS FT

The project has achieved its original aim to reduce failure to return to the ward on time by 50% from baseline on five adult acute wards at Oxford Health NHS FT. Two wards are sustaining a mean return on time rate above 90%. Two further acute wards at Oxford Health NHSFT continue to develop their tests of change. The lead ward at Berkshire Healthcare NHSFT has also achieved a 91% return on time rate from a baseline of 20% and is now working to sustain this improvement. Central and North West London NHSFT also plan to join the AWOL project. A paper is in submission for publication to disseminate the impact of using improvement methodology to reduce failure to return to the ward on time in adult mental health inpatient wards. Much of the published work on using quality improvement methodology is currently centred in the acute setting.

Acute Kidney Injury

Clinical Lead: Emma Vaux; Patient Safety Manager: Katie Lean

There have now been three stakeholder meetings with good representation from across the region. The work streams are divided into data, prevention, recognition and management to allow for focused project work. The prevention work stream has engaged 3 care homes in East Berkshire which are in the process of planning a hydration project together. This aims to start in May 2016. Scoping is underway for a patient focus group to formally evaluate the sick day rules. This would take in the Bracknell and Ascot CCG region and would seek to engage a cohort of patients with long term conditions who have attended a polypharmacy clinic. The recognition work stream is being led by our partners at the Great Western Hospital NHS FT, Swindon and aims to reduce the incidence of mortality from AKI by ensuring the implementation of the AKI care bundle within 24 hours of alert. A process map has been done locally and tests of change are being implemented. The management and data work streams are aligned and are being run by the Oxford University Hospitals NHS FT. The aim is to identify if the introduction of an electronic AKI care bundle reduces the progression of the disease. There is also a plan to look at the effect of this intervention on length of stay and mortality. The analysis of the baseline data has been commenced and the AKI electronic care bundle released. Planning is underway for a second part of the project involving an electronic medication review. Alongside this work an AKI care bundle is being developed by Oxfordshire Primary Care Services. It is hoped that this will be ready for use in the Autumn 2016.

Sepsis

Clinical Lead: Matt Inada-Kim; Patient Safety Manager: Katie Lean

A survey has been conducted across the region to identify the work already being done on sepsis and to identify the regional work that people may wish to undertake. 77% of the organisations in the region have a sepsis lead and are using a care bundle which is above the national standard (NCEPOD, 2015).

The regional stakeholders group had their first meeting on the 4th February 2016. The regional areas committed to the project include Oxfordshire, Wiltshire, Buckinghamshire and Berkshire. Although it is early days for the group, it decided to focus on the delivery of the sepsis 6 (particularly IV antibiotics within the first hour of diagnosis) within the acute setting. The primary care focus was to have a network learning event and to ensure a standardised language of sickness. Projects will be defined throughout the year. Data is being captured for the region with the aim of identifying a more robust picture of the burden of sepsis, and to measure patient outcomes from our improvements in managing septic patients.

Maternity

Clinical Lead: Jane Hervè; Patient Safety Manager: Katie Lean

This project aims to reduce the never events of swab retention to zero by November 2018 within the Maternity Department at Oxford University Hospitals NHS FT. Following a process mapping session the group decided that their first test of change would be to ensure a reliable process of the handover of swabs from delivery suite to theatres when women are transferred for a manual removal of placenta, suturing or examination under anaesthetic. The current guideline was amended and ratified through the women's clinical governance committee. The first test of change implemented on the 1st February 2016.

Improving the serious incident investigation process across integrated trusts in the Oxford AHSN: Project Lead: Jane Carthey

The project aims to integrate human factors methods into the incident investigation process and improve feedback of lessons learnt to healthcare teams. It involves:

a. Carrying out interviews and reviewing documentation to identify the strengths and weaknesses in the current serious incident investigation process. The interviews and document review focus on identifying 'what works well' and 'what could be improved'.

b. Facilitating a series of workshops with healthcare professionals from a range of roles relating to serious incident investigation in mental health trusts. The workshops will support participants to:

- Reflect on their current approach to carrying out serious incident investigations
- Consider how well human factors issues are identified in serious incident investigations and
- Identify how to improve how they investigate and learn from serious incidents in mental health settings.

The interviews and workshops will use the Health Foundation's Measurement and Monitoring of Safety Framework, (Vincent, Carthey and Burnett, 2013) to support self-reflection on current practice.

