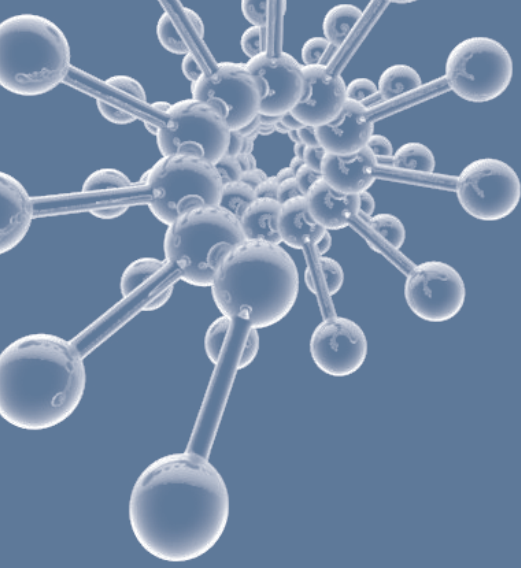


Oxford   
Academic Health  
Science Network



**2015/16**  
**THE YEAR IN NUMBERS**



**‘Through our partnership with Oxford AHSN we now have  
greater opportunities to learn from best practice.**

**Our staff can adopt innovations more quickly and our patient care is improving as a result.’**

Neil Dardis, Chief Executive, Buckinghamshire Healthcare NHS Trust

**‘Something very special is going on here in Oxford in this AHSN.’**

Life Sciences Minister George Freeman MP

**‘Our success was greatly assisted by our relationship with the Oxford AHSN.’**

William Finch, Oncascan

**‘The conference was very timely and I have had offers of  
collaborations and business advice already.’**

Prof Sarah Blagden, University of Oxford, on Oxford AHSN Alumni Summit

**Read our full 2015/16 Annual Report here:** [http://j.mp/OxfordAHSN\\_annualreport1516](http://j.mp/OxfordAHSN_annualreport1516)

**Read the Oxford AHSN 2016/17 Business Plan here:** <http://j.mp/BusPlan1617>

**Sign up to the Oxford AHSN monthly newsletter here:** <http://j.mp/OxfordAHSNnews>

**Further information:** [www.OxfordAHSN.org](http://www.OxfordAHSN.org) e: [martin.leaver@oxfordahsn.org](mailto:martin.leaver@oxfordahsn.org)

## Accelerating health and economic gains by working together

*Working together is key to improving patient outcomes and supporting regional economic growth. Through the Oxford Academic Health Science Network (Oxford AHSN) the NHS, universities and industry have come together in new ways to turn innovations into everyday practice. Lives are improving and our region is becoming a better place to live and work.*

### Highlights during 2015/16 include:

- **happier people** – our recovery rates from anxiety and depression (58%) are among the best in the country, enabling hundreds more people to resume their lives
- **healthier pre-term babies** – lives are being saved as more premature babies are born in units with full intensive care back-up
- **safer hospital discharges** – 20% fewer patients readmitted with medication issues
- **reduced risk of deep vein thrombosis** – more stroke patients are receiving specially developed sleeves
- **improved dementia diagnosis and care** – six memory clinics achieved a national benchmark as best practice spread across the region
- **energy savings** of £8.7m a year – NHS trusts and universities are working together to reduce their carbon footprint
- **strengthened clinical connections** – active involvement in our networks of 2,500+ clinicians.

The joint work of patients, staff from the NHS, universities and industry has focused on improving skills, including in leadership, entrepreneurship, quality improvement and adoption of innovation. A focus on physical activity has also helped to improve the wellbeing of both patients and staff.

Our region is home to world-leading science and the Oxford AHSN's commercial team has fostered links with industry, working with 320 businesses and establishing 21 formal collaborations and strategic partnerships. Extending data sharing across the region has led to improved connectivity in maternity and imaging.

The influence and effectiveness of the network is growing as more and more people identify and share collaborative opportunities that will allow us all to thrive in these challenging times.

We hope that you find the following information interesting and relevant to your work to improve patient outcomes. If you're not already involved, we hope you soon will be in the 150+ active collaborations that are delivering sustainable change, meeting local needs and bringing real benefits to patients.

