

## **Oxford AHSN 2016/17 Business Plan**

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**For the year ending 31 March 2017**

**Prof Gary A Ford CBE, FMedSci CEO, Oxford AHSN**

**“Something very special is happening here in the Oxford region. The life sciences sector is doing extraordinary things. It’s all built on brilliant science with joined up activity and thinking” George Freeman, Minister for Life Sciences**

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## Chief Executive's Review

I am very pleased to present our Business Plan for 2016/17.

Oxford Academic Health Science Network is a partnership of NHS providers, commissioners, universities and life science companies to improve health and prosperity in Bedfordshire, Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire. Success of the AHSN comes through collaborative working by the partners in the region.

In developing this plan we have taken account of our Vision – Best health for our population and prosperity for our region and our Mission – Bringing together universities, industry and the NHS to improve the health and wealth of the Oxford AHSN region through clinical innovation adoption. The strategy of the AHSN is aligned to the four licence objectives set out in the contract with NHS England. In developing the Business Plan we have taken account of the Five Year Forward View.

Whilst there is little appetite for further NHS mergers as there is little evidence of benefits being realised, there is a strong need for closer collaboration (Foundation trust and NHS trust mergers, September 2015, Kings Fund). Across the region, and the emerging Sustainable Transformation Plans (STPs) are developing, whereby NHS providers, commissioners and local authorities work more closely together and in some instances pool budgets and risk share. Most of our partners are within two STPs.

The NHS is expected to post its biggest deficit this year and it has been mooted that the some of the front loaded additional funding from the CSR will need to cover carry forward deficits. The Accelerated Access Review interim report is very positive about the role and future of AHSNs and how they support innovation adoption in the NHS.

We stated in our 2015/16 business plan that year 3 was a key year in which we had to demonstrate that partnership working across the region would improve patient outcomes and prosperity. A full review of 2015/16 will be presented in our Annual Report which will be published at the end of March 2016. We will be presenting a review of the year at a series of roadshow events in May. Whilst this document is a Business Plan and therefore looking forward it is worth highlighting some of the success that collaborative working by the partners of the AHSN has brought:

- **People are happier** – circa 2,000 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 57% (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 per annum** in 6 newly accredited memory clinics as best practice spread from Berkshire to Oxfordshire, Bucks 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**

We have engaged the Office of Health Economics/Rand to undertake an economic evaluation of four of our work streams. This will be reported in the Annual Review at the end of March.

This is our fourth business plan but it is only 2.5 years since the AHSN was funded. We are starting to see improved patient outcomes, experience and safety and economic benefits from the programmes.

As well as supporting projects across the region, the partners have strengthened the “network” element of the AHSN:

- **Developed clinical networks** with more than 2,000 members
- **15 active innovation adoption projects** – participation 80% on all work streams. Implementation rate to date 29% in acute and 32% in mental health
- **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

We have also been developing leaders in the health system through partnership working with Health Education England Thames Valley and the Universities for example in entrepreneurship and innovation adoption.

We are often asked about collaboration with the other 14 AHSNs; our approach has been to collaborate outside our region where there is a clear benefit to our local partners. Best Care, Clinical Innovation Adoption, Wealth Creation and Patient Safety are all working with other AHSNs. Best Care Early Intervention in Psychosis clinical network has developed the national standards for EIP Preparedness – being rolled out across the country for the launch of the new standards in April 2016.

We will not know what our final funding envelope is from NHS England until the end of March. We have assumed flat funding from NHS England and our partners for 2016/17. Should the NHS England funding envelope be reduced further we have plans in place to reduce our cost base. We expect to have more clarity on future funding beyond the end of the licence period in 2016.



Professor Gary A Ford CBE

Chief Executive Officer, Oxford AHSN

## Business Plan Summary

The following sections summarise our governance structure, the work of each of the four programmes and three themes and our plans for stakeholder engagement and communications.

Each of our four programmes and three themes are overseen by an Oversight Group with members drawn from across the partners and whose chair serves on the AHSN Board.

The table below shows how the seven Programmes and Themes contribute towards the four NHS England AHSN Licence objectives.

Programme / Theme	Improving Outcomes	Innovation adoption	Partnership & Collaboration	Create Prosperity
<b>Best Care</b>				
- Anxiety & Depression Clinical Network	✓	✓	✓	✓
- Children's Clinical Network	✓	✓	✓	
- Dementia Clinical Network	✓	✓	✓	✓
- Early Intervention in Psychosis Clinical Network	✓	✓	✓	✓
- Imaging Clinical Network	✓	✓	✓	✓
- Maternity Clinical Network	✓	✓	✓	✓
- Medicines Optimisation Clinical Network	✓	✓	✓	✓
- Respiratory Clinical Network	✓	✓	✓	
<b>Clinical Innovation Adoption</b>	✓	✓	✓	✓
<b>Research &amp; Development</b>		✓	✓	✓
<b>Wealth Creation</b>		✓	✓	✓
<b>Informatics</b>	✓	✓	✓	✓
<b>PPIEE</b>	✓	✓	✓	
<b>Patient Safety</b>	✓	✓	✓	✓

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

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

Specialist commissioning and primary care commission is coming to CCGs which will offer more opportunities to commission integrated services. The region's commissioners and providers along with local authorities are working more closely together as they develop their transformation plans for the region. We have a strong portfolio of innovations and service improvement projects which support the Sustainable Transformation Plan agenda:

- The Best Care clinical networks and Patient Safety will improve standards and support quality improvement
- Through Clinical Innovation Adoption and Wealth Creation pilots we will bring more innovation to the region
- Closer working with NIHR (e.g. Biomedical Research Centre (BRC) and Collaborations for Leadership in Applied Health Research and Care (CLAHRC) will inform research and improve evidence for innovation adoption
- Clinical innovation adoption, entrepreneurship and quality improvement leadership training with Health Education England Thames Valley (HEETV) and the Leadership Academy will continue to underpin the work of the AHSN
- Work will continue on building interoperability and removing IG and technical barriers to region wide data sharing
- We will continue to build the evidence base for the programmes and themes including health economics analysis

Licence objective 3 is fostering partnership and collaboration across the region – all of the work of the AHSN is through partnership and collaboration. The work streams in the programmes provide the content for collaboration but we don't just monitor delivery by the programmes but we also work to develop the network, ensuring that there is widespread engagement and involvement in the programmes and themes. We monitor closely participation in events, uptake of the Newsletter and Twitter and use of the website. Developing the network and the relationships is part of the ongoing legacy of the AHSN. Establishing the Information Governance framework and supporting interoperability also enable data sharing to improve patient care and research across the region.

We also work with HEETV and the Universities to develop capability across the region:

#### **Accelerating innovation adoption**

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

- Challenge 2023 (Innovation Competition) – 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; 30 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

The ongoing challenge is to ensure we engage enough of the region's people in the work programmes and make sure our partners are aware of the work and incorporate as much as makes sense into their own organisation's planning and governance.

PPIEE is developing well and the PPIEE theme are rolling out the Leading Together programme this year which aims to train 120 patients and professionals. This will be a powerful resource to support the NHS transformation agenda in the region.

We are often asked about collaboration with other AHSNs. We do this when we can see a benefit for our local partners and we have a strong portfolio of collaborative work streams with other regions. We produce at least 3 case studies each quarter and these are reported to our local partners and to NHS England in our quarterly reports. We also publish case studies on the NHS England Co-Lab website which is open to all of the NHS. Here are some of the collaborative work streams:

- Best Care – **Medicines Optimisation** – AHSN Network
- Best Care – **Imaging** with Yorkshire & Humber AHSN
- CIA joint event '**NHS Innovation Scouts**' visit to 3M with NW Coast AHSN & NHS England (Tony Young presenting)
- CIA **Intraoperative Fluid management** - NHS Benchmarking & Greater Manchester Hospital
- CIA **Atrial Fibrillation management** – West of England AHSN
- CIA **Fluid Review/Innovation Sharing System** – GM AHSN and NHS England
- 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 E, 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

Key Point from Five Year Forward View	Oxford AHSN Contribution
<p><b>NHS needs to form new partnerships with local communities</b></p>	<p>The Oxford Academic Science Network is a partnership of NHS providers, commissioners, universities and life science companies to improve health and prosperity in Bedfordshire, Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire.</p> <p>All our work involves forging partnership and collaboration between the NHS, Universities and Industry in accordance with Licence Objective 3.</p> <p>Creation of a family of Clinical Networks working with a common purpose, vision and strategy to scale the concept of partnership formation with local communities.</p>
<p><b>Radical upgrade in prevention and public health (obesity, smoking, alcohol)</b></p>	<p>Clinical Innovation Adoption programme working on Alcohol team rollout.</p> <p>Clinical Networks increasing prevention medicine as a priority in Years 4-5: Children's and vaccination, Maternity and extremely pre-term baby protocols, or Small for Gestational Age identification.</p> <p>Get Physical – major regional event bringing 200 health professionals together to discuss how physical activity and improve patient and staff health and well-being – steering group following up with collaborative opportunities across the region.</p>
<p><b>Greater control of personal budgets including shared budgets with social care</b></p>	<p>Collaboration and alignment with local SCN continues to grow, with the Thames Valley SCN now taking the lead in diabetes, picking up the work streams started by the AHSN Diabetes Network.</p>



Key Point from Five Year Forward View	Oxford AHSN Contribution
<p>Integrated Care – breakdown barriers between primary and secondary care and between physical and mental health services</p> <p>Local solutions (integrated services) BUT within national prescribed options</p> <p>Integrated out of hospital care and Primary and Acute care Systems</p> <p>More investment in Primary Care</p>	<p>Anxiety &amp; Depression: continue extending IAPT services to patients with Long Term Conditions and co-morbid anxiety and depression; extending IAPT services to children and young adults.</p> <p>Children’s: working with primary care and public health to increase vaccination rates, and to train primary and secondary care referrers in order to achieve consistency in referrals.</p> <p>Dementia: extending best practice into care homes and post-diagnostic support; Extending support for younger adults with dementia and their carers.</p> <p>Dementia: fronto-temporal dementia pathway consensus (GP pathway tool/software).</p> <p>Medicines Optimisation: redesigning post-discharge pharmacy services with community pharmacy.</p> <p>Clinical Innovation Adoption is supporting adoption of technologies in primary care to reduce demand on emergency services, e.g. by improving control of anticoagulation and ECG monitoring in the community. Uptake will be monitored to ensure the impact of adoption is realised.</p> <p>Informatics is supporting Best Care and Patient Safety to determine unwarranted variation, e.g. in admissions and outcomes.</p>
Redesign urgent and emergency care	<p>Respiratory: audit and revise clinical processes relating to asthma care in ED environments.</p> <p>Wealth Creation focus on introduction of new POC diagnostics and digital health solutions.</p>

Key Point from Five Year Forward View	Oxford AHSN Contribution
<p>More engagement with patients, carers and citizens to promote well-being and prevent ill health</p> <p>Real time digital information on a patient's health and care</p>	<p>Oxford AHSN's Personal Health Record project will design a pathway towards empowering patients to have a more active role in service redesign and self-care.</p> <p>Gestational Diabetes project to improve antenatal health.</p> <p>Dementia project to develop the use of Patient Reported Outcome Measures (PROMs) for use with carers and patients with mild to moderate dementia to allow for measurement of patient and carer quality of life (QOL).</p> <p>PPIEE plans across the Best Care Clinical Networks and Clinical Innovation Adoption.</p>
More flexible payment regime	Clinical Innovation Adoption is working with providers and commissioners to develop incentives to support uptake of new technologies to improve outcomes e.g. best practice tariff and CQUIN.
Raise the game in health technology	This is core AHSN business (Licence Objective 2). Best Care and Clinical Innovation Adoption programmes are facilitating adoption at scale of new technology (10 such projects in Best Care). Wealth Creation working with the Clinical Networks is supporting development of new products from Universities and Industry.
Test bed sites for innovation	<p>Clinical Innovation Adoption supporting roll out of innovations at pace and scale across the region. Clinical Innovation Adoption is sharing regional innovation case studies/success stories onto the national arena (NHS England Connect, Fluid Review etc.). The AHSN produces at least 3 case studies each quarter that are shared with our local partners and with NHS England.</p> <p>Wealth Creation focus on introduction of new Point of Care diagnostics and digital health solutions.</p>

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

The following table summarises the key milestones in 2016/17 (Details of the milestones for each Programme/Theme can be found in Appendix E)

Programme/Theme	Key milestones
Best Care	Imaging and Maternity clinical networks collecting high quality data from across the region through interoperability between NHS providers
Clinical Innovation Adoption	5 more innovation adoption projects in final stage of deployment
R&D	Trust R&D plans developed and progress made on Nursing/Allied Health Professional strategy
Wealth	Work with partners to develop 3 exemplar innovation projects
Informatics	Develop a comprehensive Information Governance training programme for our partners
PPIEE	Leading Together programme complete
Patient Safety	Six themes showing safety improvement
Stakeholder engagement and communications	Roadshows raising awareness of benefits of collaborative work, to improve patients outcomes and grow the economy, with local partners and external stakeholders Generation of support from stakeholders for continued activities post 2018

We have developed a number of high level KPIs to measure the AHSN's performance against the four license objectives. The KPIs are strategic, measurable, relevant and practical.

In addition to the Matrix of Metrics, that forms part of our NHS England licence listed at Appendix A, the proposed top level KPIs that will be monitored and recorded by the Oxford AHSN are shown below.

Programme	High level KPI (measured annually unless otherwise stated)	Licence Objective
Best Care	Further improve the recovery rate of patients suffering from anxiety and depression	1,3,4
Best Care	Improve access, including waiting time standards for Early Intervention in Psychoses	1,3
Best Care	Improve medicines reconciliation rates across network	1,3
Best Care	Reduce admissions and length of stay for childhood pneumonia	1,3
Clinical Innovation Adoption	Average number of Mental Health Trusts adopting each innovation (1) Planning to implement (2) Implemented	1,2,3,4
Clinical Innovation Adoption	Average number of acute Trusts adopting each innovation (3) Planning to implement (4) Implemented	1,2,3,4
R&D	Commercial R&D income increase	4
Wealth Creation	Number of health and life science companies across the region	4
Wealth Creation	Number of people employed in life science industry	4
Patient Safety	Progress work in pressure ulcer reduction programme towards zero harm in project areas	1,3
Patient Safety	Increase adoption of AWOL project in Berkshire Healthcare and CNWL to increase return rates by 50% on all acute wards	1,3
Stakeholder engagement	Number of subscribers to the Oxford AHSN Newsletter and Twitter followers per quarter	3
Stakeholder engagement	Number of visits to Oxford AHSN website per month	3
Stakeholder engagement	Number of attendees at all AHSN events per annum	3

We are planning for a full year of activities and have budgeted accordingly. We have assumed flat NHS England funding for the core AHSN and for patient safety. We have not assumed any increase

in partner contributions. We have agreed an indicative funding line with Health Education England Thames Valley for a clinical entrepreneurship and innovation adoption.

#### OXFORD AHSN FINANCE PLAN

	Model Period Beginning	01-Apr-15	01-Apr-15	01-Apr-16
	Model Period Ending	31-Mar-16	31-Mar-16	31-Mar-17
	Financial Year Ending	<b>2016</b>	<b>2016</b>	<b>2017</b>
	Year of the 5 Year Licence Agreement	<b>3</b>	<b>3</b>	<b>4</b>
		Budget	Fcast	Budget
NHS England funding		2,630,228	3,364,875	3,241,875
Partner contributions		852,000	549,809	539,809
Other partner income		0	0	150,000
HEETV income for continuous learning programme		200,000	200,000	200,000
Other income		0	0	0
<b>Total income</b>		<b>3,682,228</b>	<b>4,114,684</b>	<b>4,131,684</b>
Programmes and themes		3,362,215	3,493,535	3,737,953
Total core team and overhead costs		1,323,949	1,323,949	1,370,374
<b>Total expenditure</b>		<b>4,686,163</b>	<b>4,817,483</b>	<b>5,108,326</b>
Programme funding previously committed		-1,003,935	-700,000	-980,000
<b>Surplus/(deficit)</b>		<b>-0</b>	<b>-2,799</b>	<b>3,358</b>

## Governance

The Oxford AHSN continues to be hosted by the Oxford University Hospitals NHS Foundation Trust and the AHSN has welcomed the Trust's new Chief Executive Dr Bruno Holthof to the AHSN Board. The AHSN thanks him and his senior management team for their continued strong support.

The governance arrangements for the AHSN have been in place since their endorsement by the AHSN Partnership Board in March 2014 and were reviewed again in March 2015 and no changes were proposed. The AHSN works within the policies and procedures of the Oxford University Hospitals NHS FT; in particular these relate to financial, procurement and HR policies, processes and procedures.

The Partnership Board comprises the core institutions in Oxford AHSN region; NHS Providers, CCGs, Universities, Industry (as represented by Trade Bodies), NIHR funded bodies, the Strategic Clinical Networks, Health Education England Thames Valley and the Local Enterprise Partnerships. The AHSN Board will be meeting quarterly during the year and the AHSN Partnership Board twice a year. We will run a series of roadshows in May to present the Annual Review and to highlight the work of stakeholders and partners.

The Oxford AHSN is subject to a quarterly assurance meeting with the NHS England Regional Medical Director. Details of the Oxford AHSN's governance arrangements can be found on our website.

Appendix C shows the AHSN Team and Appendix D shows current members of the Partnership Board.

The outline governance arrangements are shown below.

Oxford AHSN Board						
Nigel Keen (Chair), Bruno Holthof (Deputy Chair), Gary Ford (CEO) and Paul Durrands (COO) and oversight group chairs						
<b>AHSN Partnership Board</b> (all NHS CEOs, HEI Leads, LEPs, CCGs, HETV, SCN, ABPI, ABHI, OBN, BIVDA) At least two meetings per year	Programmes and Themes					
	Joe Harrison	Neil Dardis	Stuart Bell	Nick Edwards	Stuart Bell	Jean O'Callaghan
	OSG	OSG	OSG	OSG	OSG	OSG
	Best care	Clinical Innovation Adoption	R & D	Wealth Creation	Informatics	PPIEE
<b>AHSN Partnership Council</b> (annual general meeting open to all)	Clinical networks	Projects	Projects	Projects	Projects	Projects

The corporate affairs and governance arrangements for the AHSN have been reviewed and the programme office will (from 1 April 2016) encompass corporate affairs, communications, special projects and infrastructure support, including finance. In addition, a review of the communications team is also underway.

Microsoft SharePoint is in use to allow cross-Network working and document management. Documents become a shared resource. This system encourages the sharing of information and key documents across the AHSN team and the wider AHSN.