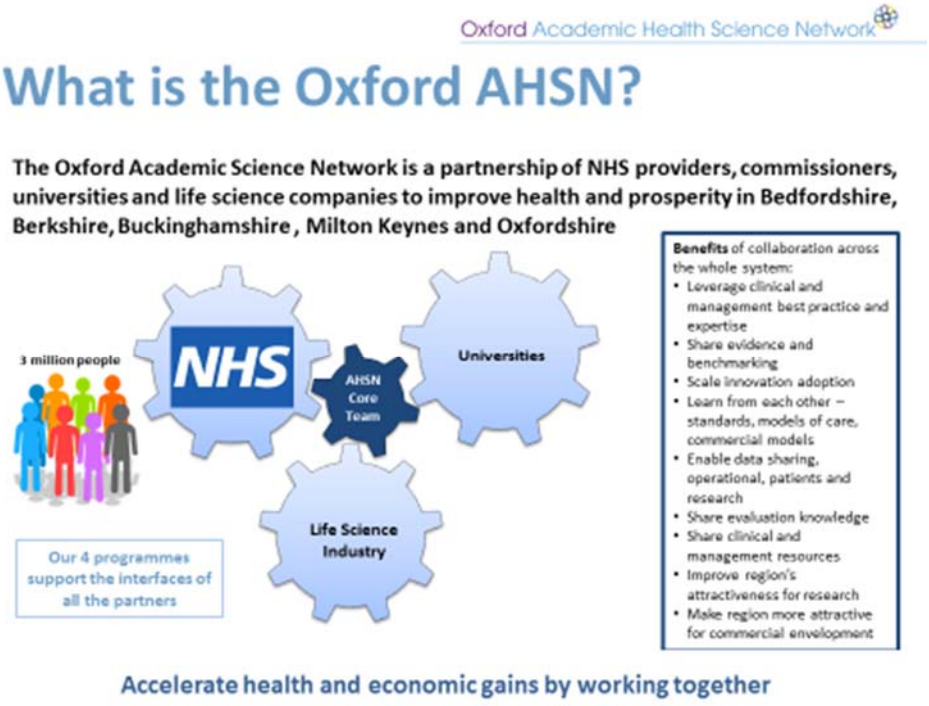
The expected outputs of the project are:

- Cross organisational learning on best practice in other Trusts.
- An understanding of the areas for improvement in the serious incident investigation process.
- Plan Do Study Act (PDSA) testing different formats or mechanisms to feedback investigation findings to healthcare teams or tools for incident investigators to test and refine.

Berkshire Healthcare NHS FT has engaged in the first stage of the project including the review of incidents and interviews. Central and North West London NHS FT is now commencing Stage 1. Once all three integrated Trusts have completed Stage 1, the areas for improvement can be identified and focused training commenced.

Stakeholder Engagement and Communications

2015/2016 has been a year that has seen significant progress in engagement and communications. The activities of partners and stakeholders are critical to the AHSN and indeed, the AHSN must be seen as the collective of all NHS and other partners. The AHSN can be shown as:



Some key events highlighting not only the work of the AHSN but more importantly, the work of the stakeholders and partners – including some new partners, were held including:

- BioTrinity 2015 with its Innovation Poster Showcase was held in May 2015, again sponsored by the AHSN. 'We truly appreciated the opportunity to engage with this innovation-focused audience' 'Thank you for organising this – I found it very worthwhile and made some very good contacts'
- Full details can be found http://www.oxfordahsn.org/news-and-events/news/helping-our-partners-and-building-new-connections/
- Oxford AHSN Partnership Council was held on 17 June 2015 and focused on the work of the Maternity and Children's Networks with presentations from the Clinical Network Leads, and an update on the Clinical Innovation Adoption programme. Both a detailed Annual Report and a summary Annual Review were produced for wide circulation and downloading from the website. The Chief Executive presented the documents to a meeting of the Oxford University Hospitals NHS Foundation Trust's Board meeting in January 2016.
- The Isis Innovation Oxford AHSN Showcase on Digital Health on 30 June 2015 was very well attended. Keynote speakers at this event included Dame Fiona Caldicott, the National Data

Guardian and Chairman of the Oxford University Hospitals NHS Foundation Trust, our host organisation. In addition, session speakers included Dr Geraint Evans, Open University; Dr Piers Clifford, Buckinghamshire Healthcare NHS Trust; Dr Kazeem Rahimi, the George Institute; Professor Simon Lovestone, Professor of Translational Neuroscience, University of Oxford; and Dr Lucy Mackillop, Obstetric Physician with Tracey Marriott, Oxford AHSN Director of Clinical Innovation Adoption. Poster presenters included Dr Ryan Pink, Oxford Brookes University; Dr Eugene Ong, Tutemate and a junior doctor at Oxford University Hospitals (and winner of the OUH Gold Innovation Award in 2014); Cranfield University, Isansys, White October, P1Vital and Message Dynamics. (full details available from http://isis-innovation.com/events/isis-innovation-oxford-ahsn-technology-showcase-2015/)