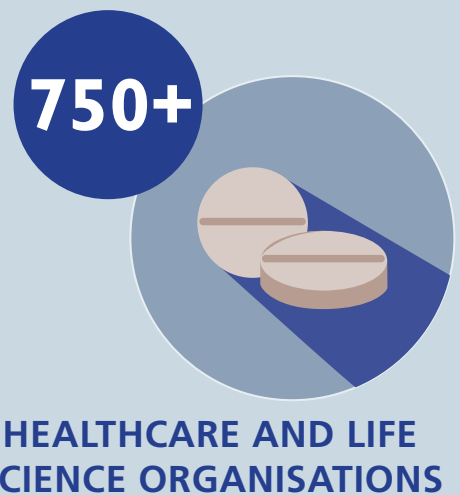
# What is the Oxford AHSN?

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 comes from collaborative working by the partners and stakeholders across the region.



**Our 7 programmes and themes facilitate shared work across all partners:**

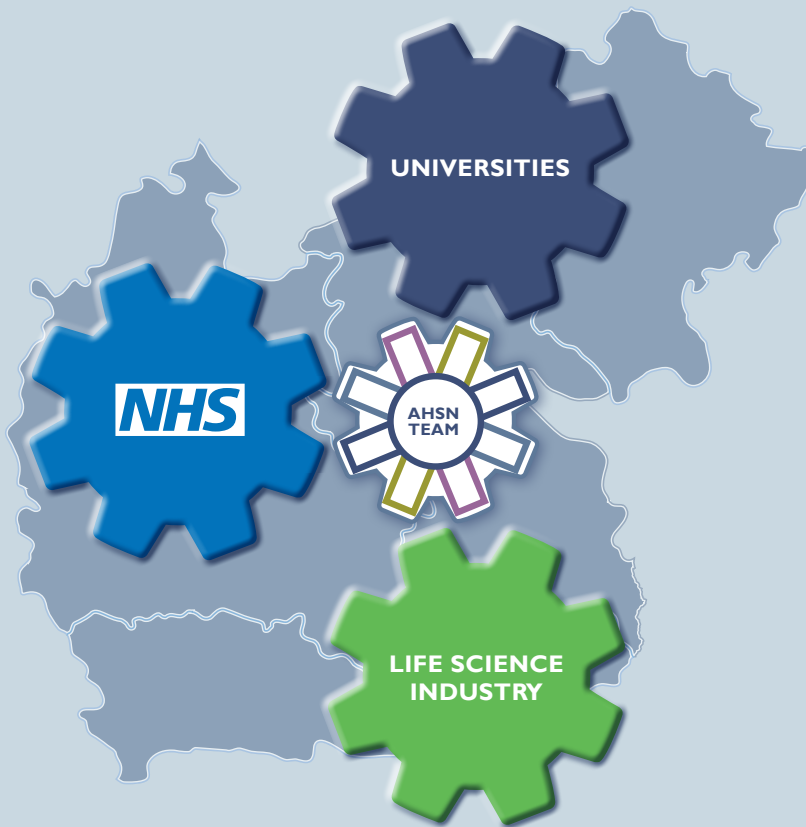
- Best Care Clinical Networks
- Clinical Innovation Adoption
- Research & Development
- Wealth Creation
- Patient and Public Involvement, Engagement and Experience
- Informatics
- Patient Safety



**NHS**



**65,000** NHS STAFF



### Benefits of collaboration across the whole system:

- Leverage clinical and management best practice and expertise to improve patient outcomes
- Share clinical evidence and benchmarking
- Scale clinical innovation adoption
- Learn from each other – clinical standards, models of care, commercial models
- Enable sharing of operational, patient and research data to improve outcomes
- Share evaluation knowledge
- Share clinical and management resources
- Improve region’s attractiveness for commercial research
- Make the region more attractive for inward investment and product development
- Make the region healthier