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

# Best Care

## Summary

Best Care has set up clinical networks to harness the leadership and vision already present in the region, and provide practical support and focus to turn that vision into improved patient outcomes, safety and experience.

Following the comprehensive review of the operations and achievements of the Best Care Clinical Networks in October, the programme has rationalised its activities in collaboration with the Strategic Clinical Networks (SCN) in order to best deliver priorities for the Five Year Forward View. This can be seen in the AHSN focus on mental health in the areas of IAPT, early intervention in psychosis and dementia (see NHS England Delivering the Forward View Planning Guidance, National 'must dos' point 7 <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>), and in the Imaging Network focus on cancer diagnoses and referral to treatment times. Meanwhile Thames Valley SCN will now maintain the sole diabetes clinical network in the region, with support and continued involvement from the AHSN. The Out Of Hospital Network agenda will equally be taken forward by the new Urgent and Emergency Care Network (UECN); the outgoing AHSN Out of Hospital network has been employed in the past 3 months performing audit activities for the incoming UECN.

## Clinical Network Specific Projects

### Anxiety and Depression

**Clinical Lead** Prof David Clark

**Network Manager** Ineke Wolsey

**Objective** More patients and their carers will have access to services and recover from anxiety & depression.

In the past year this network has delivered a 10% point increase in recovery rates, which relates to an additional 2,283 patients who have recovered from anxiety and depression (A&D) in the Oxford AHSN region (Jan 2014-Sept 2015). The network has also rolled out local service innovations across the AHSN and expanded their work to include all Improving Access to Psychological Therapies (IAPT) services in Bedfordshire. Health economic evaluation of their work is now underway. Future projects aim to:

- Further improve recovery rates in adult IAPT against a local baseline that is higher than the national average, this project has been extended to include assessment of durability of gains, relapse, employment and post-discharge support. The network aims to increase recovery rates by a further 4% points by July 2017
- Continue their work on service innovation expansion although the scope of this work is to be finalised in light of the £600 million awarded to improving access to physiological therapies in the recent comprehensive spending review. Additional local service innovations implemented by March 2017.
- Pioneering work in improving Children and Young Peoples IAPT will continue and focus on the increased use of Routine Outcome Measures in order to evaluate and improve services and patient care. Increase use of ROMs in targeted groups by 25% by March 2017.



## Children's

**Clinical Lead** Prof Andrew Pollard

**Network Manager** Tim Gustafson

**Objective** Reduce unwarranted hospital admissions and unnecessary interventions for a range of childhood conditions.

In the past year this network has worked with local providers to improve 'flu immunisation, contributing to an increase from 27,300 to 37,800 children immunised in one pilot region (Slough). This campaign received national recognition from the national childhood flu immunisation taskforce. It has also contributed to an increase in research studies happening in DGHs across the region. Future project work includes:

- Investigate and address variation in outcomes, to reduce admissions and length of stay for childhood pneumonia, asthma, bronchiolitis and meningitis by 5% in outlying CCGs, by January 2017. Investigations to use HES data manipulation and local audit. Interventions to include introductions and monitoring of common guidelines, GP training sessions, and e-learning packages.
- Further 'flu immunisation work, focusing training on areas of low performance, and continuing to promote best practice through a mixture of media. Annual report on 'flu vaccine uptake and interventions due March 2016 and March 2017.
- Standardise antibiotic prescribing, through discussion and adoption of common guidelines, to minimise resistance. Adherence to the guidelines will be monitored through regional audit, due February 2017.
- Following the success of the 'flu vaccine work, expand this work to HPV immunisation promotion to maintain current uptake levels in the region. Report on uptake due December 2017.
- Continue to improve access to research, with at least one paediatric study per DGH per annum.

## Dementia

**Clinical Lead** Dr Rupert McShane

**Network Manager** Fran Butler

**Objective** Improve the quality of the support for carers, patients and staff.

The Dementia Network has created broad engagement and interest in its work through webinar series. Approximately 8,500 patients and their carers received improved care and services in 6 memory clinics across the region through the network collaborative working to help the clinics become accredited with the Royal College of Psychiatrists.

- Facilitate re-accreditation of Memory Clinics against new standards and benchmarking to improve care. At least 85% of clinics to be reaccruited under the new standards by March 2018
- Continue dementia CPD meetings/webinars and evaluate impact on variation
- Establish post-diagnostic support group to determine best practise model to be rolled out across AHSN and define standard outcomes measures and link with Memory Clinics

- Promote person-centered care and social interaction alongside antipsychotic review in order to reduce patient mortality and improve quality of life for patients in care homes, evidenced by the percentage of care home care plans incorporating a person-centered approach in July 2017
- Continue work to support improved care and quality of life for people with Young Onset Dementia through work with charity, YPWD, (evaluation report of the service roll-out to East Berkshire due October 2016) and a workshop training programme across provider boundaries. A report on the outcome and achievements from this project including a reduction in carer stress and behavioural and psychological symptoms of dementia (BPSD) in areas where YPWD-type model introduced (measured by questionnaire and survey within services) is due in March/April 2017
- Establish LTC PROMS for dementia patients and carers (use in MSNAP, variation and post-diagnostic support) in collaboration with Professor Ray Fitzpatrick at the CLAHRC

## **Early Intervention in Psychosis**

**Clinical Lead** Belinda Lennox

**Network Manager** Sarah Amani and Tim Gustafson

**Objective** To improve patient outcomes for people with first episode psychosis accessing EIP services.

This network has led on the implementation of local common assessment to achieve 90% data completeness on new Early Intervention in Psychosis (EIP) assessments for 50% of young people who fulfil criteria for Early Intervention Service in at least one Trust. Following their work on the common assessment the Early Intervention in Mental Health Network was invited to lead on the Southern Region Preparedness Programme for the National Access and Waiting Time Standards that are due to be rolled out in April 2016. Subsequent to the review of all the clinical networks in October 2015, the focus of this Clinical Network in 2016-2018 will be psychosis, therefore this network has been renamed as the Early Intervention in Psychosis Clinical Network.

- Decrease variability and improve overall patient outcomes for young people experiencing their first episode of psychosis. Baseline report on EIP service patient outcomes in Oxford AHSN geography (May 2016) and implementation of service improvement plans (March 2017)
- Support local service innovation and disseminating successes through the region and evaluating the impact on patient outcome in target group; each service to adopt one additional innovation. First report on outcomes achieved by October 2016

## **Imaging**

**Clinical Lead** Prof Fergus Gleeson

**Network Manager** vacant – appointment in process

**Objective** Link imaging data across the region and use innovation and variation to improve the standard and speed of diagnosis.

In the past year this network has worked to develop and implement a network-wide data sharing (image and non-image) platform. Minimum datasets for sharing and solutions for individual Trust IT

infrastructures have been agreed. It has also developed a series of patient videos which discuss and show what to expect at network hospitals when attending for a scan. These videos improve the patient experience by reducing anxiety, and have received national recognition from the Royal College of Radiologists and from the Institute of Medical Illustrators (<http://www.oxfordahsn.org/our-work/clinical-networks/imaging/imaging-networks-mri-film-wins-international-prize/>). The network has also worked with local providers to audit the current resources (both personnel and facilities) in Multi Parametric Magnetic Resonance Imaging (MPMRI) and PET-CT scanning in the region. This has highlighted the need for greater granularity of audit, which will shortly be undertaken by all network members according to an agreed dataset (Q4). Network members have also agreed to a common pathway for prostate cancer and lung cancer diagnosis. Future project work includes:

- Implement network-wide data sharing platform (Insignia), to increase knowledge exchange between clinicians, improve data available to patients to inform choices, enable swifter second (specialist) opinions and improve leave cover, and enable accurate measurement of a range of performance indicators. Installation due for completion March 2016. Contingent on Information Governance agreements being completed, system expected to be in use by June 2016.
- Implement and monitor common pathway for MPMRI in prostate cancer diagnosis to reduce unnecessary biopsies, reduce referral to treatment times, and standardise reporting. First report on improved outcomes due February 2017.
- Implement and monitor common pathway for PET-CT in lung cancer diagnosis to reduce variation in diagnosis method, improve diagnosis accuracy, reduce cost and reduce referral to treatment times. Implementation of pathway due January 2017, with first report on improved outcomes due April 2017.
- Develop further patient videos to reduce patient anxiety, improve patient experience and failed scans. 5 videos due to be published by April 2016, with a further 5 by December 2017.
- Implement single standard of reporting for Usual Interstitial Pneumonia (UIP) diagnosis (pilot due to start September 2016; network-wide by April 2017), and standardise assessment for treatment in line with NICE recommendations.
- Implement pilot protocol for non-specific illness referrals and negative diagnosis referrals. This pilot will reduce time from initial referral to final diagnosis and treatment, improve patient outcomes, improve patient experience and reduce costs to health system. Pilot due to start July 2016. Report due December 2016.

## **Maternity**

**Clinical Lead** Mr Lawrence Impey

**Network Manager** Katherine Edwards

**Objective** Reduction in unwarranted variation and stillbirth, and improvement in patient safety by the implementation of Network-wide guidelines, improved transfer of learning, and innovation.

Working with midwives and doctors, in the past year this network has created an image and data link between 4 of the 5 acute trusts in the network. This link allows 2-way information sharing between the sites, improving the quality of treatment for referred patients and providing the platform for a regional database. The link relies on a software system (Viewpoint) developed in a partnership between the network, the AHSN Informatics team, and a third-party developer. It has also identified areas of weakness in the extremely pre-term (pre-26 weeks) referral pathway and implemented a series of

improvements, evidenced by a 50% improvement in the number of these births occurring in the appropriate setting (50% to 75%). This extrapolates to an improvement of 16 babies in a 12 month period. Future project work includes:

- Pilot a new ultrasound protocol to improve the identification of Small for Gestational Age (SGA) babies. This will identify variation within the network, as well as aiming to significantly reduce the risk of stillbirth. The pilot is due to start in June 2016, with initial findings published September 2017.
- Continue data sharing work, to systemise the collection of broader, more accurate and timely outcome data across the network, and use this data to improve service audit and improvement work. This system is intended to be operational and in use by all network trusts by October 2016, with an audit of usage patterns in February 2017.
- Continue extremely pre-term work, auditing practice and following up anomalies as appropriate. Report due to be published May 2016, with further recommendations for improvements ongoing.
- Introduce and assure adherence to common guidelines (across network) around use of Syntocinon, cardiotocograph interpretation, and use of placental histology. This will reduce variation in practice, and reduce risk of childbirth complications. Report on effect of new guidelines due February 2017.
- Introduce regular, multidisciplinary, network-wide shared learning events. These will promote knowledge and best-practice exchange, networking relationships and reduce variation in practice.

## **Medicines Optimisation**

**Clinical Lead** Bhulesh Vadher

**Network Manager** Dr Lindsey Roberts

**Objective** Reduce waste, adverse drug reactions and hospital admissions, and improve patient safety, adherence, outcomes and quality of life through improved control and dispensing of medicines.

In the past year this network has piloted a very successful Cognitive Behavioural Therapy (CBT) project for pharmacists, and implemented and assured adherence to a medicines reconciliation initiative. It has also installed and implemented a Transfer of Care system, based on an award-winning Newcastle initiative, which is accessed by 6 provider trusts and 400 community pharmacies. Future project work includes:

- Continue Transfer of Care project, working with hospital pharmacy staff to understand obstacles to use and removing these, as well as incentivising use. The project will improve adherence and reduce hospital readmissions due to medication issues, as well as improving patient experience as they are better supported post-discharge. Report on outcomes due March 2017, although interim data will also be collected.
- Continue medicines reconciliation work, improving the quality of data capture, and identifying and addressing areas of under-performance/variation. Report due January showing improvement in medicines reconciliation rates by 2017.
- Continue CBT training for pharmacists with funding awarded by Health Education England (Thames Valley), rolling out to 150 staff across the network. Training due to be completed by June

2016, with improvements in medicine adherence first measured and reported in September 2016.

- Continue Falsified Medicines project with Aegate, implementing a Medicines Authentication System (MAS) in compliance with new EU legislation. This system will reduce the risk of falsified medicines being dispensed to patients, thereby improving patient safety. System due for installation by September 2016, with impact evaluation due by March 2017.
- Run a patient-focused awareness campaign aimed at improving the honesty of patient – clinician consultations. This will improve adherence and reduce waste. It will also improve patient experience as they will have more fruitful consultations. Campaign due for launch by May 2016, with publication of impact and findings by May 2017.

## **Respiratory**

**Clinical Lead** Prof Ian Pavord

**Network Manager** Position vacant

**Objective** Reduce morbidity and mortality in asthma and COPD patients through the standardising of the pathway in emergency, secondary and primary care.

This network was granted funding by the AHSN Board following the Best Care round 2 funding review in October. It is currently undergoing the necessary administrative setups and sign-offs, in order to be in a position to begin work in April when its budget begins. Future project plans include:

- Set up the network, engaging with key provider, commissioner and patient stakeholders across the region. Hold formal launch event by October 2016.
- Initiate a project to identify, assess and address variation in the treatment of asthma at emergency departments in the network. Report showing baseline audit findings due January 2017. Report showing impact of interventions following baseline due July 2017.
- Initiate a project to raise awareness of current clinical trials in the network, and increase recruitment into these trials. This will improve the quality of care for patients through the improvements in care research brings. Report detailing existing research activities (including trial participation levels) within the network due October 2016. The Report showing improvement is scheduled for April 2018.

# Clinical Innovation Adoption

## Summary

The Clinical Innovation Adoption (CIA) Programme aims to improve significantly the speed at which quality clinical innovation is adopted and to improve process of adoption – improve clinical pathways and outcomes for patients. CIA delivers against all the four licence objectives but particularly against licence objective 2 – speed up the adoption of innovation.

The goal of the programme is to support adoption of innovations at scale across the region to improve patient outcomes, safety, experience and cost effectiveness.

**At the beginning of April 2015, nineteen projects were being delivered** by the programme (see diagram below). Fifteen projects have remained open and have generated thirty local sub-projects directly involving Trusts and CCGs. All providers are working on a CIA project. Buckinghamshire, Berkshire and Oxfordshire CCGs have also engaged to work on CIA projects during 2015/16.

**Three of the fifteen projects will be completed by March 2016** – Gestational Diabetes, Intermittent Compression Sleeve and the NICE Implementation Collaborative evaluation on barriers to uptake of nalmefene (alcohol prevention drug).

**All projects have at least completed Phase 1 and 2 of their delivery** which involves:

- Collation of the evidence base
- Assessment of the regional market (incumbent services etc.)
- Modelling of the efficiency and clinical benefits
- Been piloted with at least one Trust
- Engagement and sign up with Trusts to proceed to implementation

Since then, the decision was taken to close:

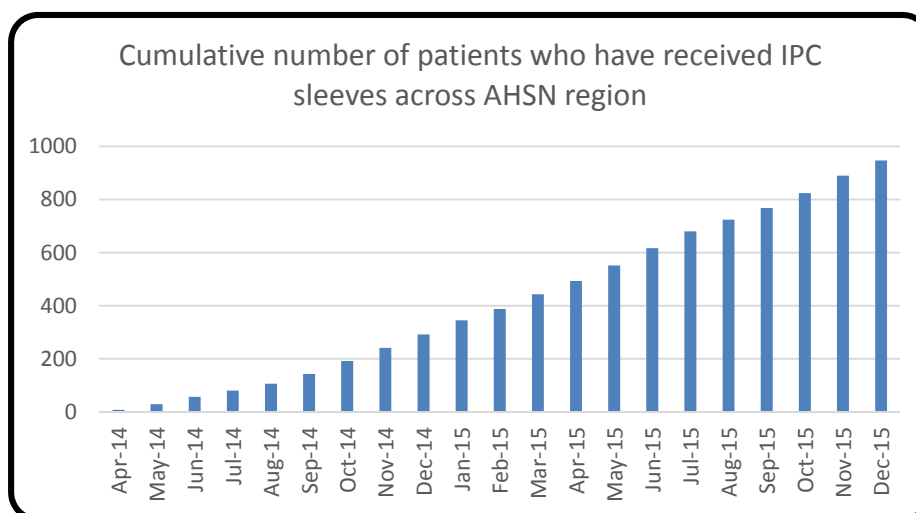
- **Care4Today – Cardiac Rehab:** closed due to commercial model challenges for the supplier.
- **Diabetes and Out of Hospital Network Projects:** The CIA Oversight Group was keen that the programme undertook projects with the Diabetes and Out of Hospital Networks, however, these Best Care Networks have re-assigned their projects through other routes and ceased as Best Care Networks. These projects were not launched during 2015/16.
- **Electronic Blood Transfusion:** As an innovation, this technology does add value in terms of patient safety however, the initial investment (from £200k to £350K - depending on the size of Trust), has acted as a deterrent to uptake. The final report (issued February 2016) will recommend a Risk Assessment Model to ascertain the level or risk that processes, training and other factors may contribute to patients potentially receiving the wrong blood.

## Highlighted Achievements

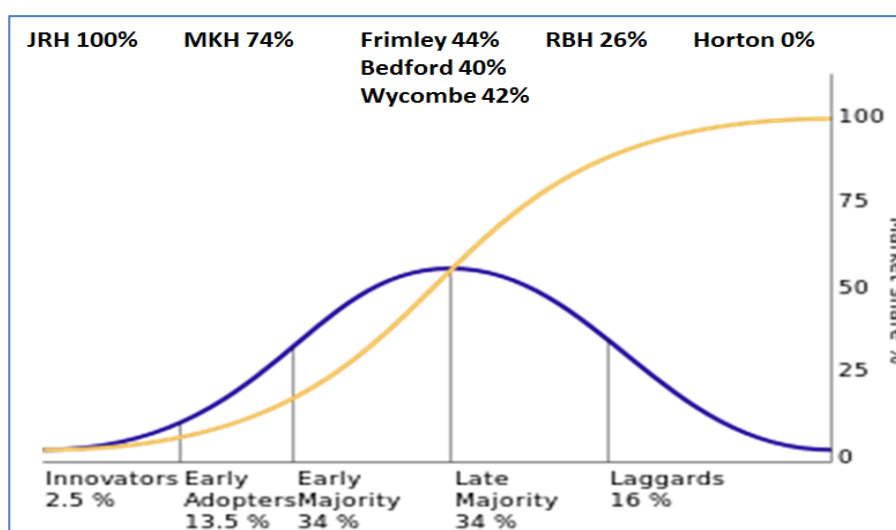
Project progress has been steady. Examples of the variable speed and complexity is best illustrated by the two contrasting projects below - CAUTI- bladder scanner and Intermittent Pneumatic Compression:

**IPC - less complex project:** In 2015/16 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 October 2015.

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.