- The Alumni Summit held on 9/10 July 2015 was well attended and has been covered in Wealth Creation. It provided a unique opportunity for the Alumni of the region to come together and showcase the region's life sciences, innovation and commercialisation.
- The Transatlantic Trade and Investment Partnership (TTIP) agreement, currently being negotiated between the EU and the US, is one of the most prominent topics on the political trade and investment agenda. Given its importance, TTIP is likely to have a huge impact on the broader UK life sciences and healthcare sectors, including businesses, research institutes, hospitals, workers and patients alike. Oxford AHSN hosted a briefing session, run by the British American Business with the support of the NHS Confederation, on 24 September.
- This was an opportunity for stakeholders to air their views on the agreement's scope and sector-specific content and it brought together representatives from the US Embassy, the Department of Business, Innovation and Skills, the Department of Health's European Office, and major companies including Lilly, BT, Owen Mumford, Oxford BioMedica and Akesios Associates. The meeting was very successful indeed and provided clarity for attendees in a number of critical areas include timescale and potential impact on the NHS. The event attracted a small number of people strongly opposed to TTIP who were given the opportunity to discuss their concerns, particularly about the future of the NHS, with speakers and attendees. A follow up report was produced by British American Business.
- The Oxford AHSN and the 14 other AHSNs took part in a national survey on the AHSNs' work organised by NHS England and undertaken by YouGov. Each AHSN had tailored questions but the bulk of the questions covered all AHSNs. We provided a list of stakeholders covering all sectors of the NHS, the Universities, industry and patients and the public. There were only 58 respondents and too small sample size to draw meaningful conclusions. The results were published on the AHSN's website late in 2015 and we are told by NHS England the survey will be repeated during 2016. We are commissioning are own series of targeted interviews and survey in 2016 to better understand our partner's views on collaborative work in the AHSN.
- Three AHSN partners were shortlisted for the AHSN OBN sponsored award for public private collaborations and the winner was Isansys Lifecare Limited.
- 150 participants (mostly clinicians) attended the Get Physical event on 9 December 2015 – this was aimed at improving health and wellbeing for patients and NHS staff through Physical Activity and was developed though a collaboration of NHS providers, Public Health England and the County Sports Partnerships and Health Education England (Thames Valley). A full report was produced and has been made widely available – see link below. Follow up work continues with the Steering Group – participants of the event identified a need for more

training in Motivational Interviewing and regular updates on initiatives in the region to improve levels of Physical Activity. The contribution of Amy Shearman and Val Tate to the success of this event must be recognised.

A significant number of other events were held during the year and all are listed on the website events page.

In addition, some key documents were published:

- A 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)
- A 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)
- The 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)
- 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/
- Get Physical report. http://getphysical.org.uk/wp-content/uploads/2016/02/Get-Physical-Meeting-Report.pdf
- Nationally, the AHSN attended both NHS Confederation in June 2015 and NHS Healthcare Expo, in September, taking part in a number of sessions and workshops.

Communications

As mentioned above, there has been a focus on improving communications and the AHSN Newsletter has gone from strength to strength with an increase in subscribers from 1,000 in March 2015 to 1,652 in March 2016. Links are being developed with the Communications teams within the provider Trusts so that items of information can be exchanged between teams and hence communicated more widely. The links with the Foundation Trusts and their members and Governors are also be developed.

Twitter has proved very successful with a significant increase to 1,763 in March 2016 (853 March 2015). Twitter has also been a good way of immediate communications with tweets being made during events and meetings; positive responses have been seen and a number of followers added.

A number of the Clinical Networks and the members of the Senior Team also have Twitter accounts and so the reach and spread of the work of the AHSN and, importantly, its partners and stakeholders, has increased and is now reaching a wider audience. Retweeting by partner organisations is now well established.

Well over 1,000 individuals attended events supported by the AHSN and in addition, with sponsorship of, for example, BioTrinity and VentureFest, the AHSN's activities reached a further 1,500 or so.

The website is being developed and refreshed and additional content is being added by the programmes and themes. New logos and branding guidance have also been provided for the clinical networks and the programmes and themes. Website activity has continued to be solid and the updated site is expected to attract additional activity.

Val Tate has been an invaluable member of the Communications Team during the year and we thank her for her enormous contribution to Get Physical, to the Alumni Summit, the production of the Annual Review and the TTIP meeting.

My thanks also go to Martin Leaver, who will be joining the AHSN on a permanent basis from 1 April 2016 as the Head of Communications. Rochelle Nelson has also been an invaluable member of the team, working on Twitter, the website, recording the numbers and linking so closely with the Informatics Team, in addition to her corporate duties.

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 Webinars delivered. PROMS project replaced with LTC PROMs pilot in 2016 -2017						✓	◆	
(Dementia)	Data Capture - 30 patients and carers piloting the use of remote data capture tool to manage the patient's electronic record						CLOSED		
(Dementia)	Younger people with dementia – Secure commissioner funding for rollout of service throughout at least 1 county in region			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(Diabetes)	Young Adult Engagement - Work with local community/primary care diabetes teams on implementing care pathways for all young adults (<25 years) with diabetes						CLOSED		
(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				✓				

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
(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					→		◆	
(Maternity)	Information sharing – all trust reports visible in Oxford; analysis of complete fetal medicine data possible					✓			
(Medicines Optimisation)	QIPP & Waste Reduction - Agree and implement change plan across region						→	◆	
(Medicines Optimisation)	Reduce inappropriate use of asthma inhalers - Introduce Smartphone app and deliver training for pharmacists			✓					