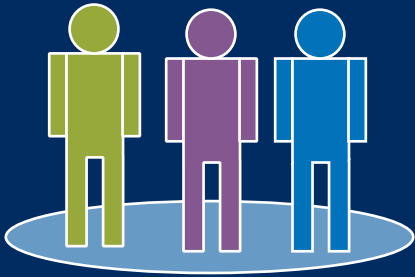
9

UNIVERSITIES

300+

GP PRACTICES

# The year in numbers



**2,000+**

**MORE PEOPLE HELPED  
TO RECOVER FROM  
MENTAL ILLNESS**



**LIVES OF FOUR PRE-TERM  
BABIES SAVED BY BEING  
BORN IN SPECIALIST UNIT**



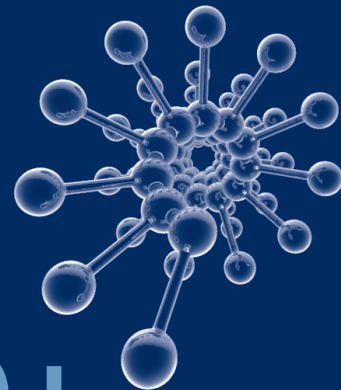
**8,500**

**PATIENTS GETTING BETTER DEMENTIA CARE**



**£9m**

**EXTRA REGIONAL  
FUNDING SECURED**



**150+**

**ACTIVE COLLABORATIVE  
PROJECTS**



**200+**

**SIGN UP TO OUR  
"GET PHYSICAL"  
CHALLENGE**

**80**



**PATIENT  
REPRESENTATIVES  
ENGAGED IN PROJECTS**

**170**



**DELEGATES ATTEND FIRST  
INTERNATIONAL LIFE SCIENCE  
ALUMNI SUMMIT**

**1**

**CATAPULT**

**Precision Medicine**

**PRECISION MEDICINE CATAPULT  
CENTRE OF EXCELLENCE ACCREDITED**



# The year in pictures



## Bringing innovators together

New connections were made with and between Oxford AHSN partners at a number of events including our innovation poster showcase at the BioTrinity life sciences conference in London



## Rewarding innovation

Oxford AHSN Chief Operating Officer Dr Paul Durrands, left, presented the second annual Oxford AHSN Public-Private Collaboration award to Keith Errey of Isansys for their work developing cost-effective vital signs monitoring technology



## Forming partnerships with industry leaders

Oxford AHSN Chief Executive Prof Gary Ford, left, and Mark Hicken, MD of Janssen UK and Ireland, part of Johnson & Johnson, led the creation of a strategic partnership with collaborations over a number of key projects



## 'Something special'

George Freeman MP, the Life Sciences Minister, spoke of 'something special happening' in the Oxford AHSN region when he took part in our Alumni Summit in July

## 'Stepping up to physical challenge'

More than 150 people took part in Tai Chi and Bollywood dancing at our Get Physical event which explored harnessing physical activity to improve patient and staff health and wellbeing







### Developing frontline NHS innovators

30 clinicians were given practical help to develop their innovations on the NHS frontline in a new in-depth course run by the Oxford AHSN with Health Education England and Bucks New University



### Using the evidence

Pharmacist Kate Masters, right, is one of 13 Oxford AHSN Fellows drawn from all parts of the NHS working towards a Masters in Evidence Based Healthcare through Oxford University



### Helping kids understand flu

Our judges had a tough job selecting the winners from over 100 entries in our flu poster competition... but this one by Owen Lock aged 6 was the worthy winner



### Listening to views

Patients and public played an important role in shaping our priorities, for example working with our ten clinical networks and Clinical Innovation Adoption programme



### Leading together

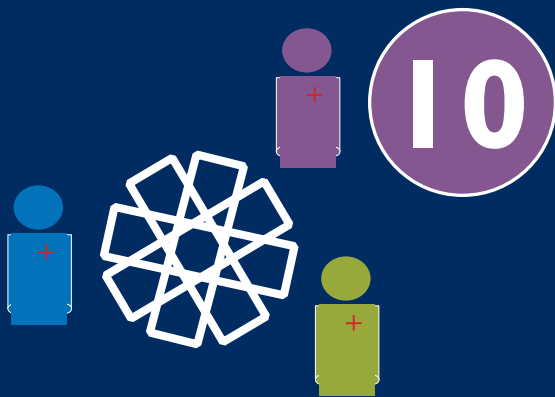
120 patients and clinicians are working together on leadership training – resulting in 60 projects influencing the shape of future health services