While this project has been "less complex", the take up has followed the traditional adoption curve.



The variation in utilisation across the region at this stage of the project indicates that the IPC project has not yet entered a sustainability phase. Therefore In addition to continuing to measure and monitor, in 2016/17 further actions and engagement will be taken to increase utilisation to 80% across the region.

**Catheter Acquired UTIs** - more complex project: In 2015/16 steady progress was made on the CAUTI project with each of the Trusts involved developing new clinical pathways and protocols for catheterisation based on best practice.

Key documents produced included catheter passports (for information sharing between acute and community staff); care plans; patient information and root cause analysis tools. As part of the project a detailed staff survey was carried out 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 unaware of best practice guidelines.

An in depth training package to included face to face and e-learning elements is now being developed to address the whole spectrum of bladder and catheter care. This training package will be launched towards the end of 2015/16 and it is intended that in 2016/17 the wave 1 Trusts will realise the benefits of the project through a decrease in CAUTI rates. In 2016/17 the focus will be on disseminating the work carried out by the wave 1 trusts through 'learn and share' events and the production of a catheter bundle which



pulls together the key aspects of their work including protocols, catheter passports, training package, assessment tools and a standard business case for bladder scanning.

**Intra Operative Fluid Management Report:** Given that research has proven IOFM technologies' effectiveness for specific procedures and both quality improvement programmes and financial incentive such as the CQUIN have had an impact on the rate of adoption of this innovation, this project was timely for assessment of current practice in IOFM technologies. The project was delivered jointly with NHS Benchmarking and included qualitative and quantitative work with all regional Trusts, plus Manchester Hospital involving 138 Anaesthetists. The findings and recommendations have been published and form Phase 2 to be delivered 2016/17.

**Heart Failure IV Furosemide Case Study Evaluation:** In 2015/16 the Royal Berkshire NHS FT introduced an innovative model of care for patients with congestive heart failure who require IV furosemide. Previously these patients would require 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 team has evaluated this 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.

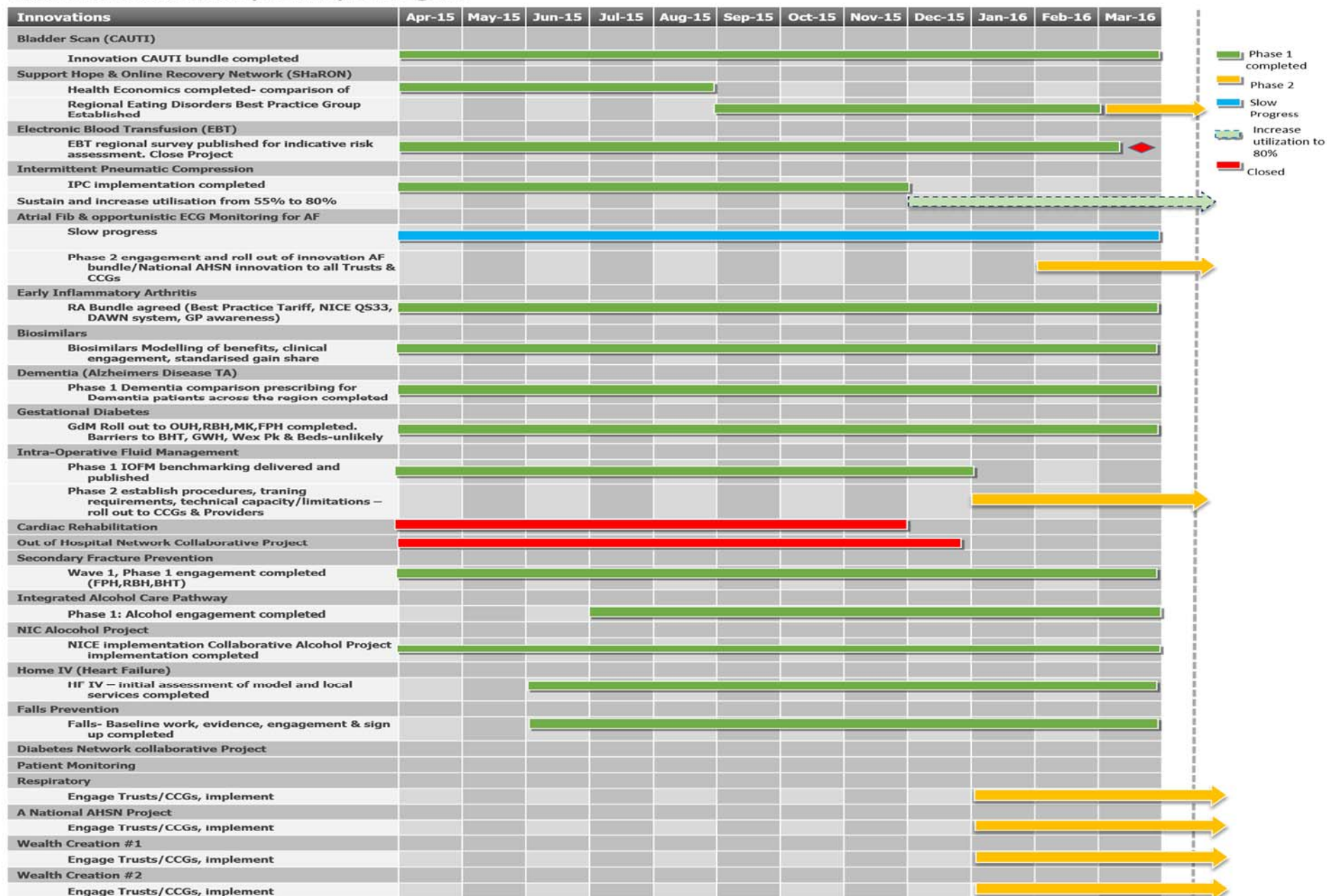
**Biosimilars publication:** This paper provides a clear process to transition from more costly drugs to Biosimilars through clinical engagement and agreement with CCGs and Trusts on "gain-share" arrangements. A number of biosimilars have entered the market and more are on the way; Parts of this region have been particularly slow to capitalise on this. A more systematic approach would ensure quicker financial returns.

**Dementia publication:** Dr Jacqui Hussey produced a Variation Report: "Diagnosis, prescribing and provision for people with dementia in the Thames Valley". This analysis will be used to inform phase 2 of the project.

**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.



## Clinical Innovation Adoption 15/16 Progress



All projects are estimated to require 1 to 2.5 years (depending on complexity/barriers) to complete roll out including establishing sustainability. The rate of completion has varied for projects based on complexity and barriers to implement, however, a winning formula for rapid uptake includes the following factors:

**Where good “Process” exists:**

- Evidence based innovations preferably already functioning at another NHS organisation
- Having a strong business case that demonstrates efficiency and better patient outcomes
- Straightforward additions to service delivery not requiring major re-configuration
- Initial pump priming of innovation being available or low cost to buy
- Establishing targets for utilisation and agreed evidence of sustainability
- Agreeing to internal reviews and peer comparison to encourage collaborative solutions

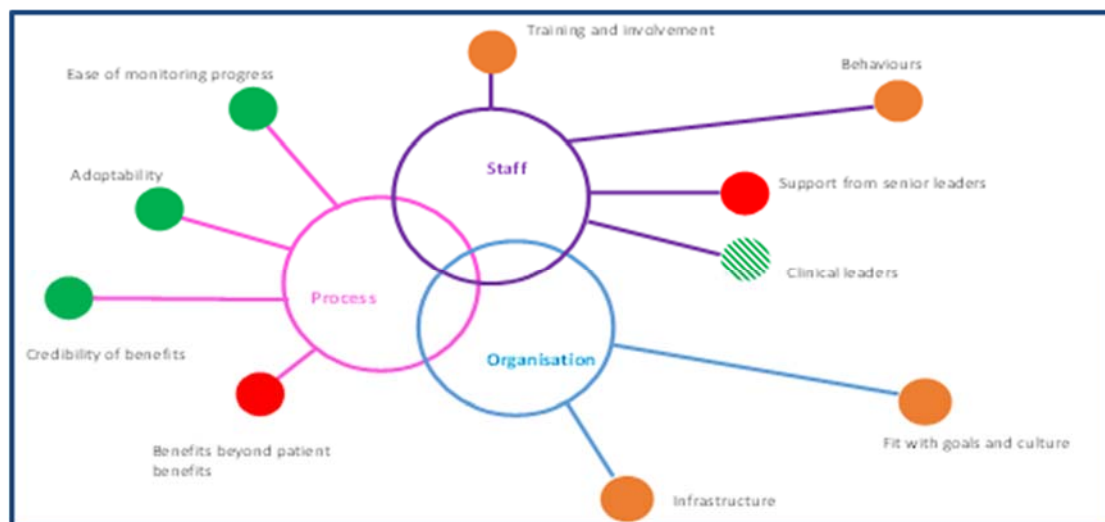
**Good staff and team:**

- Clinical Leadership both in the form of Clinical Champions and an engaged clinical community
- Supported facilitation to gain consensus on clinical and efficiency benefits, protocols and data collection for ongoing monitoring/measuring
- Identifying organisation project leads who are well networked internally

**Organisation:**

- Clear culture of enabling within an organisation with access to the governance routes and routes to potential funding,

These success factors are best summarised in the Sustainability diagram below and is incorporated into the CIA methodology.



The CIA projects have been developed with the above in mind and so complex projects such as IOFM, CAUTI (Bladder Scanners), Falls and Atrial Fibrillation have phased plans with rigorous phase 1 planning and engagement, followed by phase 2 roll out and implementation (See dashboard).

Interestingly, some of the slower to progress projects such as the Eating Disorders Project and Atrial Fibrillation, are gaining momentum due to national attention from small funding pots such as Access for Young People into Mental Health services.

## Engagement

There have been increased levels of engagement with our regional Partners:

- Providers are including the CIA programme in their internal transformation planning processes
- All counties have CCG representation participating in the CIA Oversight Group
- Academia: The CLAHRC is awaiting a decision on funding for two research studies concerning “falls” that are linked to the CIA Falls Acute and Community Project
- BRC is exploring health economics cost assessments for Electronic Blood Transfusion and creating a cost/benefit model for IOFM

CIA Project	Medicines	Device	Service/ Process	Partners
Early Inflammatory Arthritis	Biologics	---	Early Arthritis Pathway	RBH, OUH, HWP, GW Hospitals
Biosimilars	Biosimilars	---	---	Early stage – engagement with Providers & CCGs underway
Alcohol Misuse	---	---	Hospital-based Alcohol Care Team	Public Health England, Slough Borough Council, Slough CCG, FHFT, Buckinghamshire County Council, Aylesbury Vale and Chiltern CCGs, BHT, Alcohol Service Providers
NICE Collaborative	Nalmefene	---	---	Providers & Commissioners (CCGs & Las) in the Oxford AHSN region and North West Coast AHSN
Fragility Fracture	---	---	Fracture Liaison Services	National Osteoporosis Society, BHT, RBH, FH Hospital Trusts, Slough CCG, East Berks CCGs, West Berks CCGs, Chiltern CCG
Blood Transfusion	---	Bedside scanners	---	OUH, RBH, MK, BHT, FH, GWH Hospital Trusts
AF Management & ECG Screening	NOACs & warfarin	ECG Device	Primary Care Stroke Pathway	Berks E&W CCGs, Aylesbury Vale & Chiltern CCGs
Intermittent Pneumatic Compression Devices	---	IPC sleeves	---	All Stroke Units in region
Catheter-Associated Urinary Tract Infection	---	Bladder scan ultrasound	UTI & Continence Management Pathways	Oxford Health, OUH and Great Western Hospital Trusts
IV Diuretics in ambulatory care setting	Furosemide	---	Ambulatory Care Setting	Royal Berkshire Hospital
Dementia	NICE TA217	---	Process – prescribing for Memory Drugs	Oxford Health, Berks Healthcare, Central North West London NHS Hospital Trusts
Gestational Diabetes	---	Oxford GDM-health management system	Gestational Diabetes Pathway	OUH, MK, RBH, Frimley Health, BHT, GWH Hospital Trusts
Intra-Operative Fluid Management (IOFM)	---	IOFM Monitors	---	HWP, OUH, BHT, MK, Bedford, Frimley Health, Great Western, Central Manchester
Falls	---	Desk in a Bay/safety bundle	Acute & Community Pathways	Oxford health, OUH, BHT, BHFT, RBH
Eating Disorders	---	---	SHaRON Programme	Berkshire Healthcare FT

## Evolving Methodology

The CIA Oversight Group took an active role in the selection of innovations for the region in 2015/16. The CIA programme’s methodology has evolved from the initial well-developed deployment approach using the CIA 10 Step Process. During 2015/16, the process has focused on viewing deployment from the

perspective of the adopting organisations, taking into consideration how to facilitate and enable adopting teams to better understand and align themselves to their own internal processes, staff engagement and organisational cultural challenges. Projects are shaped at onset with the end goal of “sustainable innovation”. Initial CCG specifications are being drawn up where applicable.

### **Innovation Knowledge Transfer through Training**

Thanks to the funding support from Health Education England Thames Valley (HEETV), the CIA Programme has jointly developed a **Practical Innovation Course** with Buckinghamshire New University which is aimed at frontline staff. 29 people were selected to start the course in February 2016.

The course includes practical work backed up by theory, with all course participants producing course work as to how they implemented principles learnt in between modules. This course offers credits for a masters.

An evaluation of the course will be undertaken and a report provided to HEETV outlining successes and lessons learned. We have funding for an additional 23 more students to start in September 2016.

Work with the Wealth Creation team also stepped up during 2015/16 with more interlinked planning for emerging innovations and provision of lectures at Henley Management College for local Entrepreneurs.

The CIA team is also working with other AHSNs and SCNs to share learning and collaborate on common projects; e.g. Atrial Fibrillation, Intermittent Pneumatic Compression Devices, Intra Operative Fluid Management.

### **CIA Programme Plan for 2016/17**

Innovation adoption is the business of the Oxford AHSN - creating a pipeline from "idea" to "delivery". The Oxford AHSN structure was designed with this in mind. During the next 2 years of the license agreement, the programmes will work collaboratively to demonstrate how innovation can be adopted. The focus will continue to be on introducing innovations that make a difference to the NHS by improving patient outcomes and creating efficiencies. For this to happen at its' optimum requires mature collaborative working across partner groups (industry, clinical networks and charities), within NHS organisations and with partners such as the CLAHRC and BRC. The AHSN also aims to leave a legacy of trained NHS staff, well equipped to initiate and deliver on innovation. The 6 objectives an time table below shows the CIA plan for 2016/17.

In addition to continuing to delivering on the current projects, the CIA team will undertake 5 new projects - 2 from the innovations top 42 innovations being worked on by the AHSN nationwide, 2 projects where innovators have been supported by Wealth Creation and are now ready to go to market and 1 project identified through the test bed - Respiratory. It may be possible mid year to consider other projects. The decision as to which projects to pursue will be agreed by the CIA Oversight Group.

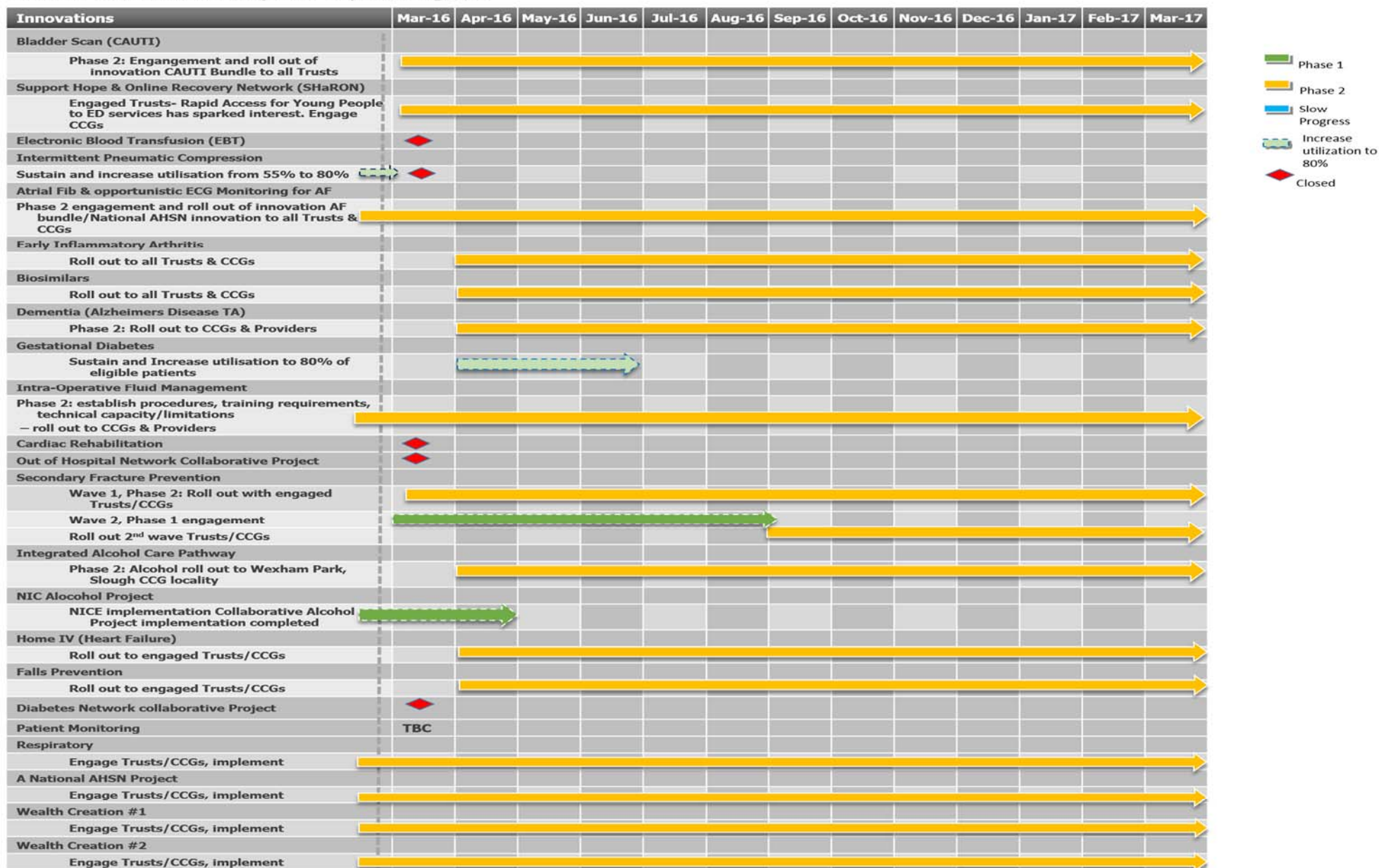
In 2016/17 the Clinical Innovation Adoption business plan priorities are:

	Business Plan Priorities 2016/17	What this means is	Reference
1	Innovation Delivery	<p>Commit on completion of 5 innovations. Initiate 5 new innovations – 2 from the national AHSN innovations, 2 from Wealth Creation (diagnostic technologies) and 1 from the test bed application (respiratory).</p> <p>Assess the strategic priorities and clinical needs of the population.</p> <p>Work collaboratively with Wessex AHSN to deliver aspects of the originally submitted Test Bed plans such as Respiratory.</p> <p>Building on achievements during 2015/16, focus on embedding innovation adoption in local NHS planning and contracting so that projects provide maximum quality impact and cost savings.</p>	Diagram 2 shows the process to agree annual projects.
2	Collaborative Working	<p>Work with the CLAHRC and BRC to strength the evidence proposition and harness their specific skills. Continue to increase work with the AHSN Best Care Clinical Networks – especially the Meds Optimisation Network for the conversion to Biosimilars and with the new Respiratory network in particular; Continue to work closely with the Wealth Creation Programme however, this year demonstrate how the pipeline of innovation between Wealth Creation and the Clinical Innovation Programme will practically deliver on 2 projects. Work with the Patient Safety Collaborative to incorporate aspects into the projects.</p>	
3	Methodology development	<p>Analysis and evaluate methodology. Share this knowledge and “know how” through regional activities such as formal and informal training opportunities; Continue to incorporate PPIEE into the Programme; Undertake a review of the programme to support the strategic development of the CIA programme into 2017/18 and beyond.</p> <p>Provide evaluated feedback on what does not and does work for innovation adoption. Map out best routes into the NHS based on the programme experience.</p>	
4	Support National Collaboration	<p>Continued involvement with the NICE Implementation Collaborative and work more closely with other AHSNs. Continue development of Fluid Review System to align with NHS England, CoLab and NHS England Connect.</p>	



	Business Plan Priorities 2016/17	What this means is	Reference
5	Sharing “know-how”	<p>Second wave Clinical Innovation Adoption Course, to be delivered by Bucks New University, to support continuous learning and effective adoption of innovations across the region. The CIA Course has been developed by the CIA programme and Bucks New University to establish an innovation sustainability programme. The first group of participants attended the February course in 2016. A second group will be invited to attend in September. This involves participation from the CIA staff, industry and other experts.</p> <p>Implement an online platform tool for identifying, selecting, managing and evaluating innovation adoption within the region. The main purpose of the online tool will be to automate the process currently undertaken by the CIA team. This will increase capacity, efficiency and enable more real time feedback and involvement from our partners. The initial specification has been developed with a new supplier.</p>	Ref section 4
6	Publications to support transformation	<p>Input into Patient Safety Collaborative Report on patient safety aspects of the CIA Projects.</p> <p>Evaluative work on innovation take up.</p> <p>Paper on methodology, evolution and "best" model(s) for innovation adoption.</p> <p>Project closure reports with sustainability modelling included.</p>	

## Clinical Innovation Adoption 16/17 Progress



Continued from 15/16

METRICS FOR PROJECTS	
Innovation	Impact on Patients
IPC	<p>Estimate of up to 85 fewer deaths per year from stroke in Oxford AHSN region. The metrics include</p> <ul style="list-style-type: none"> <li>• no of patients who receive IPC vs eligible patient target number</li> <li>• Cumulative no of patients who have received sleeves across the region</li> <li>• Rolling average % vs national performance</li> </ul>
Electronic Blood Transfusion Management	<p>Estimated reduction in</p> <ul style="list-style-type: none"> <li>• Wrong blood in tube</li> <li>• Wrong blood in patient</li> <li>• Rejected sample rate</li> </ul>
Bladder Scan	<p>Estimated 2000 CAUTI per year in region. Estimated reduction of 600 CAUTI per year in Oxford AHSN region.</p>
Support Hope and Online Network (for eating disorders)	<p>Estimated potential reduction of relapses by 2,900 patients per year in region (excluding-Berkshire).</p>
Gestational Diabetes	<p>Estimate of 4,000 patients (and increasing) per year could benefit in the region for monitoring gestational diabetes.</p> <p>Metrics include:</p> <p>50% of attending women to use GdM with a target of 80% for this cohort</p> <p>Collation of productivity and capacity data from OUH and RBH</p>
Dementia	<p>Estimated 24,000 people with Dementia in Oxford AHSN region would benefit from implementation.</p>
Early Inflammatory Arthritis	<p>Uptake of Early Inflammatory Arthritis Best Practice Tariff</p> <p>Adherence to NICE Quality Standard QS33 - e.g.</p> <p>80% of referred patients with 1st appointment with Specialist Rheumatology Service within 3 weeks of referral</p> <p>80% of referred patients with diagnosis &amp; initiation of DMARDs within 6 weeks of referral</p> <p>80% of eligible patients being offered a choice of frequency of ongoing review (+1 year)</p> <p>80% of eligible patients being able to access specialist advice for flare when needed (+ 1 year).</p>



METRICS FOR PROJECTS	
Innovation	Impact on Patients
Biosimilars	est. 80% uptake of Biosimilar etanercept (number TBC in conjunction with Meds Opt / others but may aim for 50% by end of 1st year.
AF (NICE TAs) and Ambulatory ECG	Estimated 21,000 people with AF in Oxford AHSN region. Reduction of 3,000 cardiology outpatient appointments per year. Estimated 5,900 sudden cardiac deaths in Oxfordshire AHSN region per year. 80% (4,720) could be avoided through better diagnosis. 5% of people with AF have a stroke (this equates to 1,050 patients per year in Oxford AHSN region. Managing AF effectively can reduce risk of stroke by 80%. This would equate to 840 patients per year.
IOFM	Currently evaluating the impact on Length of Stay and patient outcomes for use of IOFM in specific procedures. This will become the measure for Phase 2.
Home IV diuretics to heart failure patients	It is estimated that there are 260 patients with heart failure in the Oxford AHSN region (based on national prevalence of 8.3 per 100,000).
Frailty Fractures	<ul style="list-style-type: none"> <li>• % of patients identified by Fracture Liaison Service (we know projected volume of patients for fully functioning FLS for each CCG).</li> <li>• Reduction in number of hip fractures admitted to hospital</li> <li>• Number of fragility hip fractures admitted to provider/site compared to the number expected.</li> <li>• Across all CCGs in the region this would be expected to be in the region of 670 hip fractures prevented over 5 years I can break this down by CCG if needed</li> </ul>
Alcohol Care Teams	<p>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 harm costs £21 billion a year, with costs to the NHS of £3.5 billion.</p> <ul style="list-style-type: none"> <li>• Reduction in alcohol-related hospital admissions (NB this will need to be quantified for Slough and Bucks)</li> <li>• Reduction in average length of stay for alcohol-related hospital admissions</li> <li>• Reduction in alcohol-related frequent attenders to A&amp;E</li> </ul>
NIC Nalmefene project	<p>Supervision of an independent contracted organisation to:</p> <ul style="list-style-type: none"> <li>• Research into formulary status, primary care awareness, and ease of patient access to nalmefene and the associated psychosocial support packages</li> <li>• Identifying different models of provision of nalmefene across England in the public and private sectors</li> <li>• Write and in-depth case studies to demonstrate how models have been implemented and challenges and barriers faced.</li> </ul>

METRICS FOR PROJECTS	
Innovation	Impact on Patients
Falls Project	<p>Estimated number of falls in Oxford AHSN region is 171,000 per annum</p> <p>A number of initiatives are already underway, however, where Trusts have signed up for this project metrics and measures are built in to their local projects.</p>

## Research and Development

The R&D programme supports the development of capability, capacity and collaboration across the NHS and the Universities to make the region a more attractive place for research to improve healthcare locally and nationally.

The R&D Oversight Group will be chaired by Mr Stuart Bell, Chief Executive of Oxford Health NHS FT following the retirement of Sir Jonathan Michael. One of its aims is to share information about R&D across the Network and its partners and the short presentations from both the NHS trusts and the universities will continue. These have highlighted opportunities for collaboration, often using research activities in departments that are not normally associated with healthcare such as space science, engineering and acoustics.

A number of partners have highlighted the commercial potential of their research activities at the AHSN sponsored BioTrinity Poster Showcase. The Showcase will be repeated in 2016 between 25/27 April and we hope that the excellent showing in 2015 can be matched if not exceeded. The workshop on Open Innovation and the translation of university research into new companies will also provide academic researchers and others with the opportunity to hear about the work and approach of the Structural Genomics Consortium (SGC) based at Oxford which has an international reputation for open access drug discovery. It is funded through a number of sources including over \$80 million from industry. The SGC has pioneered a unique approach to open innovation where all of the data and reagents relating to its work are free to access and are used by over 250 laboratories across the world. No intellectual property is generated and all research is published. The SGC has been exploring ways in which open innovation can interface with commercial strategies that rely on market exclusivity and patent protected assets, and whether the pre-competitive boundary can be extended from late research into the proof-of-concept studies in humans. The workshop will explore different models of open innovation and the translation of university research into the generation of spin-out companies. The expert panel will explore the opportunities and challenges that arise from open innovation and which approaches to drug discovery and development will attract investment for new companies and strategic collaborations. Panel tbc includes Mr Ian Bingham, Senior Partner, IP Asset, Professor Chas Bountra, Chief Scientist - The Structural Genomics Consortium and Professor of Translational Medicine, Dr Nick Edwards, Chairman - Kinapse, Dr Wen Wha Lee, Programme Director – Disease Foundation Network; Strategic Alliances and an investor representative.

Similarly, the academic and R&D component of the Isis Innovation/AHSN/BRC Showcase will be developed for this event, taking place on 6 July 2016. The themes to be covered are:

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

In addition, the group will continue to receive updates from, for example, NIHR – Professor Ford sits on the NIHR Strategy Board, the CRN, the CLAHRC and bodies including the Clinical Trials Units.

A particular focus for 2016/2017 will be the intent to develop and increase capability and capacity in R&D research for the non-medical healthcare professions – nurses and midwives, the allied health professionals, health care scientists, psychologists, and pharmacists. Great resources exist both with the NHS Trust and in the Universities. The work will be led by Bucks New University, Oxford Brookes and the University of West London, working also with the University of Reading which has developed its strategy for Health Research.

The establishment of the Oxford Institute of Nursing and Allied Healthcare Research by Oxford Brookes in collaboration with the Oxford NHS Trusts and the University of Oxford will act as a great resource for the Network and the individual partners. Cross working and cross-fertilisation will enable the generation of wider knowledge, to underpin professional education and training and support the developing research agenda. Its objectives for research themes will support the wider development of the wider R&D strategy for these critical healthcare groups:

- research that provides evidence to help nurses and allied health meet the demands of a better-informed public, focusing on patient safety and taking a holistic view of health that embraces mental and emotional wellbeing.
- research that helps us to understand the characteristics of a strong and resilient nursing and allied health professional workforce capable of meeting their patients' needs and adapting to the challenges of fast-moving health care systems.
- research that enhances health equity and social justice, to reduce health disparities that negatively affect health and illness and associated with factors such as poverty, environment, race/ethnicity, disability and lack of access to health care.

# Wealth Creation

*"Something very special is going on here in the Oxford region. The life sciences sector is doing extraordinary things. It's all built on brilliant science with joined up activity and thinking." Alumni Summit, George Freeman, Minister for Life Sciences*

## Summary

The Wealth Creation programme exists to help the region become the favoured location for inward life science investment, life science business creation and growth, and helping the NHS to accelerate the adoption of medical innovations of significant benefit to patients. This strategy reflects the need to build better engagement between the NHS, industry and academia across all stages of the development pathway to improve NHS adoption of innovation and ensure that companies can access the NHS market effectively. The Wealth Creation programme covers licence objective 4 (wealth creation), and supports licence objective 3 (build a culture of partnership and collaboration) and licence objective 2 (speed up adoption of innovation into practice).

The Wealth Creation programme is divided into four areas of activity:

- Assisting companies along the adoption pathway, so that products, technologies and services are more aligned with the needs of the NHS.
- Supporting investment into the region through a broad range of approaches that add value to the key constituents of the regional cluster.
- Building a culture of innovation within the NHS.
- Forming and sustaining long-term partnerships with businesses and other organisations.

The regional focus of the Oxford AHSN Wealth Creation team covering Berkshire, Buckinghamshire and Oxfordshire will be repositioned in 2016/17 to concentrate on market sector opportunities. Four clear areas have been identified: pharmaceuticals, diagnostics, medtech and digital. There are several reasons for this change. First, each region has been mapped in detail and there is a much clearer understanding of the opportunities available. Second, by concentrating on sectorial opportunities, in particular in diagnostics and digital health, project management support can be tied in with more effective delivery. This focus will build on existing infrastructure and expertise, and will also ensure closer collaboration and interfacing with the CIA Programme.

## Highlighted achievements

- The sustainability project has identified savings in carbon and energy across 6 partners in the region amounting to £8.7 million per year, based on an initial investment of £32 million. A partnership with the Carbon & Energy Fund has been established to take the project forward, and solid progress has been made in several of the identified projects. A permanent working group has been established to identify further projects that have the potential to reduce costs across the region. The group meets on a quarterly basis.
- Establishment of a strategic collaboration with Johnson and Johnson based on a series of identified projects around leadership, medicines optimisation, informatics, wealth creation, innovation adoption, research and development and PPIEE.
- Led the submission on behalf of the partners for the designation of Oxford as a Precision Medicine Catapult Centre of Excellence.

- Developed and submitted the Oxford – Wessex AHSN Test Bed proposal, which was shortlisted for interview but unfortunately has not been funded.
- Hosted the Alumni Summit to showcase Oxford capabilities in Precision Medicine to an international life sciences industry audience.
- The team has been working with a number of companies to establish pilot projects for a select set of product opportunities in digital, diagnostic and medtech. This includes an agreement with Intelligent Ultrasound for piloting the company's technology at the Royal Berkshire Hospital and with Now Technologies to pilot their technology at Stoke Mandeville Hospital.
- A clear pathway for adoption and offer to industry has been mapped out, which provides signposting and support to companies along the development pathway.
- Following the award of a \$100,000 grant from AbbVie, work has commenced on identifying PROMS for IBD. The International Consortium for Outcomes Measures is leading this analysis through an international working group.
- The development of a strategy for the life sciences in Buckinghamshire has been an important focus during the year. Strong engagement with the partners has been achieved, and the outputs of this work will form the basis for a grant application to the Bucks Thames Valley LEP under the ESIF programme.
- Links with the NIHR Biomedical Research Centre and the CLAHRC have been strengthened during the year, including the identification of new opportunities for collaboration.
- The team provides support to the Academic Health Sciences Centre, and in particular on the theme of building novel relationships.
- We have been collaborating with the Structural Genomics Consortium on the development of new models of pre-competitive drug discovery. An Expression of Interest was submitted to the Oxford Martin School's programme on 'Navigating progress: managing the risks and rewards of scientific advances'. A full proposal will be submitted at the end of February.
- The Oxford AHSN has assisted seven companies with submissions for the SBRI Stratified Medicines call. Out of these, two companies were awarded Phase I grants.
- Along with CIA, the team has been providing support to the development of a business plan for the gestational diabetes health management system, following £61,000 funding from the University of Oxford Challenge Seed Fund. It is expected that this work will be completed in Q1 2016.
- Two Entrepreneurs Programmes have been completed during the calendar year.
- The team has been involved with a number of partnered events including:
  - A Joint Isis Innovation – Oxford AHSN Showcase on digital health
  - A Trans Atlantic Trade & Investment Workshop was organised with NHS Confederation and Business America First
- The Oxford AHSN organised or participated in seminars as part of the following events:
  - The CLAHRC Stakeholder Symposium
  - The 4<sup>th</sup> UK Diagnostics Forum organised by the Oxford Diagnostic Evidence Co-operative
  - The University of Oxford Alumni weekend

- BioTrinity 2015
- Venturefest Oxford 2015.
- The team has co-ordinated an Expression of Interest for Bicester Village partners under the NHS England Healthy Towns Programme. The bid has been shortlisted for interview at the end of January 2016 and success was announced on 1 March 2016 – a total of 10 Health Towns have been designated.
- An assessment of the commercial opportunities for Antimicrobial Whole Genome Sequencing, with particular focus on Tuberculosis, has been completed.
- The team has taken over the project management of the Challenge 2023 (Innovation) competition for healthcare innovators working with HEETV and TVWLA.
- A detailed assessment of the number of companies within the region has been undertaken by OBN on behalf of the Oxford AHSN. There are over 750 companies in the region, across the pharmaceutical, diagnostics, medtech and digital sectors. This positions the Oxford Thames Valley life sciences cluster as one of the strongest in the UK and in Europe.
- Wealth Creation has produced three publications:
  - Addressing the 21<sup>st</sup> Century Healthcare Challenges in Precision Medicine
  - The intellectual property implications of Open Access drug discovery
  - The Alumni Summit Report.
- The team has engaged with over 320 companies since the Wealth Creation Programme was established.

**The objectives of the Wealth Creation programme for 2016/17 are to:**

- Develop the region as a leading centre for the evaluation and adoption of diagnostic technologies, particularly around Point-of-Care and service reconfiguration
- Establish a regional digital adoption pathway and programme for new innovations
- Provide leadership and support in the development of the Oxford – Thames Valley cluster as a leading national and international region in terms of companies and jobs, and pursue opportunities for inward investment across a range of projects
- Develop a culture of innovation within the NHS through a variety of approaches, both at the organisational and individual level
- Continue to support existing collaborations with our partners, and in particular to develop any existing strategic collaborations for the mutual benefit of the partners.