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Establish process and governance under CIA Programme Board for the 2013/14 and 2014/15 implementation of 5-10 high impact innovations **CIA Oversight Group established and meeting**	✓	✓						
	Establish full process for Clinical Innovation Adoption (CIA) Programme and its Oversight Group (Providers, Commissioners) to include PPIEE		✓						
	Update innovation portfolio that will have agreed implementation plans with sign off from the CIA Oversight Group. Horizon scan innovations in industry, NHS, NICE TAs and other sources.	✓	✓			✓	✓	◆	◆
	Identification of potential funding sources for innovation initiatives (cf RIF, SBRI Grand Challenges etc.) SBRI and Horizon 2020 briefing meetings held (see also Wealth Creation)		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	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							◆	
	Intra Operative Fluid Management Project **Phase 1 completion** **Phase 2 initiated** **Completion**					✓	✓	◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Catheter Acquired Urinary Tract Infection Project **Phase 1 completion** **Phase 2 initiated** **Completion Q4 16/17**						✓ ✓	◆	
	Intermittent Pneumatic Compression Devices for Stroke Project Estimated Completion (commenced 2014/15)						✓		
	Atrial Fibrillation (NICE) Project Estimated Completion (commenced 2014/15) **Initiate collaborative working with Bucks/Berks** **Completion due Q4 16/17**						✓	◆	
	Ambulatory ECG Project Estimated Completion (commenced 2014/15) **Initiate collaborative working with Bucks/Berks** **Completion due Q4 16/17**						✓	◆	
	Electronic Blood Transfusion System Project Estimated Completion (commenced 2014/15)						Closed		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	SHaRON (Eating Disorders Social Network) Project Completion (commenced 2014/15)						→	◆	
	Gestational Diabetes m-Health Project Estimated Completion (commenced 2014/15) Completion Year 4 Q1							◆	
This project has been closed and information shared with Cancer SCN	Renal Cancer NICE Project Estimated Completion (commenced 2014/15)				CLOSED				
NB – this project may move to the Dementia Network	Dementia NICE Project Estimated Completion (commenced 2014/15) Phase 1 completion 15/16						✓		
	Rheumatoid Arthritis NICE Project Phase 1 completion 15/16						✓	◆	◆
	Home IV Project Estimated Completion (commencing 2015/2016)								◆
	Patient Monitoring Project Estimated Completion (commencing 2015/2016)								◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Alcohol Services Project Estimated Completion (commencing 2015/2016)								◆
	Care 4 Today Heart Health Project Estimated Completion (commencing 2015/2016)					**CLOSED**			
	Fragility Fracture Prevention Service Estimated Completion (commencing 2015/2016)								◆
	Falls Prevention Strategy Project Estimated Completion (commencing 2015/2016)								◆
	Out of Hospital Network Project Estimated Completion (commencing 2015/2016)					**CLOSED**			
	Joint CIA and Wealth Creation project to be agreed (commencing 16/17)							◆	◆
	Joint CIA and Wealth Creation project to be agreed (commencing 16/17)							◆	◆
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)**						**CLOSED**		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Develop a strategic plan for Buckinghamshire Life Sciences and a Life Sciences business plan for Berkshire					✓			
	Run the Alumni Inward Summit with post event follow-up programme				✓				
	Build an investment proposition around Open Access Innovation in conjunction with the Structural Genomics Consortium						✓		
	Run a joint showcase event with Isis Innovation			✓					
	Coordinate and lead regional Precision Medicine Catapult bid						✓		
	Regional diagnostics council for industry that encompasses Precision Medicine				✓				
	Run at least two seminars on funding opportunities (SBRI and others)				✓		✓		
	Support industry group to improve infrastructure across Oxfordshire			✓	✓	✓	✓	◆	

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	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			✓					
	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 approval by AHSN Board –						→	◆	

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

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	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			✓					
	Clinical and academic engagement				✓				

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	PPIEE engagement				✓				
	Technical infrastructure planning					✓			
	Information Governance and Ethics					✓			
	CRIS deployment Berkshire Healthcare					✓			
	Federation – enabling federated queries to be run against local CRIS databases						✓		
Informatics **Information Governance** **Mobilisation of IG Working Group (Caldicott Guardians and Heads of IG) in order to produce, sign off and implement an IG Framework for the AHSN region.**	**Set up IG working group**		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Consultation on draft IG Framework (guidance, templates) with partners, AHSN programmes and public				✓				
	IG Framework second Draft				✓				
	Sign up and operation of IG Framework						→	◆	
	Developing local capability through training Heads of IG and establishing peer group network						→	◆	
	Handover central service response to IG ad hoc issues			✓	✓	✓	→	◆	
Informatics Personal Health Records Platform development	Establish coordinated approach with PPIEE			✓					
	Develop case for change as basis for consultation						→	◆	
	Use cases Children – eRedbook - Mental health - True colours					✓			