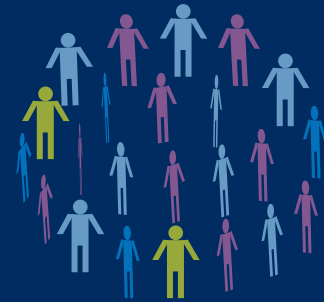
### Supporting patient leaders

Two of our patient leaders Carol Munt and Mark Stone were recognised in the HSJ Top 50 Patient Leaders - we will miss Mark who sadly died early in 2016

# Helping to deliver better patient care



CLINICAL NETWORKS



2,500

CLINICIANS ENGAGED IN NETWORKS



PATIENT SAFETY PRIORITIES



FELLOWS IN EVIDENCE  
BASED HEALTHCARE



CLINICAL LEADERS JOIN  
NATIONAL Q PATIENT  
SAFETY PROGRAMME



CLINICIANS TRAINED  
BY PATIENT  
SAFETY ACADEMY

# Patient safety priorities

Acute kidney injury

1

Sepsis

2

Maternity – reduce never events

3

Improving returns to psychiatric wards

4

Pressure damage

5

Asthma management in emergency departments

6

Mental health – improve serious incident reporting

7

Improve antibiotic prescribing for children

8

Better dementia care in care homes

9

Improving scanning for lung cancer

10

Fragility fractures

11

Improve training for diagnostic radiologists

12

Improving prostate scanning

13

Catheter acquired UTI

14

Falsified medicines

15

Improve flu immunisation uptake

16

Reducing still births

17

Intermittent pneumatic compression

18

Improve variation reduction in outcomes for children

19

Biosimilars  
Reducing the cost of medicines

20

Maternity – improve guidelines for safer care

21

Gestational diabetes monitoring

22

Atrial fibrillation and anticoagulation

23

Alcohol dependency

24

Maternity – pre term babies born in Level 3 units

25

Enhanced medication use reviews in the community

26

Information governance agreements

27

**For more on our patient safety priorities email**  
[info@oxfordahsn.org](mailto:info@oxfordahsn.org)

Better medication reviews

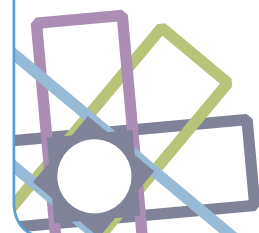
28

Falls prevention and care bundles

29

NHS Improving Quality training programme

30



# Spreading clinical innovation



15

ALL NHS TRUSTS IN OUR REGION IMPLEMENTING CLINICAL INNOVATION

30



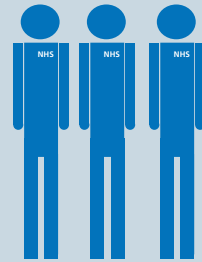
PREMATURE DEATHS PREVENTED BY STROKE SLEEVES



1

TOOLKIT TO REDUCE RISK OF INFECTION CAUSED BY CATHETERS UNDER DEVELOPMENT

30



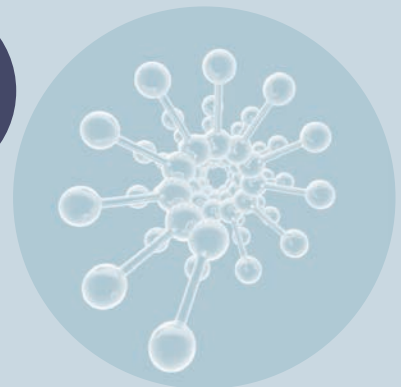