**In 2016/17 the Wealth Creation business plan priorities and deliverables are:**

	<b>Business Plan Priorities 2016/17</b>	<b>Rationale</b>	<b>Deliverables</b>
	<b>Objective 1 Support across the adoption pathway</b>		
<b>1</b>	Establish a regional evaluation and adoption programme in diagnostics	Alignment with 5YFV and opportunity to build on regional strengths in diagnostics. Importance of providing support to companies in evaluation and adoption of new diagnostic technologies/products	Strategy plan with clear targets for increasing use of diagnostic tests across the region
<b>2</b>	Establish a regional evaluation adoption programme in digital health	Alignment with 5YFV and opportunity to build on regional strengths in digital health. Importance of providing support to companies in evaluation and adoption of new digital health technologies/products	Strategy plan with clear targets for developing health opportunities across the region
<b>3</b>	Provide on-going support for existing pilot projects across the region	This builds on the work undertaken in the 15/16 Business Plan and in ensuring completion of each identified pilot project	Set of specific case studies for each pilot project
<b>4</b>	Work with the Oxford Biomedical Research Centre, the CLAHRC and Isis Innovation, to develop clear pathways for the adoption of innovations into the NHS	Requirement to pull through translational projects into the regional ecosystem, with a focus on ensuring alignment with care pathways and opportunities for evaluation and adoption of new products/services	Identify specific projects that can be further evaluation with specific recommendations for next steps
<b>5</b>	Lead the assessment of ROI and health economic outputs across the AHSN	There is a need to demonstrate economic benefit to key stakeholders through a clearly defined process	A set of health economic case studies
	<b>Objective 2 Supporting investment into the region</b>		
<b>6</b>	Provide support to the partners in establishing Oxford as Centre of Excellence under the Precision Medicine Catapult	Oxford has been designated as a Centre of Excellence by the Precision Medicine Catapult and there is an opportunity to work with the Catapult to develop specific projects in the translational and adoption space	A set of projects supported by the Catapult, which will be dependent upon the amount of investment available



	<b>Business Plan Priorities 2016/17</b>	<b>Rationale</b>	<b>Deliverables</b>
<b>7</b>	Work with the Structural Genomics Consortium to develop open innovation models of drug discovery	There is a need to develop a quantitative economic model on the benefits of open innovation drug discovery, as well as to focus on other possible barriers such as intellectual property	An economic evaluation of open innovation drug discovery
<b>8</b>	Provide input into the development of a Gestational Diabetes Health Management (GDM) business opportunity	Progress has been made during 15/16 to develop a business plan for GDHM and this will form the basis upon which to seek further investment to take the project to the next stage	Establishment of either a spin-out company to commercialize GDM or an identified partner
<b>9</b>	Host the Bicester New Towns working group and work with the partners to further refine the opportunity	The Bicester New Towns working group is in charge of developing a new health vision for Bicester and will work up a set of specific opportunities for delivering and improving health in a new town environment	A set of proposals for delivering the Bicester health opportunity
<b>10</b>	Engage with the Smart Oxford project and provide support in healthcare	One of the work streams within the Smart Oxford project is on health and social care and there is a need to develop a clear strategy	Delivery of a strategic vision for Smart Oxford in health and social care
<b>11</b>	Continue to support the development of the Oxford – Thames Valley cluster as a leading national and international region	The continued growth of the Oxford Thames Valley cluster is an important indicator of strengthening alignment across the key stakeholders, and in attracting inward investment	Regular analysis of metrics such as company numbers with sectoral breakdown
<b>12</b>	Work with the Academic Health Science Centre, in particular on the theme of building novel partnerships	Building novel partnerships is a core theme of the AHSC and developing the various opportunities against a series of agreed deliverables is required	Regular reports on progress against objectives
<b>13</b>	Run a joint showcase event with Isis Innovation and the Biomedical Research Centre	This is an opportunity to collaborate with Isis Innovation and the Biomedical Research Council, and to showcase the leading technologies to regional and national partners	The event itself and a follow up analysis of feedback post event

	<b>Business Plan Priorities 2016/17</b>	<b>Rationale</b>	<b>Deliverables</b>
<b>14</b>	Run at least two other wealth creation events across the region	To provide specific events of interest to industry, HEIs and the NHS partners	Two events
<b>Objective 3 Building a culture of innovation in the NHS</b>			
<b>15</b>	Run two entrepreneurs' programme events for healthcare workers	Educate healthcare workers across the region in the innovation process	Event reports
<b>16</b>	Develop and deliver the Challenge 2023 (Innovation) Competition across the Oxford AHSN region with Health Education England Thames Valley and the Thames Valley and Wessex Leadership Academy	Provide health care workers across the region with experience in developing a business plan for an identified innovation  Engage the providers and ensure the competition is owned and supported by the Trusts	Awards Event with prizes for the winners
<b>17</b>	Establish a mechanism of IP and legal support for those Trusts across the region that require it	A number of Trusts do not have clear innovation and intellectual property policies	Policy and cultural engagement with identified Trusts
<b>Objective 4 Forming long-term partnerships with industry</b>			
<b>18</b>	Continue to support and build on the Strategic Collaboration with Johnson & Johnson	The partnership with Johnson & Johnson was set up in 2015 and will need continued support and resourcing	A series of agreed project outputs
<b>19</b>	Support the development of the IBD PROMS collaboration with ICHOM	This continues the project with the aim of delivering the PROMS during the year	Standard Set of Outcomes Measures
<b>20</b>	Continue to support the Sustainability and Energy Working Group	The Working Group monitors ongoing progress across a number of projects and provides clear analysis of new opportunities, as well as engaging with the Carbon & Energy Fund	A case study documenting the Group's work
<b>21</b>	Identify a further project within sustainability and energy	To further build savings across the region and in particular with specific Trusts and HEIs	A defined project opportunity with a clear implementation pathway

## Wealth Creation Detailed 16/17 Plan

### Objective 1

The primary focus of the diagnostics and digital programmes will be around the adoption space, although both will encompass the other three Wealth Creation objectives. Both of these programmes support the Five Year Forward View for the transformation of services to patient-centered and person-centered care.

**Regional diagnostics programme:** The diagnostics strategy will focus on developing a regional evaluation and adoption programme, through the following:

- European and regulatory support around new IVD regulation, and expanding the Diagnostics Industry Advisory Council.
- Providing support to companies that wish to engage with the Precision Medicine Catapult and SBRI programmes.
- Undertake a diagnostics audit across the region and develop a diagnostics test bed to implement diagnostics in various settings.
- Develop a strategic partnership with a major diagnostics company and work with Isis Innovation and the Diagnostics Evidence Co-operative on the adoption pathway.

**Regional digital programme:** The strategy will focus on supporting a digital adoption pathway for new innovations. It will build on existing activity within the wealth creation programme and identify where it can provide effective support to businesses in the digital pathway. The strategy will take into account the outputs of the regional SWOT analysis and will also be influenced by the findings of the Accelerated Access Final Report. The programme will focus on care pathways that span secondary, primary and community care and identify ways in which digital health can be integrated into these different care settings. Due to the complexity and fast moving nature of the digital space, additional work is needed to develop a robust and effective programme that will deliver benefits to patients, industry, clinicians, commissioners and providers.

Other priorities include:

- A number of pilot programmes are underway and continued support will be given to these projects to ensure that they are concluded and provide a meaningful evidence base to determine the most appropriate next steps.
- We work closely with the Oxford Biomedical Research Centre, the CLAHRC and Isis Innovation, to ensure that a clear pathway for the adoption of innovations into the NHS is available. Regular meetings are held to ensure that early promising leads are evaluated and any potential opportunities for collaboration are taken forward effectively.
- The Office of Health Economics in collaboration with RAND Europe is undertaking a health economic assessment of four projects within the overall Oxford AHSN portfolio. The Wealth Creation team is co-ordinating this project.

### Objective 2

The focus includes developing new initiatives that are in alignment with the NHS England Five Year Forward View, such as the Bicester New Towns initiative and Smart Oxford.

- The Wealth Creation team will support the partners in establishing Oxford as a Centre of Excellence under the Precision Medicine Catapult. This work will be integrated under the regional diagnostics programme (see above).

- The Structural Genomics Consortium has established excellence in generating new tools for drug discovery utilising an open innovation model (i.e. a model that is based on free access to all materials and information). One of the challenges is to find ways of extending the pre-competitive pathway from the research stage through to human clinical trials. The team has been looking at factors that could incentivise industrial involvement in such a pathway, including intellectual property and the quantification of economic benefits. This work will be actively pursued during 2016/17.
- During 2015/16 a business plan was created setting out the strategy for the commercial roll-out of the Gestational Diabetes Health Management system on a national and international basis. This opportunity will continue to be developed with the aim of supporting the establishment of a spin-out company to take this forward.
- In 16/17 the Oxford AHSN will host meetings of the Bicester New Towns working group. The group has broad stakeholder engagement and will continue the work set out under the NHS England Expression of Interest. The Working Group will continue to develop the plan and seek opportunities to secure funding support for implementation.
- Smart Oxford represents a commitment by Oxfordshire Partners to develop efficient and effective use of data and technology for the benefit of its citizens. One of the central themes is around health and social care. The Oxford AHSN is playing a central role in supporting this work and will continue this during 16/17.
- The team works closely with the Academic Health Science Centre in providing commercial support, and in particular input into the theme of building novel partnerships. This will remain an important component in 16/17 and provides another forum where key stakeholders can work together to ensure alignment of priorities and opportunities.
- An exercise to map the baseline number of companies across the region has been completed and will provide the basis for monitoring the growth of the cluster. The team will continue to build networks with SMEs and large companies across the pharmaceutical, diagnostics, medtech and digital sectors, and support existing industry partnerships.
- Planning for a joint showcase event with Isis Innovation and the Biomedical Research Centre is underway and will be held in July 2016. The theme will cover long-term chronic conditions and showcase the innovations being developed across the region.
- The team will organise at least two other wealth creation events across the region in 16/17.

### **Objective 3**

- It is intended to build on the successful Entrepreneur Programmes that were held during 15/16. The aim is to hold a further two courses during 16/17 for healthcare workers across the region. This will be contingent upon being able to secure additional funding should support from HEETV not be available.
- The Oxford AHSN is collaborating with the Health Education England Thames Valley and the Thames Valley and Wessex Leadership Academy to run the Challenge 2023 (Innovation) competition across the Oxford AHSN region. A number of changes to the competition process are underway and the Wealth Creation team will be responsible for managing the competition process. Key is ensuring that the Trusts are aware and supportive of the competition and the innovators as currently it is not well integrated.

- During 15/16 progress has been made to understand the extent of innovation and intellectual properties across Trusts within the region. There is significant variation across Trusts, and in cases where there is no policy, work will be undertaken to develop a suitable policy. This approach will rely on a cultural shift within Trusts that recognises the importance of innovation and ways in which developing new innovations can be effectively taken forward.

#### **Objective 4**

- During 15/16 the Oxford AHSN entered into a broad collaboration with Johnson and Johnson. A number of projects are being actively pursued across different themes and during 16/17 this work will be continued and strengthened.
- Work has commenced on the development of Performance Related Outcomes Measures for IBD. The International Consortium for Outcomes Measures is co-ordinating this programme and it is anticipated that a Standard Set of Outcomes Measures will be completed during the year. This work has been funded by \$100,000 grant from AbbVie.
- The Sustainability Working Group will continue to monitor and share best practice across a range of energy saving programmes.
- The Sustainability Programme will identify and manage a further project that will lead to savings through carbon and energy management. A preliminary assessment across four trusts has identified potential savings through behavioural changes, and opportunities for taking this forward will be explored.

#### **Legacy**

It is important that the Wealth Creation programme builds a legacy across the region. A number of activities will contribute to this:

- The Wealth Creation Programme will continue to be supported by an Oversight Group composed of leading national and international life science figures.
- The Wealth Creation team will continue to support national initiatives such as the SBRI Healthcare programme, the Precision Medicine Catapult and any other initiatives that provide additional value to the partners.
- Oxford – Wessex Test Bed, support transition to CIA for evaluation and scaling if the evaluation is positive.
- Particular attention will be focused on ensuring connectivity with the Biomedical Research Centre, the Oxford DEC and CLAHRC, the Oxford AHSC and organisations such as Isis Innovation and Oxford Sciences Innovation.
- The Wealth Creation team will continue to engage with Trusts, universities and industry across the whole region.

#### **Collaboration with other AHSNs**

- The Oxford AHSN has been in discussion with ABHI and the West Midlands AHSN to develop a MediLink for medtech companies across the region and these discussions will continue during 16/17.
- The development of the Gestational Diabetes Health Management business opportunity may provide opportunities for engagement with other AHSNs.

## **Key Interfaces**

Key interfaces for the Wealth Creation team during 16/17 include the following:

- Clinical Innovation Adoption
- Informatics
- Communications

## Informatics

The Informatics theme is designed to support the core programmes and themes of the AHSN across all four licence objectives by exploiting the value of population data for the purpose of transparent assessment of health status, measurement of health improvement and research.

The informatics business plan for 2016/17 continues to support the licence objectives of the Oxford AHSN. The Informatics business plan is consistent with the Five Year Forward View - prevention, technology, enhanced care, management of chronic conditions and patient empowerment.

During 2015/16 we have engaged all local providers to tackle the critical challenges of information governance; to enable data sharing across the health system to improve the efficiency and effectiveness of patient care and provide a strong platform for research.

Our team will support the informatics needs of the Oxford AHSN programmes. In addition, our plan details how we will innovate to create new capabilities that offer opportunities for service improvement, through the research capabilities of Clinical Records Interactive Search (CRIS) and the opportunities around Personal Health Records (PHRs). Both are particularly relevant in the context of emerging transformation within the region and national opportunities such as the Healthy New Towns Initiative. The plan represents a transition from key activities in 2015/16 to 2016/17 yet maintaining focus as a cross cutting theme in underpinning AHSN activities.

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

**Developing analytics** - Informatics will continue to provide support to the Best Care Clinical Networks, Clinical Innovation Adoption programme, the Patient Safety theme, PPIEE and Wealth Creation. This will be underpinned by the continued development of the data hybrid analytics service; establishing and curating a catalogue of data assets across the region and developing a reporting capability through the appropriate use of the model. The milestones, following those completed under the development of the hybrid analytics model during 2015/16, draw from sources internal and external to the NHS with the aim of supporting the network to enhance overall capabilities in the domain of advanced analytics; enabling insight from data to drive a proactive approach to healthcare.

**Research Informatics Mental Health** – to support the use of a federated research informatics platform across Oxfordshire and Buckinghamshire using the Clinical Records Interactive Search (CRIS) set up during 2015/16 which is to be extended during 2016/17 across Berkshire. Informatics will support the health and academic population to explore collaborative research opportunities. The initiative will be available to the three mental health focused clinical networks; Anxiety and Depression, Dementia and EIP.

**Local Digital Maturity** - NHS England has now decided to pursue digital maturity assessments across England through the CCGs. The digital maturity index that is to be used represents a very basic view of systems maturity and is unlikely to facilitate a comprehensive and meaningful picture of digital maturity across our AHSN region. The milestones set out for 2015/16 will be closed and instead we propose to



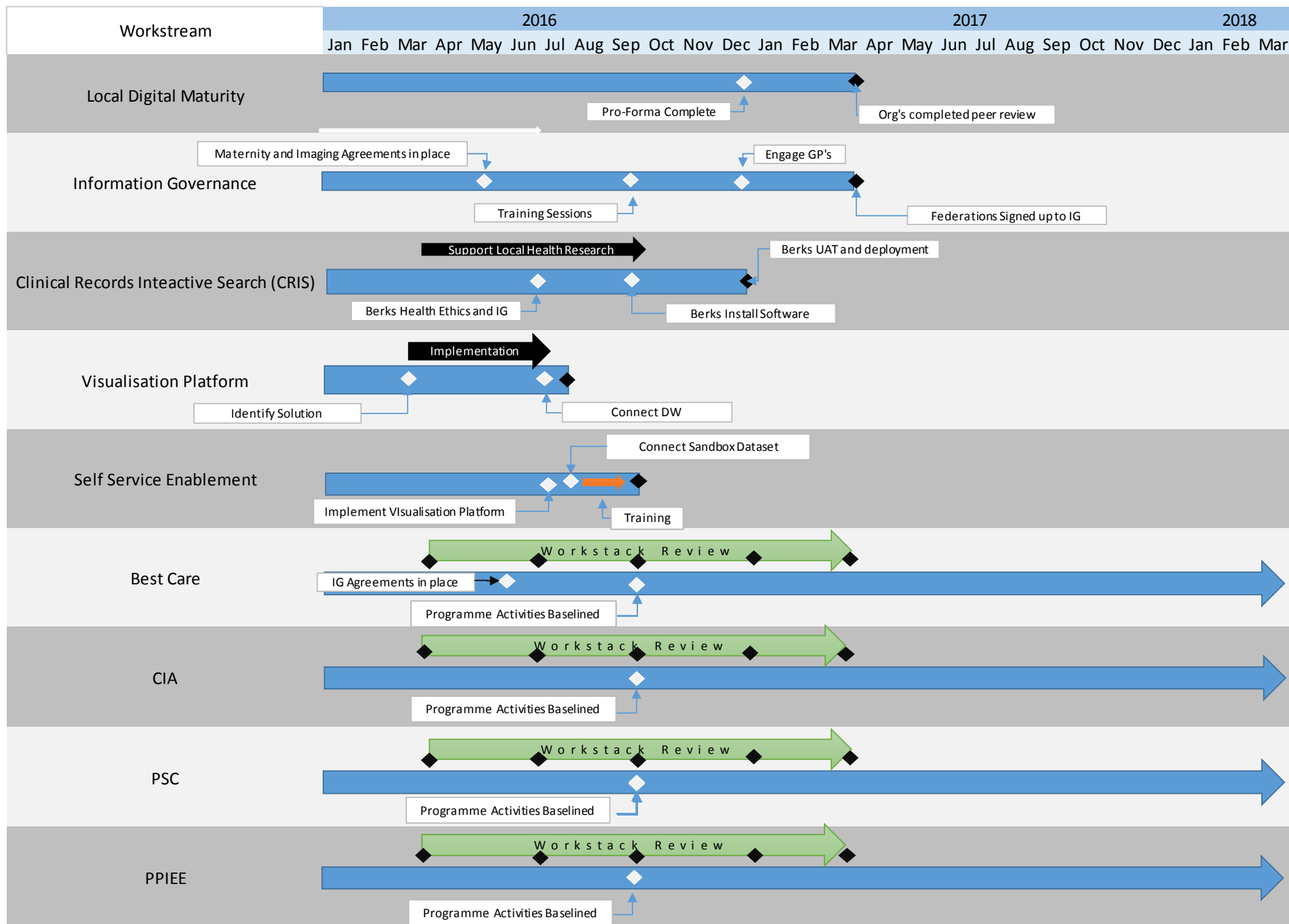
work with CSU and CCG colleagues and member organisations to ensure that the national requirement is met, in addition to taking the opportunity to establish a project under the CIO forum to design a more meaningful digital maturity index that can build on the NHS England model. The value gained with such an approach is to enable our region to be identified accurately both internally and by industry for its digital capabilities.