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

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient story programme –2 year programme, starting by 31/3/13, to embed the patient story as a routine part of health care development and training		✓						
	Governance, infrastructure and strategy **Decision about the future governance of the PPIEE theme agreed**			✓					
	Additional structures in place				✓				
	Broadening public and patient involvement **Review of Lay Advisory Panel**					◆			
	Strategic direction **Strategy and work plans presented at Oxford AHSN Partnership Board (Jan 2016)**						→	◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Communications and broadening PPIEE activity across the Oxford AHSN region **Involvement newsletter up and running, including publicising PPIEE events and case studies**						→	◆	
	PPIEE Network development **Visits to partner organisations completed and case studies of good practice publicised, and at least two events held to address concerns/issues highlighted by partners**						→	◆	
	Patient Participation Group (PPG) follow-up activities designed (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**						✓		

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

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 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**				→	→		◆	
	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**						**CLOSED**		

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Safety Academy **Surgical training – show improvement in reported safety data against pre-training baseline**						**CLOSED**		
NB: **Under the new governance structure the Patient Safety team will no longer report on Patient Safety Academy milestones.**	**Patient Safety Academy** **Board awareness training –offer bespoke training packages to all trusts**						**CLOSED**		
	Patient Safety Collaborative **Establish Patient Safety Collaborative – launched in Q2**	✓	✓						
	Patient Safety Collaborative **Bid for Patient Safety Collaborative**		✓						
	Patient Safety Collaborative **Establish Patient Safety Collaborative – due to launch 14 October (workshop to be held 03 March 2015)**		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Patient Safety Collaborative **Establish 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**					→	→	◆	
This milestone will continue throughout the licence period.	**Patient Safety Collaborative** **Supply regular information to programmes**				✓	✓	✓	◆	◆
	Patient Safety Collaborative **Consolidate and review requirements**				→	→	→	◆	

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 **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 (ongoing)**						✓	◆	◆
	Patient Safety Collaborative Clinical programmes **Provide annual review of progress**							◆	
Stakeholder engagement and communications	**Quarterly and annual reports** **Annual Review**	✓	✓ ✓	✓	✓	✓	✓ ✓	◆	◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3 Q1	Year 3 Q2	Year 3 Q3	Year 3 Q4	Year 4	Year 5
	Sponsorship and events (updated programme in place)	✓	✓	✓	✓	✓	✓	◆	◆
	Supporting materials developed – generic and specific – regular updates going forward			✓	✓	✓	✓	◆	◆
	Communications (strategy and) plan linked to overall AHSN 5 year strategy				→	→	→	◆	

Appendix A – Best Care Stakeholder Map – March 2016

Total number of Stakeholders:

Total	2775

Stakeholders by Job Role:

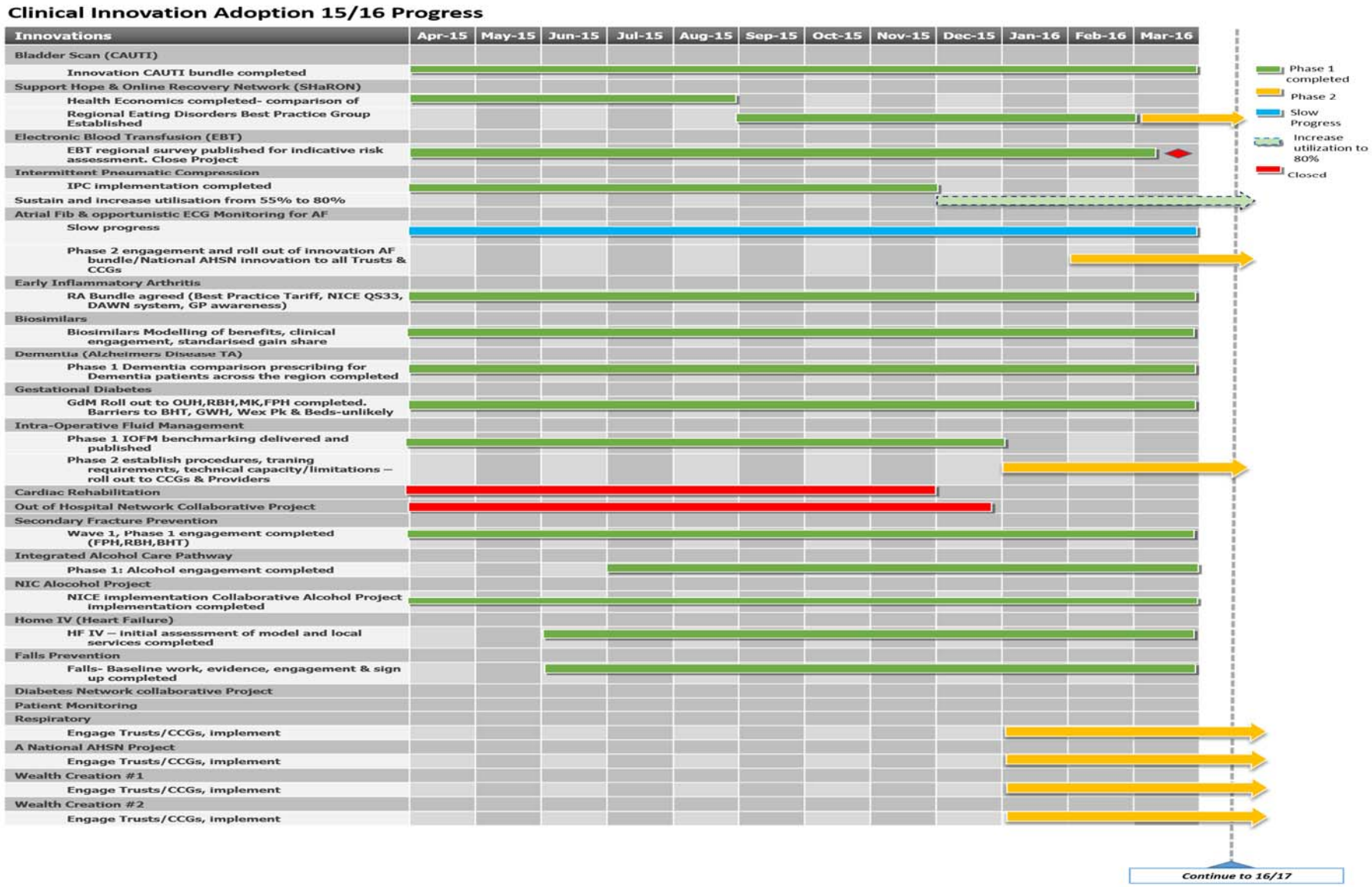
Job Role	Beds	Berks	East Berks	West Berks	Bucks	Milton Keynes	Swindon	Oxon	TVR	National	Out of Region	Total
Administrator	0	5	0	1	3	0	0	14	3	6	1	33
AHPs	8	23	8	13	15	15	7	73	0	0	9	171
Commissioners	11	19	30	29	29	31	5	24	24	0	2	204
Communications	0	0	0	0	0	0	1	35	4	2	0	42
Council	0	16	0	0	6	2	0	6	0	0	0	30
Doctors	9	97	21	26	50	29	10	204	6	1	19	472
Finance	0	0	0	0	0	0	0	1	2	0	0	3
General Practitioner	1	2	11	7	17	2	0	42	3	1	0	86
Health Scientists	0	0	0	0	0	0	0	1	0	0	0	1
Industry/Private Sector	0	0	0	1	0	0	0	27	19	34	24	105
Midwives	0	14	1	1	9	7	0	61	1	0	0	94
Non-medical consultant	0	0	1	0	0	0	0	2	1	0	1	5
Nurses	5	43	14	3	31	15	10	84	3	0	1	209
Quality Assurance	0	0	0	0	1	0	1	1	4	0	0	7
Patient/lay advisor/carer	0	2	0	3	8	2	1	16	2	0	3	37
Pharmacist	4	17	9	42	28	5	0	226	4	3	8	346
Provider manager	10	29	10	8	17	17	4	93	21	6	20	235
Research Clinician	0	3	0	0	0	0	0	13	0	0	0	16
Research Manager	0	5	1	0	4	1	0	20	3	2	3	39
University / Academia	2	15	0	5	1	3	0	70	2	8	8	114
3rd Sector	0	2	1	0	1	1	0	15	7	7	2	36
Other	4	6	4	7	11	8	0	47	67	17	13	184
Total	54	298	111	146	231	138	39	1075	176	87	114	2469

Stakeholders by Organisation:

Type of Organisation	Beds	Berks	East Berks	West Berks	Bucks	Milton Keynes	Swindon	Oxon	TVR	National	Out of Region	Total
Commissioners	14	14	24	24	32	21	5	44	126	27	9	340
GP Practices	1	2	1	3	18	2	0	22	0	0	0	49
Industry	0	1	0	1	0	0	1	24	20	90	10	147
Local Authorities	0	11	4	1	13	3	0	10	0	0	1	43
Regulating Bodies	1	2	0	0	4	0	0	3	1	5	0	16
Research	0	1	1	0	0	0	0	5	2	4	4	17
Provider Trusts	31	283	67	99	154	107	32	745	10	1	46	1575
Universities	4	21	0	14	5	6	0	128	2	11	13	204
3rd Sector	0	2	0	1	1	1	1	8	3	6	4	27
Other	2	1	5	2	4	4	0	44	13	13	42	130
Total	53	338	102	145	231	144	39	1033	177	157	129	2548

Please note: this list is inclusive of those networks who were not successful in the Round 2 process. Their inclusion is to reflect engagement as a whole over the past year. Although the total number of Stakeholders will go down as we close these networks on the 1st April 2016, the new Respiratory Clinical Network will develop its stakeholder engagement over the coming years, thus increasing the numbers of stakeholders.