CLINICAL INNOVATORS GET PRACTICAL HELP



6,000

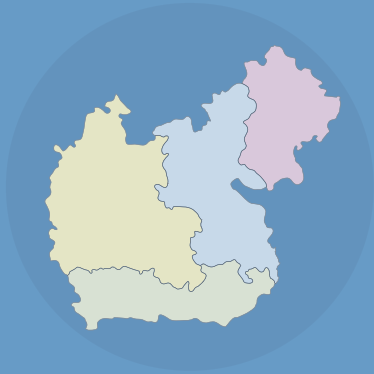
PREGNANT WOMEN COULD BENEFIT FROM REMOTE MONITORING OF GESTATIONAL DIABETES

1



INFORMATION GOVERNANCE FRAMEWORK

# Supporting economic growth



4

WORKING WITH 4 LOCAL ENTERPRISE PARTNERSHIPS ACROSS OUR REGION

320



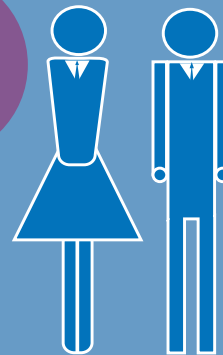
COMPANIES ENGAGED



21

FORMAL COLLABORATIONS WITH INDUSTRY

30



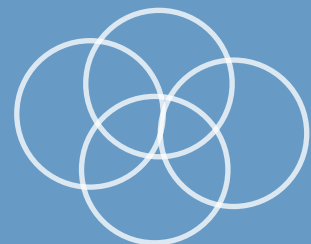
NHS ENTREPRENEURS COMPLETE TRAINING COURSE



1

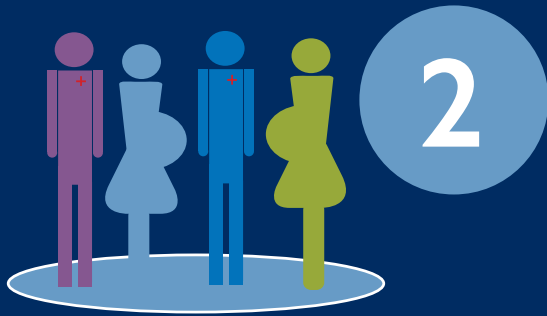
HEALTHY NEW TOWN FOR BICESTER

2



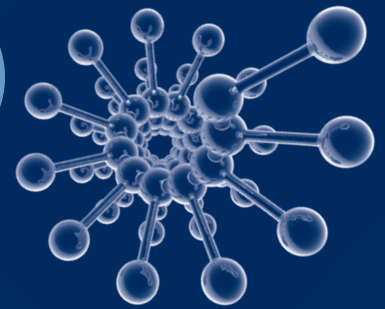
INNOVATION HUBS UNDER DEVELOPMENT IN BUCKS AND OXFORDSHIRE

# Looking ahead

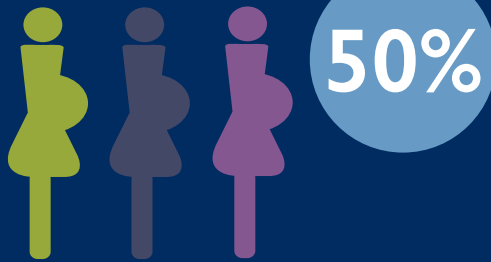


**JOINED UP NETWORKS  
SHARING HIGH QUALITY DATA  
IN IMAGING AND MATERNITY**

**150+**

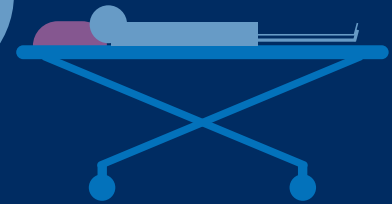


**PROJECTS FOR BETTER PATIENT  
OUTCOMES THROUGH  
INNOVATION AND IMPROVEMENT**



**INCREASE IN IDENTIFICATION OF  
PREGNANCIES AT RISK OF STILL BIRTH**

**0**

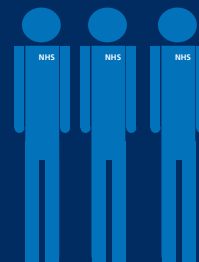


**WORK TOWARDS ELIMINATING  
PRESSURE ULCER PATIENT HARM**



**SAVING PER YEAR IN  
REDUCED CARBON FOOTPRINT**

**200+**



**NHS STAFF COMPLETE  
TAILORED COURSES TOWARDS  
IMPROVED PATIENT CARE**



# Supporting transformation: Giving 90-year-old Muriel better care

## Current

- Muriel has osteoporosis and rheumatoid arthritis, is at risk of falling and has suffered from a catheter acquired UTI on two occasions in her care home. She is frequently confused and appears depressed
- Three hospital stays this year as a result of confusion and another with a hip fracture following a fall. Readmitted on one occasion as UTI flared up. One readmission quickly followed the second spell in hospital as UTI flared up again
- Developed pressure ulcer during extended period in hospital following hip operation.



## AHSN Innovation/Improvement

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

## Future

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

## 2015/16: The year in numbers

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