**Information Governance (IG)** – Our IG programme for 2016/17 builds upon the successful initiative of consulting, constructing and signing up organisations to a robust IG framework. Firstly training programmes will be developed to assist organisations that are party to the IG framework to gain maximum value from it. We shall also seek to work through our CCG members to develop an engagement approach with GP federations which will facilitate information sharing from primary care. In addition, we will work with PPIEE to initiate a common approach for developing a consent for contact arrangement for patients. A reference group, drawn from patients and local IG representatives, will be established to support the use of the IG framework across the region in addition to overseeing necessary amendments in line with local or national IG changes.

See Gantt below for overview of Informatics workplan. A copy of the full Informatics work plan can be found here -



Informatics  
Business Plan 20161



## **Patient and public involvement, engagement and experience**

The PPIEE theme ensures that working with the public, patients and carers is integral to the work of the AHSN and it supports the delivery of person centred care in our partner organisations.

- Involving lay partners is a policy imperative across service delivery, research and training as outlined by NHS England, the GMC, HEE and NIHR
- In practice services can fall short of aspirations as exemplified in complaints, inquiry reports and national surveys
- In the future healthcare will be unsustainable without increases in self- management, changes in health literacy and communications between professionals and the public and development of systems that are easily navigable

The PPIEE theme delivers against licence objectives 1, 2 and 3.

### **Highlighted achievements**

- Piloted joint training for professionals and lay partners, secured £200k funding to develop and run training for 120 people (60 lay and 60 clinicians to go through training in 2016/17)
- Joint strategic working with NHS England, Oxford CLAHRC and South Midlands and Thames Valley CRN

### **Governance**

As our work has become better established we have altered our governance arrangements and now have an advisory Oversight Group and an Operational Group. This has allowed us to appoint three more lay partners to work with us, in addition to our existing two lay members. At the close of this coming year we will review how these new structures are working.

### **Key outputs**

Informal review of governance structures and function

### **Developing Leadership**

We successfully piloted and evaluated our innovative leadership programme for patients, professionals and the public in 2014. During 2015 we ran a competitive tender exercise to appoint a contractor to further develop and run the Leading Together Programme. The Programme aims to develop a significant cadre of lay and professional's leaders who can take forward strategic system leadership in partnership across the AHSN. The Performance Coach, a well-established leadership and coaching organisation, has been appointed to co-create and deliver the Programme with ourselves, our lay partners and our partner organisations – Thames Valley and Wessex Leadership Academy, the South Revalidation Team and NHS England South Central. Over the coming year we will run six cohorts, each for ten lay partners and ten professionals, including recruiting participants from seldom heard groups. As part of the course

participants will work together to develop a piece practical service work, resulting in a set of case studies showcasing partnership working.

We already have good senior commitment from professionals to attend the course with senior leadership from NHS England and the AHSN (both our chief executive and chief operating officer will be attending the Programme).

In addition to participants from seldom-heard groups (young people, people from black and minority ethnic (BME) backgrounds and people with mental ill health) in the main Programme, we will explore the possibilities of co-designing and running a programme for people with learning disabilities.

As with the pilot we will commission an independent evaluation. As part of our evaluation of the pilot programme we are also conducting follow-up interviews with participants to ascertain what they feel about the pilot 18-months on.

To support the strategic leadership training described, we will run a series of one-day participation training for patients, carers, professionals and the public. We are discussing our approach to training with other AHSNs to determine where there are opportunities for joint working or rollout. In particular, we will be working with NHS England colleagues to develop similar approaches across Wessex.

### **Key outputs**

- 120 participants go through the Programme, including young people, people with mental ill health and people from BME backgrounds
- Decision taken about possibilities for funding and developing leadership training with people with learning disabilities
- Independent evaluation of the Leading Together Programme commissioned
- Follow-up of pilot participants completed
- Participation course created and delivered

### **Developing person-centred care**

Within the AHSN, and across our partner organisations, there are many examples of great person-centred care; care that is responsive to, and respectful of, the needs, preferences and values of individuals. In order to showcase these and spread learning we will run, with partner organisations, a conference looking at person-centred care, research and innovation. Alongside, we will develop a series of awards for innovation in the field.

### **Key outputs**

- Conference run
- Awards for person-centred care, research and innovation established

### **Developing our interface with the public**

We have developed an active partnership with Science Oxford, a local provider of education and engagement activities and events, and the University of Oxford to create a pilot project bringing together the public, researchers and clinicians. Over the coming year, our initial project, Living Well Oxford, will deliver a number of innovative events, in less usual spaces, including a pop-up shop in a local shopping centre. We will explore additional funding opportunities to expand the Living Well approach to other areas across the AHSN.

As in the previous two years, we will be active participants in the Oxford Science Fair. This will include showcasing successful innovations and designing and running a storytelling in healthcare evening in collaboration with the Story Museum.

### **Key outputs**

- Living Well Oxford pilot project established, additional funding found and pop-up shop run
- Participation in the Science Fair

### **Recording and measuring impact of patient and public involvement (PPI)**

We have already run a cross-agency event looking at recording and measuring impact of PPI in education, research and service delivery. This work will be developed further in 2016/17.

### **Communications**

We have regular PPIEE pieces in the AHSN newsletter, however in the coming year we will explore developing joint communications about involvement opportunities with NHS England and local research organisations.

### **Learning disabilities**

We will develop joint work with NHS England and the University of Oxford Health Experiences Institute to look at innovation in service delivery for people with learning disabilities. This builds on the local work being carried out by the Point of Care Foundation on experience-based co-design for learning disabilities inpatient services.

## Patient Safety

The Oxford AHSN Patient Safety theme is an umbrella for many patient safety initiatives across the region with the goal to improve patient safety. The theme has developed a small number of clinical programmes across the Oxford AHSN as well as initiating programmes to build safer clinical systems. Patient Safety is a cross-cutting theme that is now established as a prominent part of the activity of the AHSN; it has significant national focus. The Patient Safety Collaborative (PSC) is the coordinating point for a range of safety initiatives across the Oxford AHSN region of Berkshire, Buckinghamshire, Milton Keynes, Bedfordshire and Oxfordshire, and encompasses the Patient Safety Academy (PSA) and the South of England Mental Health Collaborative.

The Patient Safety Oversight Group, chaired by Jean O'Callaghan, CEO of Royal Berkshire NHS Foundation Trust, provides oversight of the patient safety strategy and progress of the theme. The Chair of the Oversight Group sits on the Oxford AHSN Board. The Director of HEETV also sits on the Oversight Group recognising the importance of training and education in the development of patient safety. Leadership and training are a key component of the Patient Safety agenda and HEETV and the Universities in the region have an important role in shaping the workforce to improve systems and practice to reduce harm. The Theme Board is formed of the Clinical Leads and Patient Safety Managers leading the work streams, as well as representation from the PSA.

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

In the Patient Safety Collaborative, we have dedicated work streams in harm reduction areas. However, we clearly recognise the impact of complex conditions upon patient outcomes, such as the multiple contributory factors in pressure damage and the need to programme interfaces to support the work of the transformation programme and the patient journey along pathways.

### Patient Safety Collaborative

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

The principal aims of the PSC are 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.

Current priorities are:

- The active engagement of patients and carers to each programme of work;
- The development of a safety information system for the Patient Safety theme;
- Development of our programmes on acute kidney injury, pressure ulcers, sepsis, safety in mental health and maternity;
- Formal evaluation of our first quality improvement training programme and the preparation of a strategy to build upon this over the coming year;
- Enhancing our communication to include the exploration of the development of a central patient safety information hub accessed through the PSC web pages.

We also plan to develop a suicide prevention work stream under the Safety in Mental Health umbrella drawing upon the expertise available at the Oxford Centre for Suicide Research and Oxford Health NHS Foundation Trust.

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

Safety Programme / Patient Safety Manager	Aim & Measures	Partners	Clinical Lead
Acute Kidney Injury Katie Lean	Improved prevention, detection, assessment and management of acute kidney injury  Project measures are to be defined by Q2.	Royal Berkshire Hospitals NHS Foundation Trust  Think Kidneys  KSS AHSN Cluster	Dr Emma Vaux, Royal Berkshire NHS Foundation Trust

Safety Programme / Patient Safety Manager	Aim & Measures	Partners	Clinical Lead
Tissue Viability Cindy Whitbread	Reduction of pressure ulcers and improved tissue viability  To ensure 100% of people receiving our care (region) will remain free from harm as a result of acquired pressure damage by 31st March 2018	Oxford Brookes University	Ria Betteridge, Oxford University Hospitals, and Sarah Gardner, Oxford Health NHS Foundation Trust
Safety in Mental Health Jill Bailey	Reduction in failure to return to the ward following leave or time away  To reduce failure to return to the ward by detained and informal patients by 50% by 30th April 2015.	South of England Mental Health Collaborative	Jill Bailey, Head of Patient Safety Oxford AHSN and Consultant Nurse Oxford Health NHS Foundation Trust
Sepsis Katie Lean	To reduce sepsis through detection and prevention.  Project measures are to be defined by Q3	North West Coast AHSN Cluster	Dr Matt Inada Kim, Consultant Physician, North Hampshire Hospital
Safety in Maternity	Reduce the incidence of swab retention never events to zero by Nov 2018		Jane Hervé Head of Midwifery Oxford University Hospitals NHS FT



The Patient Safety Collaborative will continue its work to map people working in partner organisations who possess quality improvement skills to create a better shared understanding of regional capability and capacity. We will also provide ongoing support to the founding members of the Health Foundation Q initiative. We have seven senior leaders who have helped to shape the future of the Q initiative and we will provide a point of information for those interested in joining the programme in 2016/17.

We have delivered a very well evaluated quality improvement training programme in partnership with NHSIQ for 42 participants from across the region that concluded on 16th December, 2015. In 2016/17, following formal evaluation of the programme, our plan to increase capability and capacity include the delivery of a range of learning events including conferences, workshops, measurement for improvement training, seminars and coaching for clinical projects. This will draw upon expertise at the PSC, the PSA and field experts.

The development of capability and capacity will also continue through the Patient Safety Collaborative engagement and funding of the South of England Mental Health Collaborative. This supports ten participants from each partner in our region to develop skills in their skills using IHI methodology. The recent changes to the programme include a three stage stepped competency-based approach (Live, Learn, Lead) to support participants to develop their skills and knowledge.

To underpin the recording, development and sharing of our project work, the AHSN is funding the availability of the LIFE system (quality improvement project and measurement for improvement software) for our partners, developed in collaboration between the SWAHSN and Seedata. In 2016/17 this will provide a simple approach for clinicians to record and share their work across the region and at a national level. A steering Board will ensure that the ongoing development of this software meets the needs of busy clinicians who are taking a lead in patient safety work in their areas.

### **Patient Safety Academy**

The Patient Safety Academy aims to deliver bespoke training to provider organisations across the AHSN Region. The Patient Safety Academy has worked at the organisational level to understand the local specific areas of concern, and to shape its training to address these.

The Patient Safety Academy continues to be funded by the Patient Safety Theme in 2016/17 for 1.0 wte quality improvement coach for teaching, facilitation and coaching to the five Patient Safety Theme work streams. HEETV funding also continues to support the delivery of the core programme including Board level awareness, primary care training safety in surgery. The governance arrangements of the PSA are now agreed by HEETV.

### **Improvement Architecture**

In April 2016, we will see a change in the national improvement architecture. The PSC will work with the new national agency, NHS Improving Quality, and local partners to ensure that the new arrangements support and maximise the improvement of patient safety in our region.

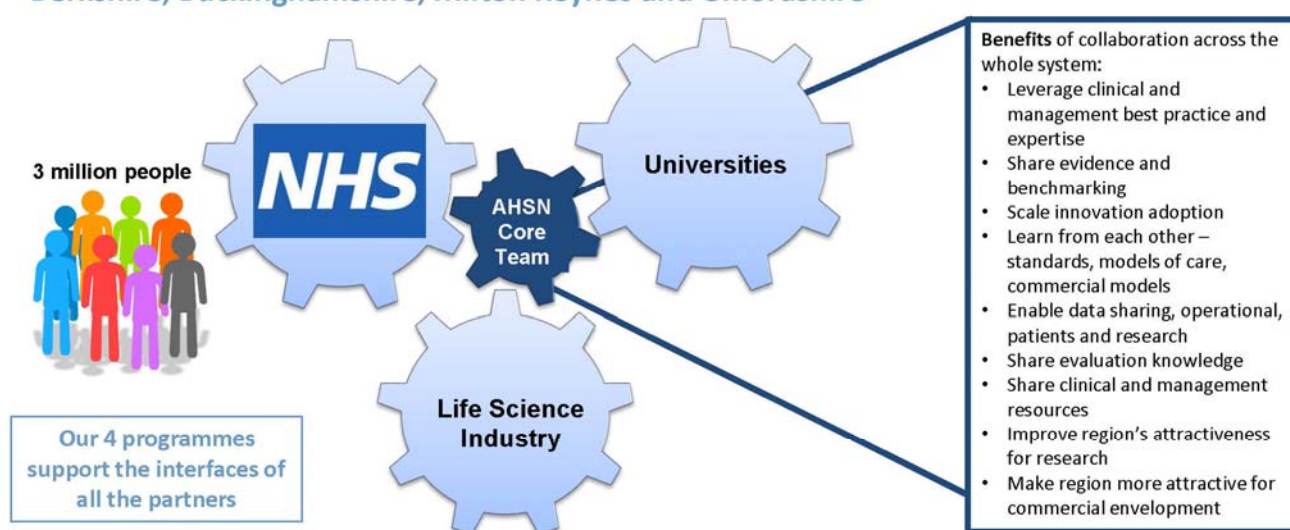
# Stakeholder Engagement and Communications

Engagement and collaboration is fundamental to developing the AHSN and making it a strong and sustainable network for the region.

The diagram below defines the AHSN and the benefits of collaborative working.

## What is the Oxford AHSN?

The Oxford Academic Science Network is a partnership of NHS providers, commissioners, universities and life science companies to improve health and prosperity in Bedfordshire, Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire



## Accelerate health and economic gains by working together

The activities supported across the AHSN, for example, through Clinical Innovation Adoption, the Best Care Clinical Networks and Wealth Creation, provide the basis and foundation for engagement – which is building as the projects and programmes gain more hold within individual organisations. We have seen stronger engagement with Clinical Commissioning Groups, who are key to the transformation of the NHS, working with the acute, community and mental health provider trusts. The AHSN Partnership Board also provides a forum for discussion and agreement across the patch through, for example, agreement of this Business Plan.

2016/17 will see the finalisation of the AHSN 5 Year Strategy which will also be signed off at the Partnership Board and is intended to take the AHSN's work beyond March 2018, the end of the initial five year licence period.

For the first time this year, the AGM will be replaced by a series of roadshows to be held across the AHSN region. We plan to hold around ten meetings in, for example, Milton Keynes, Reading, High Wycombe, Stoke Mandeville, Bracknell, Slough and Oxford. The meetings will be co-hosted with local stakeholders and the intention will be to bring together partners and stakeholders from all sectors to a meeting at which the AHSN senior team can update the partners on key activities, showcase the annual report and review but most importantly highlight specific work done by the attending partners and their staff.

Information specific to each location will be circulated in advance of the meetings and we shall work with local partners in planning the agendas. The meetings are being planned for the middle two weeks in May 2016 and updates will be provided through the AHSN newsletter and website. A significant number of dates are fixed.

Once again, the Oxford AHSN will be a Cornerstone Patron of BioTrinity 2016, hosting a workshop and the Innovation Poster Showcase which allows academics, researchers, life science companies and NHS innovators to showcase their work at one of the largest conferences of this sort in Europe. This takes place on 25<sup>th</sup>-27<sup>th</sup> April in London (see [www.biotrinity.com](http://www.biotrinity.com)). The workshop will cover Open Innovation and the translation of university research into new companies.

In addition, we are working again with Isis Innovation and, for the first time with the NIHR Oxford Biomedical Research Centre to host the Isis/AHSN/BRC Innovation Showcase to be held on 6<sup>th</sup> July. The themes for the day will cover Obesity, Cognitive Health, Cardiovascular and Ageing and Fragility all of which play to the strengths of the NHS, the universities and the life sciences and digital industries across the Network.

Other key meetings are shown at the end of this section.

## **Communications**

Extending communications and working more closely with our partners will be a focus for 2016/17. Letting people within and without the AHSN know about the success of its partners and its activities in working in collaboration is key.

The means by which the AHSN communicates are well established and will be built on. We have an informative monthly electronic newsletter (currently with over 1,500 subscribers) and a Twitter account with more than 1,500 followers. The newsletter will continue to develop and ways of further increasing subscribers are being explored, particularly through stronger links with our partners.

Twitter activity has proved both popular and effective; not only does it provide the means of publicising Oxford AHSN's activities, events and news items, but it also gives the opportunity to interact with and support partners and stakeholders. The scope and range is being further extended as our clinical networks set up their own Twitter accounts. In addition, a number of senior staff have accounts which are used to support and inform on specific areas of activity, e.g. clinical innovation adoption and wealth creation. The strengthened communication resource within, for example, the Wealth Creation team, will support the corporate team and enable good progress to be made in the year.

Branding material has been prepared in collaboration with Oxford Medical Illustration and will be finalised for all areas during the year. The materials include programme specific leaflets and banners and specific information prepared for events, including BioTrinity and the Isis/Oxford AHSN Innovation Showcase. Event specific material was prepared for Get Physical and for the Oxford Alumni Summit, providing clear branding and strong association with the AHSN. Updated materials have now been provided for all programmes, themes and clinical networks.

A schedule of key publications will be prepared highlighting dates throughout the year. For example, the Quarter 4/Annual Report will be produced by the end of March and the Annual Review will be available for the May Road Shows. We will be asking a number of themes and programmes to provide updates on their activities – for example in Patient Safety to provide an update one year on.

Our website content will be updated regularly, for example on the Best Care programme following clinical network reviews and the Patient Safety Collaborative work. In addition, the AHSN partners will be highlighted with links to their own sites and activities in AHSN-supported programmes and projects.

Key events for 2016/2017 are shown below and regular updates will be provided in our newsletters, on our website and via Twitter.