Appendix B – CIA Project Progress 15/16



Appendix C- Financial review

Partner contributions were forecast to be lower than budget as the Partnership Board agreed to hold contributions at 2014/2015 levels and not implement a 50% increase. Partner contributions are down on forecast as some partners did not contribute for a second year and we did not receive a contribution from an acute provider who contributed in 2014/15.

Additional income from HEETV and the SCN has been committed to workforce development and joint clinical network projects – hence the apparent overspend in Best Care, CIA and Patient Safety. Informatics is overspent against budget due to expenditure on interim staff – the substantive team has been recruited now. Overspend on communications, events and sponsorship includes the Alumni Conference, stakeholder survey and staff training.

Overall we have underspent the 2015/2016 budget by circa £200,000.

OXFORD AHSN FINANCE PLAN

Model Period Beginning	01-Apr-15	01-Apr-15	01-Apr-15	
Model Period Ending	31-Mar-16	31-Mar-16	31-Mar-16	
Financial Year Ending	**2016**	**2016**	**2016**	
Year of the 5 Year Licence Agreement	**3**	**3**	**3**	
INCOME (REVENUE)	Budget	Fcast Q3	Fcast Q4	Var
NHS England funding	3,081,728	2,716,843	2,716,843	
NHS England funding Tier 1/Tier 2 adj	-1,093,000			
Partner contributions	852,000	549,809	444,957	-104,852
Other partner income				
HEETV income for continuous learning	200,000	200,000	426,000	226,000
Other income			290,839	290,839
NHS England funding - PSC income	641,500	648,032	648,032	
Total income	**3,682,228**	**4,114,684**	**4,526,671**	**411,987**
AHSN FUNDING OF ACTIVITIES				
Best Care Programme	672,367	672,367	1,043,367	-371,000
Clinical Innovation Adoption Programme	500,584	500,584	550,584	-50,000
Research and Development Programme	70,000	70,000		70,000
Wealth Creation Programme	730,060	790,060	835,899	-45,839
Informatics Theme	386,289	436,289	436,289	
PPIEE Theme	111,414	119,734	119,734	
Patient Safety Collaborative & Patient Safety Academy Theme	791,500	823,500	873,500	-50,000
Contingency for programmes	100,000	81,000		81,000
Programmes and themes	**3,362,215**	**3,493,535**	**3,859,374**	**-365,839**
CORE TEAM AND OVERHEAD				
Pay costs	599,216	560,716	581,148	-20,432
Non-pay costs	515,385	553,885	508,746	45,139
Communications, events and sponsorship	209,348	209,348	390,247	-180,899
Total core team and overhead costs	**1,323,949**	**1,323,949**	**1,480,141**	**-156,192**
Total expenditure	4,686,163	4,817,483	5,339,514	-522,031
Programme funding previously committed	-1,003,935	-700,000	-810,000	-110,000
Surplus/(deficit)	**-0**	**-2,799**	**-2,843**	-44

Appendix D - Matrix of Metrics

No.	Core Licence 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 licence 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	£1,043,367 Extra: £96k Med Opts CBT £50k MSC £225k SCN joint activities	The programme is on track. Clinical networks aligned to SCN. All networks reviewed; three to be discontinued. One new one – Respiratory – started.
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	Average number of Trusts adopting each innovation <u>Acute trusts to date:</u> Implemented relevant innovations = 33%	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.).	1,2,3,4,5	£550,584 Extra: £50k from HEETV	The programme is on track

No.	Core Licence Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		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	Plan to implement relevant innovations = 59% <u>Mental Health trusts to date:</u> Implemented relevant innovations = 42% Plan to implement relevant innovations = 50%	Deployed wave 1 includes: GDm, Dementia, IOFM, IPC, CaUTI and Atrial Fibrillation.			
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 and programme oversight groups.

No.	Core Licence Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		R&D **The R&D Programmes aims are to improve R&D in the NHS through closer collaboration between the Universities, NHS and Industry.**	**Commercial R&D income increase** **Interoperability – number of Trust CIOs signed up to strategic outline case**	**Trust R&D plans developed**		**Less:** **£70k programme delayed**	**Well attended R&D Group of Trusts, universities and research organisations. Trusts developing R&D plans.**
		Informatics **The informatics business plan for 2015/2016 represents programme of capacity building and delivery to support the key aims of the Oxford AHSN.**	**Information Governance – regional consultation and sign up to the AHSN IG sharing framework.**	**Information Governance Framework**		**£436,289**	**IG Framework in sign off phase – half Trusts signed to date.**
		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**		**£119,734** **Extra: £8,320 training**	**On track** **HSJ has recognised two of our patient leaders in the national top 50**

No.	Core Licence Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
							Region wide training "Leading Together Programme" for developing more health professionals to work with lay partners at a strategic 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	Raising awareness and profile of AHSN's work, activities, events and partners		£1,480,141 Extra: £99,272 Comms consultancy,	Newsletter subscribers 1,652 (1,000 March 2015) Twitter followers