Month	Event	Comment
<b>April 2016</b>	7 <sup>th</sup> – 8 <sup>th</sup> IDEAL conference on Surgical innovation	Oxford AHSN is a major Sponsor and the conference is being organised through IDEAL/Patient Safety Academy
	21 <sup>st</sup> Oxford Patient Safety Collaborative meeting	
	25 <sup>th</sup> – 27 <sup>th</sup> BioTrinity2016 – Vision for Life Sciences 2030	Oxford AHSN is the Cornerstone Patron and hosts a workshop and the two day Innovation Poster Showcase providing a real opportunities for partners to present their work
<b>May 2016</b>	Roadshows across the AHSN (all planned to start at 1600) (for dates see <a href="http://www.oxfordahsn.org">www.oxfordahsn.org</a> ) 9 <sup>th</sup> Oxford University Hospitals at the John Radcliffe Hospital 12 <sup>th</sup> Royal Berkshire at the Technical Education Centre 17 <sup>th</sup> Berkshire Health at Easthampstead Conference Centre 19 <sup>th</sup> OBN at the Thames Conference Centre, Milton Park 25 <sup>th</sup> Oxford Health at the Warneford Hospital 26 <sup>th</sup> Milton Keynes at Milton Keynes University Hospital	A series of meetings in separate locations across the AHSN involving local partners and stakeholders and highlighting the Annual Report and Review
	26 <sup>th</sup> – 27 <sup>th</sup> 5 <sup>th</sup> UK Diagnostics Forum	Meeting for the diagnostics industry, academia and healthcare professionals. NIHR and the Diagnostic Evidence Co-operative
<b>June 2016</b>	15 <sup>th</sup> – 17 <sup>th</sup> NHS Confederation	AHSNs national focus - Manchester
	22 <sup>nd</sup> – 24 <sup>th</sup> Evidence Live Conference	Oxford AHSN expects to submit posters on its work
	29 <sup>th</sup> VentureFest Oxford	Oxford AHSN will be exhibiting and participating

Month	Event	Comment
<b>July 2016</b>	6 <sup>th</sup> July Isis/AHSN/BRC Innovation Showcase	Major event covering Obesity, Cognitive Health, Cardiovascular and Ageing and Fragility
	5 <sup>th</sup> to 6 <sup>th</sup> Patient Safety Congress Manchester	National congress
<b>August 2016</b>		
<b>September 2016</b>	7 <sup>th</sup> – 8 <sup>th</sup> NHS EXPO Manchester	AHSN national presence
	22 <sup>nd</sup> AHSN Partnership Board	Bi-annual AHSN meeting
<b>October 2016</b>	Respiratory Network Launch	
<b>November 2016</b>	22 <sup>nd</sup> – 23 <sup>rd</sup> Patient First London	National conference
<b>December 2016</b>	AHSN Open Christmas Event	General Stakeholder event for networking
<b>January 2017</b>		
<b>February 2017</b>		
<b>March 2017</b>		

## Financial Plan

We are assuming flat funding from NHS England and from the local partners for 2016/17. The NHS England funding envelope will not be finalised until the end of March. Funding from HEETV is also dependent on their own budget allocation. In 2015/16 we saw the last adjustment to align Tier 1 and Tier 2 AHSNs funding. The main change to the budget next year is that we are showing the full year cost of the Best Care programme as in 2015/16 we benefitted from previously accrued expenditure.

NHS England has cut AHSN funding each year. Should there be a modest reduction in funding we have plans in place to reduce expenditure. A significant funding cut will require a reduction in activity. We review expenditure regularly and we have planned carefully to deploy resources to deliver against the 5 year licence period and we have not planned to retain surplus funds at the end of year 5. Should the licence not be renewed after March 2018 we would need to use a portion of year 5 funds to mitigate liabilities that may arise. NHS England has stated that funding for Patient Safety will continue to March 2019.

### OXFORD AHSN FINANCE PLAN

	Model Period Beginning	01-Apr-15	01-Apr-15	01-Apr-16
	Model Period Ending	31-Mar-16	31-Mar-16	31-Mar-17
	Financial Year Ending	2016	2016	2017
	Year of the 5 Year Licence Agreement	3	3	4
<b>INCOME (REVENUE)</b>		Budget	Fcast	Budget
NHS England funding		3,081,728	2,716,843	2,625,843
NHS England funding Tier 1/Tier 2 adj		-1,093,000		
Partner contributions		852,000	549,809	539,809
Other partner income		0	0	150,000
HEETV income for continuous learning		200,000	200,000	200,000
Other income		0	0	0
NHS England funding - PSC income		641,500	648,032	616,032
<b>Total income</b>		<b>3,682,228</b>	<b>4,114,684</b>	<b>4,131,684</b>
<b>AHSN FUNDING OF ACTIVITIES</b>				
Best Care Programme		672,367	672,367	1,189,809
Clinical Innovation Adoption Programme		500,584	500,584	532,038
Research and Development Programme		70,000	70,000	70,000
Wealth Creation Programme		730,060	790,060	621,427
Informatics Theme		386,289	436,289	376,462
PPIEE Theme		111,414	119,734	111,185
Patient Safety Collaborative & Patient Safety Academy Theme		791,500	823,500	686,032
Contingency for programmes		100,000	81,000	151,000
<b>Programmes and themes</b>		<b>3,362,215</b>	<b>3,493,535</b>	<b>3,737,953</b>
<b>CORE TEAM AND OVERHEAD</b>				
Pay costs		599,216	560,716	561,626
Non-pay costs		515,385	553,885	544,400
Communications, events and sponsorship		209,348	209,348	264,348
<b>Total core team and overhead costs</b>		<b>1,323,949</b>	<b>1,323,949</b>	<b>1,370,374</b>
<b>Total expenditure</b>		<b>4,686,163</b>	<b>4,817,483</b>	<b>5,108,326</b>
Programme funding previously committed		-1,003,935	-700,000	-980,000
<b>Surplus/(deficit)</b>		<b>-0</b>	<b>-2,799</b>	<b>3,358</b>

## Appendix A - Matrix of Metrics

The table below reflects the Matrix of Metrics as per the License with NHS England and as such is consistent both with this document and the Q3 quarterly update submitted on 23<sup>rd</sup> December 2015.

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 4)	Milestone activities (Year 4)	Outcome Framework Domain	Associated Funding	Current Status
1	Focus upon the needs of Patients and local populations (A)	<p>Best Care Programme (Clinical Networks)</p> <p>The Best Care Programme is designed to deliver AHSN licence objective one: focus on the needs of patients and the local populations.</p>	<p>Further improve the recovery rate of patients suffering from Anxiety and Depression</p> <p>Improving access, including waiting time standards for Early Intervention in Psychoses</p> <p>Improve medicines reconciliation rates across network</p> <p>Reduce admissions and length of stay for childhood pneumonia</p>	Imaging and Maternity clinical networks collecting high quality data from across the region through interoperability	1,2,3,4,5	£1,189,809	
2	Speed up innovation in to practice (B)	<p>Clinical Innovation Adoption Programme</p> <p>The Clinical Innovation Adoption (CIA) Programme aims to improve significantly the speed at which quality clinical innovation is</p>	<p>Average number of Trusts adopting each innovation</p> <p><u>Acute trusts to date:</u></p>	<p>5 more projects in final stage of deployment</p> <p>Measuring and monitoring phase</p>	1,2,3,4,5	£523,038	



No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 4)	Milestone activities (Year 4)	Outcome Framework Domain	Associated Funding	Current Status
		<p>adopted and in the process of adoption - improve clinical pathways and outcomes for patients.</p> <p>The goals of the programme are to;</p> <p>Support adoption of innovations at scale across the region to improve patient outcomes, safety experience and cost effectiveness</p>	<p>Implemented relevant innovations = 29%</p> <p>Plan to implement relevant innovations = 48%</p> <p><u>Mental Health trusts to date:</u></p> <p>Implemented relevant innovations = 33%</p> <p>Plan to implement relevant innovations = 40%</p>				
3	Build a culture of partnership and collaboration (C)	To promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.	All the AHSN's seven programmes and themes are a collaborative effort by all the partners in the region, and address local and national priorities.		1,2,3,4,5		



No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 4)	Milestone activities (Year 4)	Outcome Framework Domain	Associated Funding	Current Status
		<b>R&amp;D</b> <b>The R&amp;D Programmes aims are to improve R&amp;D in the NHS through closer collaboration between the Universities, NHS and Industry.</b>	Commercial R&D income increase	Trust R&D plans developed and progress made on Nursing/AHP strategy		£70,000	
		<b>Informatics</b> <b>The informatics business plan for 2015/16 represents programme of capacity building and delivery to support the key aims of the Oxford AHSN.</b>		Develop a comprehensive IG training programme for our partners		£376,462	
		<b>PPIEE</b> <b>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</b>		Leading Together programme		£111,185	

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 4)	Milestone activities (Year 4)	Outcome Framework Domain	Associated Funding	Current Status
		sections of the business plan.					
		Team, overhead, communications, events and sponsorship	<p>Number of subscribers to the Oxford AHSN Newsletter and Twitter followers per quarter</p> <p>Number of visits to Oxford AHSN website per month</p> <p>Number of attendees at all AHSN events per annum</p>	<p>Raising awareness of benefits of collaborative work, to improve patients outcomes and grow the economy, with local partners and external stakeholders</p> <p>Generation of support from Stakeholders for continued activities post 2018</p>		£1,370,374	
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	<p>Number of health and life science companies in region</p> <p>Number of people employed in life science industry</p>	Work with partners to develop 3 exemplar projects for Precision Medicine Catapult	1,2,3,4,5	£621,427	

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 4)	Milestone activities (Year 4)	Outcome Framework Domain	Associated Funding	Current Status
		<p>the NHS to accelerate the adoption of medical innovations of significant benefit to patients.</p> <p>The aims of the programme are to:</p> <p>Support companies along the adoption pathway, and provide a continuum with the Clinical Innovation Adoption Programme</p> <p>Support investment into the region</p> <p>Build a culture of innovation in the NHS</p> <p>Form and sustain long-term partnerships with businesses.</p>					

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 4)	Milestone activities (Year 4)	Outcome Framework Domain	Associated Funding	Current Status
5	Patient Safety	<p><b>The principal aims of the collaborative will be to:</b></p> <p><b>Develop safety from its present narrow focus on hospital medicine to embrace the entire patient pathway</b></p> <p><b>Develop and sustain clinical safety improvement programmes within the AHSN</b></p> <p><b>Develop initiatives to build safer clinical systems across the Oxford AHSN</b></p>	<p><b>Progress work in pressure ulcer reduction programme towards zero harm in project areas</b></p> <p><b>Increase adoption of AWOL project in Berkshire Healthcare and CNWL to increase return rates by 50% on all acute wards</b></p>	Six themes showing improvement		£686,032	
						£5,108,326	

## Appendix B - Risks Register & Issues Log

### Risks Register

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of partnership and collaboration across the region	Insufficient engagement of clinicians, commissioners universities and industry will prevent the AHSN from achieving its license objectives 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 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

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
							<p>geography and are based out in that geography (Buckinghamshire LEP and University of Reading). Celebrate early successes through Case Studies &amp; Events Regular monthly newsletter. Quarterly review of breadth and depth of engagement by Clinical Networks and all programmes and events.</p> <p>CIA analysis of strategic priorities of commissioners and providers as highlighted priority areas for AHSN programmes and themes.</p> <p>Designation as Precision Medicine Centre of Excellence drawn on resources across the Network</p> <p>YouGov Stakeholder Survey undertaken (all AHSNs) and increasing engagement shown</p>					
6	Oxford AHSN Corporate	Failure to sustain the AHSN should NHS England not renew license	Programme activities cease	Med	Med	> 6 / 12	<p>Successful delivery of all Programmes against the AHSN license objectives as per the Business Plan will strengthen Partner support – summary Business Plan draft circulated to Partners on the Board.</p> <p>Establishment of collaborative working across, and between, Partners as the 'normal' way of working</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31– Jul –14		AMBER

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
							Plans for roadshows with all partners.					

## Issues Log

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
18	Oxford AHSN Corporate	Clarity of NHS England funding	Medium	Financial	Funding for 15/16 has been confirmed and partners have agreed to continue to make contributions at the same level as 14/15. Progress good in collection of contributions Partnership Board to consider for 16/17 Although NHS England had confirmed AHSN funding for years 4 and 5 at £3.2m they have signalled that our funding could be cut by circa 10%	AHSN Chief Operating Officer	AHSN Chief 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	AHSN Chief Executive	Best Care SRO	03/06/2014	Action - 85% Complete	



#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					and stakeholders					
25	Oxford AHSN Corporate	Lack of awareness by local partners and national stakeholders of progress and achievements of the AHSN	Minor	Culture	Each clinical network and programme developing a comms plan. Website refreshed regularly and new content added – visits per month increasing Followers and subscribers increasing Links being enhanced throughout the region through Comms networks – e.g. for R & D Produced comprehensive annual report and new look annual review focused on impact. Events - improve marketing and evaluation of events. Roadshow with all partners. Level of engagement closely monitored across all programme and themes (see KPIs).	Director of Corporate Affairs	Director of Corporate Affairs	19/01/15	85% complete	

## Appendix C – AHSN Team

### AHSN Programmes and Themes

**Chair**  
**Nigel Keen**  
**CEO**

**Professor**  
**Gary Ford CBE**

**Executive**  
**Assistant**  
**Jo-Anne**  
**Harrison**

#### Programme and Corporate office

COO  
Dr Paul Durrands

Head of Communications  
Martin Leaver (from April 2016)  
Corporate Affairs Manager  
Amy Shearman  
Special Projects Manager  
Megan Turmezei  
(from May 2016)  
Val Tate Communications  
Consultant to Jan 2016  
Communications  
Administrator  
Rochelle Nelson  
Finance Paul Foster

HR and IMT provided by OUH

Programmes				Themes		
Best Care	Clinical Innovation Adoption	R & D	Wealth Creation	Informatics	PPIEE	Patient Safety
SRO Chandi Ratnatunga	Director Tracey Marriott	Lead Prof Gary Ford	Director Dr Nick Scott-Ram	Director Mike Denis	Director Dr Sian Rees	Clinical Lead Prof Charles Vincent
Senior Programme Manager Will Pank	Snr Innovation Adoption Managers Sue Ikin (returning March 2016)		Commercial & Strategy Development Managers Dr Hugh Penfold Nicki Bromwich Julie Hart	Head of Informatics James Brannan		Head of Patient Safety Jill Bailey
Details of all network managers and clinical leads are given below	James Rose Hannah Oatley					Patient Safety Managers Katie Lean, Cindy Whitbread and Geri Briggs
Deputy Programme Manager Claire Fernandez	Innovation Adoption Manager (Interim) Anita Bayliss to March 2016					
	Project Manager Lauren Davis		Project Managers Ashley Smith & Geraldine Murphy	Clinical Engagement Manager Katie James Data Analysts Imran Maqsood Helen Norman		Mildred Foster Emma Robinson
Administrator Rachel Robson	Administrator Ferdinand Manansala			Administrator Rochelle Nelson		Executive Assistant Amanda Garner

Best Care Programme – Clinical Networks*	Clinical Network Lead(s)	Clinical Network Manager
Anxiety & Depression	Professor David Clark, University of Oxford	Ineke Wolsey
Children's	Professor Andy Pollard, University of Oxford Dr Craig McDonald, Buckinghamshire Healthcare	Tim Gustafson
Dementia	Dr Rupert McShane, Oxford Health	Fran Butler
Early Intervention in Psychosis	Dr Belinda Lennox, University of Oxford	Sarah Amani Tim Gustafson
Imaging	Professor Fergus Gleeson, Oxford University Hospitals	tbc
Maternity	Mr Lawrence Impey, Oxford University Hospitals	Katherine Edwards
Medicines Optimization	Mr Bhuler Vhader, Oxford University Hospitals	Dr Lindsay Roberts
Respiratory	Professor Ian Pavord, University of Oxford Dr Richard Russell, University of Oxford	tbc
* from 1 April 2016		

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

Role	Individual
Chairman	Mr Nigel Keen, Chairman Syncona, Wellcome Trust, Isis Innovation and Oxford Instruments Plc
Vice Chairman	Dr Bruno Holthof, Chief Executive, Oxford University Hospitals NHS FT
Chief Executive Officer	Professor Gary Ford FMedSci CBE
Chief Operating Officer	Dr Paul Durrands
	Oversight Groups
Best Care Oversight Group, Chair	Joe Harrison, Chief Executive, Milton Keynes University Hospital NHS FT
R&D Oversight Group, Chair	Stuart Bell CBE, Chief Executive, Oxford Health NHS FT
Wealth Creation Oversight Group, Chair	Dr Nicholas Edwards, Chairman Kinapse
CIA Oversight Group, Chair	Neil Dardis, Chief Executive, Bucks Healthcare NHS Trust
Informatics & IG Oversight Group, Chair	Stuart Bell CBE, Chief Executive, Oxford Health NHS FT
PPIEE Oversight Group, Chair	To be confirmed
Patient Safety Oversight Group Chair	Jean O’Callaghan, Chief Executive, Royal Berkshire NHS FT

Role	Individual
NHS Providers	Medical Director, Berkshire Health NHS FT; Mr Stuart Bell CBE, Chief Executive, Oxford Health NHS FT; Dr Lindsey Barker, Medical Director, Royal Berkshire NHS FT; Ms Jane Hogg Director of Strategy, Frimley Health NHS FT; Professor Joe Harrison, Chief Executive, Milton Keynes NHS FT; Dr Sarah Marriott, Divisional Director, Central and North West London NHS FT; Mr Stephen Conroy, Chief Executive, Bedford Hospital NHS Trust; Mr Neil Dardis, Chief Executive, Buckinghamshire Healthcare NHS Trust; Dr Bruno Holthof, Chief Executive, Oxford University Hospitals NHS Trust, Medical Director; Southern Health NHS FT, Mr Will Hancock/Mr John Black, SCAS NHS FT
NIHR bodies	Dr Andrew Protheroe and Dr Belinda Lennox, Clinical Co-Chairs, South Midlands and Thames Valley Local Clinical Research Network Dr Belinda Lennox, Centre for Leadership in Applied Health Research and Care
NHS Commissioners	Dr Graham Jackson, Aylesbury Vale CCG, Chiltern CCG, Milton Keynes CCG, Mr David Smith, Oxfordshire CCG, Bedford CCG, Sharioz Claridge, Berkshire West and Berkshire East CCGs
University members	Professor Alastair Buchan, Head of Medical Sciences Division & Dean of the Medical School, University of Oxford Mrs June Girvin, Pro Vice Chancellor & Dean of the Faculty of Health and Life Sciences, Oxford Brookes University Professor Richard Ellis, Dean of the Faculty of Life Sciences, University of Reading Dr Geraint Morgan, The Open University Sue West, Dean of Society and Health Faculty, Buckinghamshire New University <b>Professor John Clapham, Chief Operating Officer, University of Buckingham</b> Prof Kathryn Mitchell and Professor Heather Loveday, University of West London Dr Joanna Cox, Cranfield University University of Bedfordshire (tbc)
HE TV member	Pauline Brown, Managing Director, Health Education Thames Valley (LETB)
NHS England	Dr Geoffrey Payne , Medical Director, Thames Valley Local Area Team (LAT) of NHS England South
Industry members	Di Vegh, ABPI, Peter Ellingworth, ABHI, John Harris, OBN, Doris-Ann Williams, BIVDA
LEP members	Nigel Tipple, CEO, Oxfordshire LEP, Neil Gibson, Bucks CC, David Gillham, Berkshire LEP

## Appendix E - Summary of Key Milestones

The table below highlights the key Milestones, in line with the Matrix of Metrics listed at Appendix A, that were achieved in years 1, 2 and 3, and that are forecast to be achieved in year 4 (2016/17) and beyond. Where there has been any slippage this is indicated by an arrow.