No.	Core Licence Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
			Number of visits on the Oxford AHSN website per month Number of attendees at all AHSN events per annum			Alumni support	doubled to 1,760 More than 2 million hits on the website (double) Members of clinical networks doubled to 2,775 Annual Review document well received by stakeholders. Annual Partnership Council attended by 100 delegates. Alumni Conference more than 200 delegates

No.	Core Licence Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
							including the Minister of Life Sciences, George Freeman. Get Physical working in collaboration with the County Sports Partnerships and Public Health England. 150 delegates.
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 to accelerate the adoption of medical innovations of significant benefit to patients. The aims of the programme are to:	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	£835,899 Extra: £30k from HETV	44 projects. Joint event with ISIS Innovation attracted 300 delegates to a Big Data/Digital health showcase event. Strategic partnership

No.	Core Licence Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
		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.					with Johnson and Johnson Group of Companies.

No.	Core Licence 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		£873,500 Extra: £82k £32k from NHSE £50k from HETV	Team in place. Oversight Group chair appointed. Aims for Pressure Ulcer work stream agreed. AWOL in mental health – Oxford Health supporting rollout of improvement project in Berkshire Healthcare Quality improvement programme with NHS IQ for our theme clinical leads to develop more patient

No.	Core Licence Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 3)	Milestone activities (Year 3)	Outcome Framework Domain	Associated Funding	Current Status
							safety leaders in the system – 55 places were offered for the programme which ran from October December. The programme has been very well evaluated jointly by the Patient Safety Theme and NHSIQ.
						£5,339,514	

Appendix E - 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 licence objectives e.g. 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 involving AHSN Boards 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 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	AHSN Chief Executive	Programme SROs	06-Sep-13		AMBER

							geography and are based out in that geography (Buckinghamshire LEP and University of Reading). Celebrate early successes through Case Studies & Events Regular monthly newsletter and Twitter feed. 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 YouGov Stakeholder Survey undertaken (all AHSNs) and increasing engagement shown. Oxford AHSN is also procuring their own stakeholder survey (completion July ’16) to understand better how our stakeholders view being part of the AHSN and how well we are performing in building the local AHSN. Roadshow events (replacing the Annual Governance Meeting) to be hosted across the region, and will highlight benefits of partnership					

							working through local activities					
6	Oxford AHSN Corporate	Failure to sustain the AHSN should NHS England not renew licence	Programme activities cease	Med	Med	> 6 / 12	Successful delivery of all Programmes against the AHSN licence 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 (see above)	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31– Jul –14		AMBER

Issues Log

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
18	Oxford AHSN Corporate	Clarity of NHS England funding	Medium	Financial	Partners have agreed to continue to make contributions for 15/16 at the same level as 14/15 – some reduction as not all partners have contributed Board to consider contributions 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 Operating Officer	28/11/2013	Action – 90% Complete	
19	Oxford AHSN Corporate	The interface with, and respective roles of, the Strategic Clinical Networks (SCN) and the Senate remain unclear. There may also be elements of duplication.	Minor	Strategy	Results of the improvement architecture review received – AHSN Best Care programme has 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	AHSN Chief Executive	Best Care SRO	03/06/2014	Action - 85% Complete	
25	Oxford AHSN Corporate	Lack of awareness by	Minor	Culture	Each clinical network and programme developing a	Director of Corporate	Director of	19/01/15	85% complete	

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

Appendix F – List of Key Events held during 2015/2016

Month	Event
April 2015	15-17th Personalised Medicine World Conference
	23rd Medicines Optimisation Road Show
	24th Diabetes Annual Network Meeting
	30th AHP Leading Workforce transformation
May 2015	11-13th BioTrinity
	14th Health Education Thames Valley Partnership Council
	15th Out of Hospital Network Launch
	19th 2023 Innovation Challenge Finals
June 2015	2nd Mental Health Network Event
	17th AHSN Partnership Council meeting Magdalen Centre, Oxford
	30th Isis Innovation/Oxford AHSN Innovation Showcase e-health and Big Data
July 2015	8th Venturefest
	9/10th Alumni Summit
	8/10th Evidence and Innovation in primary care
	9th HETV Partnership Council meeting
August 2015	
September 2015	2/3rd Health and Care Innovation care EXPO Manchester
	22nd AHSN Partnership Council meeting, Aylesbury
	24th TTIP Event with NHS Confed – Open for Business – and America Business First

Month	Event
October 2015	15th AHSN Board meeting First element Entrepreneurs Course Henley Business School 26th 'Innovating in a practical care setting open evening', This event provided information on Innovation Course Bucks New University
November 2015	2nd Element Entrepreneurs Course, Henley Business School 30th Oxford Innovation Forum
December 2015	9th Get Physical meeting 10th December AHSN attendance at Genesis 2015
January 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 CRN19th 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
February 2016	10th February People are messy: a play about patient and public involvement in research, John Radcliffe Hospital Leading Together course start
March 2016	30th March AHSN Partnership Board meeting – final endorsement of 2016/2017 Business Plan Leading Together course start