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	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)	✓	✓						
	Partnership Council Meetings/roadshows		✓	✓	◆				◆
	Delivery of the Annual Report and Annual Review	✓	✓	✓				◆	◆
	IT infrastructure for Oxford AHSN implemented (to be completed Q3, linked to the office move)		✓						


Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Oxford AHSN 5 Year Strategy			✓					
Best Care	Establishment of Clinical Networks	✓	✓						
	Establishment of the Best Care Oversight Group		✓						
	Agreement of Memorandum of Understanding between Oxford AHSN and HE Thames Valley	✓							
	Open publication of Annual Report for each Clinical Network (1 <sup>st</sup> report due April 2015)			✓			◆		◆
	Annual review of network progress and plans			✓			◆		◆
	Review of network progress and plans. Decisions on future funding for networks			✓					◆
	Publication of 'Best Care Review'			✓		◆			◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Anxiety and Depression)	Reduce variation in IAPT outcomes – Implementation plan agreed  - Further increase in recovery rates			✓					◆
(Anxiety and Depression)	Support/expand local service innovation – Report on adoption progress  -Roll out of additional service innovation			✓				◆	
(Anxiety and Depression)	Local service innovation – Reduced secondary care utilisation report - Economic benefit of integrated care analysis						◆		
(Anxiety and Depression)	Data Completeness in Child and Young Persons IAPT – Implementation plan agreed  -25% increase in the use of ROMS in target groups			✓				◆	



Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Children)	Reduce admissions and length of stay for childhood pneumonia, asthma, bronchiolitis and meningitis in outlying CCGs			✓				◆	
(Children)	Improve research facilitation - Enrol children into a research study at Milton Keynes Hospital, Wexham Park & Stoke Mandeville (6,5,5)			✓				◆	
(Children)	Improve 'flu vaccination rates in region		✓	✓				◆	
(Children)	Standardise antibiotic prescribing guidelines across network and audit adherence							◆	
(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.			◆ CLOSED					


Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Dementia)	<p>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.</p> <p>- All Trusts to record BME data for 90% patents accessing memory clinics</p> <p>- 85% of memory clinics to be reaccredited under new MSNAP standards</p>			✓			◆		◆
(Dementia)	<p>Unwarranted variation</p> <p>- Hold at least 5 webinars across region, aimed at reducing variation in dementia</p> <p>- webinar participation increased</p> <p>- variation reduced in three areas of unwarranted variation</p> <p>- Establish LTC PROMS for dementia patients and carers</p>				✓			◆ ◆	◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Dementia)	Data Capture - 30 patients and carers piloting the use of remote data capture tool to manage the patient's electronic record				◆				
(Dementia)	Young Onset Dementia (YOD)– Secure commissioner funding for rollout of service throughout at least 1 county in region  -Evaluate roll-out of workshops to East Berkshire. Report on outcomes and achievements			✓			◆		
(Dementia)	Addressing variation in service delivery for YOD- YOD service in at least one more CCG area than at baseline							◆	
(Dementia)	Post-diagnostic support – all post-diagnostic services participating in best practise network				◆				
(Diabetes)	Young Adult Engagement - Work with local community/primary care diabetes teams on implementing care pathways for all young adults (<25 years) with diabetes			◆					

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Diabetes)	Islet Transplantation Clinics - Clinics running in peripheral centres			CLOSED					
(Diabetes)	Tackling Variation in Diabetes Care - Data collection system in place and begin implementation			✓					
(Early Intervention in Mental Health)	Implement a Common Assessment - 90% of staff working in EIS trained in standardized clinical assessment of psychosis.			✓					
(Early Intervention in Mental Health)	Enhanced Care Continuity & Extended EI Model - Trust level action plans for improving care continuity agreed			◆ CLOSED 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	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Early Intervention in Psychosis)	<b>Reduce Variation</b> - Action plans for improving care quality in each Mental Health Trust - Implementation of service improvement plan across all Trusts/agreement from all EIP service leads			✓				◆	
(Early Intervention in Psychosis)	<b>Service Innovation</b> - All four EIP services in the Oxford AHSN geography supported to adopt at least one new service innovation - Report on implementation of adoption plans - Improved patient experience of people accessing EIP service by 5%				◆	◆	◆		
(Imaging)	<b>Standardise prostate cancer diagnosis pathway and demonstrate improved referral to treatment times and reduced biopsies</b>			✓				◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Imaging)	Network-wide data sharing platform installed (1) and in use for specialist opinions (2)			◆	◆				
(Imaging)	Common pathway for PET-CT in lung cancer established (1) and demonstrating improved outcomes (2)				◆			◆	◆
(Imaging)	Publish and publicise 5 patient videos (1) and a further 5 patient videos (2) describing typical patient experiences				◆				◆



Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Maternity)	<p>Care &amp; Consistency - Improvement in outcomes/ reduction in variation across network by &gt;5%:</p> <ol style="list-style-type: none"> <li>1) Rhesus: assessment of anaemia once antibody titre &gt; accepted threshold</li> <li>2) Growth restricted babies: delivery in unit with Level 3 neonatal care</li> <li>3) No variation in magnesium sulphate regime for eclampsia across the region</li> <li>4) Increase in use of magnesium sulphate for neuroprotection</li> </ol>				◆				
(Maternity)	<p>Care &amp; Consistency - Improvement in outcomes/ reduction in variation across network in:</p> <p>Syntocinon use, cardiotocograph interpretation, and use of placental histology.</p>						◆		





Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Maternity)	Information sharing – all trusts contributing to regional database			✓			◆		
(Maternity)	Launch Small for Gestational Age identification pilot (1) and publish initial findings (2)				◆				◆
(Maternity)	Publish report showing continued improvement in place of birth of extremely pre-term babies			✓	◆				
(Medicines Optimisation)	Medicines reconciliation database used across network (1) and demonstrating improvements (2)			◆				◆	
(Medicines Optimisation)	Roll out CBT training to pharmacists (1) and report improved adherence (2)			✓	◆			◆	
(Medicines Optimisation)	Transfer of Care – interim (1) and full-term(2) report demonstrating improved outcomes			✓		◆		◆	



Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Medicines Optimisation)	Implement (1) and show impact of (2) Medicines Authentication System					◆		◆	
(Out of Hospital)	Single care model - pilot models implemented & delivering patient care			CLOSED					
(Respiratory)	Build network engagement and launch						◆		
(Respiratory)	Audit current ED asthma protocols (1), revise protocols and show impact of revisions (2)							◆	◆
(Respiratory)	Audit existing clinical trial participation in network (1) and show improvement (2)						◆		◆
Clinical Innovation Adoption	Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations		✓		◆				◆
	Establishment of a Clinical Innovation Adoption Oversight Group and Programme	✓							

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Identification of potential funding sources for innovation initiatives (cf RIF, SBRI Grand Challenges etc.) SBRI and Horizon 2020 briefing meetings held (see also Wealth Creation)		✓						
	Creation of an innovation dashboard (including uptake)			✓					
	Creation and Implementation of an Innovation Adoption course for NHS partners (based on CIA 10 Step Process)			✓					
	Creation and Implementation of an automated online platform that will enable the organisation to create, manage, track and measure the innovation process from idea creation through to final implementation and impact reporting						◆		
	Work with Wealth Creation to create a plan to grow local focused innovations for adoption				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Intra Operative Fluid Management Project Estimated Completion (commenced 2014/15)			✓ Phase 1				◆ Phase 2	
	Catheter Acquired Urinary Tract Infection Project Estimated Completion (commenced 2014/15)				◆ Phase 1&2			◆ Phase 3	
	Intermittent Pneumatic Compression Devices for Stroke Project Estimated Completion (commenced 2014/15)			✓					
	Atrial Fibrillation (NICE) & Ambulatory ECG Project Estimated Completion (commenced 2014/15)				◆ Phase 1&2			◆ Phase 3	
	Electronic Blood Transfusion System Project Estimated Completion (commenced 2014/15)			✓					closed
	SHaRON (Eating Disorders Social Network) Project Completion (commenced 2014/15)			✓ Phase 1		◆ Phase 2&3			

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
Deploying to 4 trusts only - will complete year 4, Q2	<b>Gestational Diabetes m-Health Project Estimated Completion (commenced 2014/15)</b>				→	◆			
	<b>Dementia NICE Project Estimated Completion (commenced 2014/15)</b>			✓ Phase 1	→			◆	
	<b>Early Inflammatory Arthritis NICE Project Estimated Completion (commenced 2014/15)</b>			✓ Phase 1&2	→			◆	
	<b>Biosimilars</b>						◆		
	<b>Home IV Project Estimated Completion (commencing 2015/16)</b>								◆
	<b>Alcohol Services Project Estimated Completion (commencing 2015/16)</b>							◆	
	<b>NIC Nalmafene Project</b>				◆				
	<b>Fragility Fracture Prevention Service Estimated Completion (commencing 2015/16)</b>							◆	


Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Falls Prevention Strategy Project Estimated Completion (commencing 2015/16)							◆	
	Respiratory- Estimated Completion (commencing 2016/17)								◆
	Wealth Creation Project to be agreed - Estimated Completion (commencing 2016/17)								◆
	Wealth Creation Project to be agreed - Estimated Completion (commencing 2015/16)								◆
	National AHSN Innovation Project to be agreed- Estimated Completion (Commencing 2016/17)								◆
	National AHSN Innovation Project to be agreed- Estimated Completion (Commencing 2016/17)								◆
Research & Development	Establishment of R & D Oversight Group		✓						

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	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	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Appoint Commercial Development Managers for Berkshire and Buckinghamshire/Bedfordshire		✓						
	Establish pipeline of innovations for commercialisation <ul style="list-style-type: none"> <li>ensure industry and academics can access the NHS clinicians they need to work on concepts and pilots of new products and services</li> <li>work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective</li> </ul>			✓	◆				◆
	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	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	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			✓					
	Establish a regional evaluation and adoption programme in diagnostics				◆				

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Establish a regional evaluation adoption programme in digital health						◆		
	Provide on-going support for existing pilot projects across the region				◆	◆	◆	◆	
	Work with the Oxford Biomedical Research Centre, the CLAHRC and Isis Innovation, to develop clear pathways for the adoption of innovations into the NHS				◆	◆	◆	◆	
	Lead the assessment of ROI and health economic outputs across the AHSN				◆				
<b>Wealth Creation Objective 2 Supporting investment into the region</b>	Build a regional investment fund strategy with key stakeholders (Five Year Forward View)				◆				
	Develop a strategic plan for Buckinghamshire Life Sciences and a Life Sciences business plan for Berkshire			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Run the Alumni Inward Summit with post event follow-up programme			✓					
	Build an investment proposition around Open Access Innovation in conjunction with the Structural Genomics Consortium			✓					
	Run a joint showcase event with Isis Innovation			✓					
	Coordinate and lead regional Precision Medicine Catapult bid			✓					
	Regional diagnostics council for industry that encompasses Precision Medicine			✓					
	Run at least two seminars on funding opportunities (SBRI and others)			✓					
	Support industry group to improve infrastructure across Oxfordshire			✓	◆				◆
	Support plans with key partners for a science park at Milton Keynes			✓	◆				
	Provide support to the partners in establishing Oxford as Centre of Excellence under the Precision Medicine Catapult				◆	◆	◆	◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Work with the Structural Genomics Consortium to develop open innovation models of drug discovery							◆	
	Provide input into the development of a Gestational Diabetes Health Management (GDHM) business opportunity						◆		
	Host the Bicester New Towns working group and work with the partners to further refine the opportunity				◆		◆		
	Engage with the Smart Oxford project and provide support in healthcare				◆			◆	
	Continue to support the development of the Oxford – Thames Valley cluster as a leading national and international region				◆		◆		
	Work with the Academic Health Science Centre, in particular on the theme of building novel partnerships				◆	◆	◆	◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Run a joint showcase event with Isis Innovation and the Biomedical Research Centre					◆			
	Run at least two other wealth creation events across the region						◆	◆	
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			✓					
	Run two entrepreneurs programme events for healthcare workers			✓	◆		◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Deliver the Challenge 2023 Competition across the Oxford AHSN region with Health Education England Thames Valley and the Thames Valley and Wessex Leadership Academy						◆		
	Establish a mechanism of IP and legal support for those Trusts across the region that require it						◆		
Wealth Creation Objective 4 Building long-term partnerships with businesses and other organisations	Continue to strengthen and develop novel opportunities with the Oxford AHSC			✓	✓				
	Provide support in the establishment of Oxford E-health lab in partnership with Isis Innovation						◆		
	Provide support in the running and marketing of digital health events across the region	✓	✓	✓	◆				◆
	Initiate two broad partnerships with corporates from across the region			✓					
	Complete audit of assets in the AHSN region and articulate USPs			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Support and follow-up on the Energy and Sustainability programme.			✓					
	Sign strategic partnership with Johnson & Johnson. Continue to support and build on the Strategic Collaboration			✓		◆			
	Support the development of the IBD PROMS collaboration with ICHOM						◆		
	Continue to support the Sustainability and Energy Working Group				◆	◆	◆	◆	
	Identify a further project within sustainability and energy				◆				
Informatics	Consultation on component themes for the strategy, initially Informatics Oversight Group, then CIO forum and AHSN Senior management team			✓					
Informatics Strategy	Development of first draft and consulting via CIO forum			✓					
	Second draft – with input from Informatics Oversight Group Update to AHSN Board and Partnership Board			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Final draft for approval by AHSN Board			◆					
Informatics National Digital Maturity Model	Assessment and evaluation of previous models			Closed					
	Establish collaboration framework with GM and UCLP			Closed					
	Design workshops for integrated care digital maturity model			Closed					
	Consult across regions			Closed					
	Create an adoption plan			Closed					
	Mobilise partners to participate			Closed					
	Capture local information to assess the potential for integrated care/ landscape			Closed					
	Regional landscape mapping			Closed					
Informatics Local Digital Maturity	Review CCG assessment and roadmap					◆			
	CIO forum to initiate local maturity model for the region						◆		



Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Initiate a cross organisation assessment and visualisation						◆		
Informatics Research Informatics Focused on the deployment of Clinical Records Interaction Search (CRIS).	Partner engagement			✓					
	Proposal and recruitment			✓					
	Clinical and academic engagement			✓					
	PPIEE engagement			✓					
	Technical infrastructure planning			✓					
	Information Governance and Ethics (Oxford)			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	CRIS deployment Oxford Healthcare			✓					
	Federation – enabling federated queries to be run against local CRIS databases (Oxford)			◆					
	Berkshire Healthcare - Information Governance and Ethics				◆				
	Berkshire Healthcare Install extract utility and validate data dictionary					◆			
	Berkshire Healthcare User acceptance testing and tech go live.						◆		
	Berkshire Healthcare – CRIS deployment						◆		
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	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	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					◆			
	Engaging CCGs to extend coverage to GPs						◆		
	Patient Engagement with PPIEE to develop a consent for contact approach							◆	
Demonstrate IG framework is working	Enable two region wide projects – Imaging and Maternity				◆				
Informatics Personal Health Records Platform development	Establish coordinated approach with PPIEE			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Develop case for change as basis for consultation, now as part of the interoperability work			◆					
	Use cases Children – eRedbook - Mental health - True colours			✓					
	Engage patient groups, clinical networks, commissioners			✓					
	Develop conceptual models/platform			✓					
	Supplier engagement			✓					
	Consult local communities of interest e.g. counties			✓					
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			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Automation of process from requirement to commission			✓					
	Explore partnership opportunities with HSCIC and other AHSN			✓					
Informatics Developing analytics	Demonstrate to users how they will be able to interact with the new platform and access reports.				◆				
	Run training sessions for users to access and refresh reports from the new data platform					◆			
	Training super users in the ability to create new reports.						◆		
PPIEE	Establishment of PPIEE Oversight Group	✓							
	Established network of clinicians, managers, researchers and patients across partner organisations interested in local leadership for PPIEE	✓							
	PPI/PPE plans for each clinical network in place and to support CIA (to be finalised)		✓						


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

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	<b>Broadening public and patient involvement</b>  Review of Lay Advisory Panel				◆				
	<b>Strategic direction</b>  Strategy and work plans presented at Oxford AHSN Partnership Board (Jan 2015)		✓						
	<b>Communications and broadening PPIEE activity across the Oxford AHSN region</b>  Involvement newsletter up and running, including publicising PPIEE events and case studies				◆				
	<b>PPIEE Network development</b>  Visits to partner organisations completed and case studies of good practice publicised, and at least two events held to address concerns/issues highlighted by partners				◆				◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Patient Participation Group (PPG) follow-up activities designed (Yr 3 Q3) and delivered (Yr 3 Q4)			✓					
	Patient stories evaluation completed and case study written							◆	
	Patient leadership – Leading Together  At least two cohorts (10 lay members and 10 professional per cohort) completed and evaluated			✓					
	Leading Together – full roll out				◆	◆	◆		
	Follow-up of those who took part in pilot programme to assess longer-term impact			✓					
	Clinical Networks  Four network exemplars completed			✓					



Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	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.			✓					
	Three case studies across networks and CIA written up and disseminated								◆
	Development of lay involvement in strategic priority setting for networks and CIA, built into process for AHSN strategic work going forwards			✓	◆				◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
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 Collaborative Establish Patient Safety Collaborative – launched in Q2	✓	✓						
	Patient Safety Collaborative Bid for Patient Safety Collaborative		✓						

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Patient Safety Collaborative Consolidate and review requirements					◆			
	Patient Safety Collaborative Produce report on safety in Oxford AHSN region						◆		
	Patient Safety Collaborative Clinical programmes Establish PSC team			✓					
	Patient Safety Collaborative Clinical programmes Assess training and support needs			✓					
	Patient Safety Collaborative Clinical programmes Consolidate and review interventions			◆					
	Patient Safety Collaborative Clinical programmes Initial review and evaluations			◆					

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