Oxford Academic Health Science Network

2016/17 Q1 Report

For the quarter ending 30 June 2016

"The work being undertaken by Oxford AHSN is encouraging wider spread and adoption of innovative medicines, diagnostics, devices and digital applications across the whole region that are making a difference to patients and reducing costs"

Jean O'Callaghan, Chief Executive, Royal Berkshire NHS Foundation Trust

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Chief Executive's Review

The Oxford AHSN is developing well as more of our partners' staff are engaging in our work and we are seeing more results from the programmes and themes. We commissioned the Office of Health Economics/Rand Europe to evaluate our work independently and this has confirmed the significant added value of the 4 collaborative projects they studied.

Highlights from this quarter's report include case studies on a programme in primary care supporting flu immunisation in young children, and the SHaRON telehealth solution to support adults with eating disorders developed by Berkshire Healthcare, and the Bicester Health New Town project.

I am very pleased with early reports of the Leading Together programme we have developed with NHS England (South region) Revalidation Team and Health Education England Thames Valley which is supporting 120 lay people and health professionals to co-develop change programmes in our local services. Delivering transformative changes in NHS services that are seen as critical to the future sustainability of the NHS requires effective clinical and managerial leadership at all levels of the NHS and strong public and patient engagement. This programme has the potential to develop and support such leadership and I encourage our partners to consider funding further cohorts in the future to support Sustainability and Transformation Plans (STPs).

In May we held seven showcase events with our local partners. The showcases included 35 different collaborative talks presented by 20 partner contributors from the NHS, universities and industry, to 350 people. This has been a very positive experience and we will continue with a programme of local partner showcases next year in place of the annual partnership council.

I would like to thank those of you who participated in the stakeholder survey undertaken by ComRes for your feedback. Almost 600 stakeholders responded. The quantitative analysis will be presented at our AHSN Board in July and published in August. The full report will be discussed with the Partnership Board in September. We will use the survey results to improve further our engagement and inform our future work. Almost all respondents recognised the value of collaboration and 4 out of 5 respondents strongly believed that the Region needs an AHSN.

NHS England has confirmed that they will be re-licensing and funding AHSNs after April 2018. The process is expected to begin in the autumn once the Accelerated Access Review has reported. NHS England has indicated that the remit of AHSNs is to remain unchanged but there is an expectation that AHSNs will work more closely together to support national spread of innovation. Our programme reports already show examples of where we are working with other AHSNs and national partners. Our Early Intervention in Psychosis and Anxiety and Depression clinical networks have both been recognised nationally for their leadership in improving patient outcomes within and outside our Region. The AHSN footprint spans three STPs, the latest NHS re-organisation into 44 local health economies. We are supporting the development of the 'BOB' STP and will work with other AHSNs to support the work of the other STPs. Whilst NHS boundaries change and evolve, improving patient outcomes and service efficiencies continues to require clinicians and managers to lead change by working together across organisational boundaries with public and patient support. The AHSN programmes will continue to support this work drawing upon research innovation within and outside our Region.

I write this quarterly review just after the result of the Brexit vote. At a recent roundtable event organised by George Freeman, Minister for Life Sciences, Chief Executives of Life Science companies in our Region were clear about the benefits of close partnership with the rest of Europe. Collaboration across national boundaries and the movement of people and exchange of ideas has always been an important driver of research and innovation. In that context we are increasing our engagement and working as a member of the European Institute of Innovation Technology Health Knowledge and Information Community (EIT KIC) with our involvement in two proposals, Digital New Towns and Innovation Entrepreneurial course, currently

being considered for funding. In meeting the challenges of delivering high quality health care to an ageing population we will need to continue to draw upon innovation and learning from across European health care systems as well as that within our own Region.

Professor Gary A Ford CBE FMedSci

"The whole concept of the Academic Health Science Network is a very strong one driving clinical collaboration, making sure clinicians are driving change, adopting innovation across the region and creating successful companies as a consequence,"

Dr Bruno Holthof, Chief Executive, Oxford University Hospitals NHS Foundation Trust

"I am very grateful for the leadership the AHSN has provided. The AHSN is acting as a sort of chaperone to take innovators to healthcare systems to demonstrate the utility of innovation so that the value is much more apparent to those who might use it across the system. That encourages adoption and much wider diffusion,"

Prof Sir John Bell GBE, Regius Professor of Medicine, University of Oxford

Supporting the childhood flu immunisation programme

Start and end dates of work covered by case study

2014 -ongoing.

Headline quotes

"Thanks very much for this information which shows your successful collaboration with local GP surgeries in two different socio-economic geographies" Dr Onteeru Buchi B Reddy, Public Health Programme Manager, Slough Borough Council

"The Children's flu information and immunisation webpage provided by the Oxford Academic Health Science Network has proved to be a valuable resource in helping public health teams to promote the children's flu vaccine this season. The design of the website with separate areas for children and their parents as well as education and health professionals has made it easy to find and share the relevant information and health promotion materials with our stakeholders as well as helping to promote good practice locally. We will definitely be looking at the site to help us plan for next year." Jo Jeffries, Consultant in Public Health – Health Protection, Public Health Berkshire

Lead AHSN and joint partners

Oxford AHSN Children's Clinical Network, Children's Network Nurse, school nurses, GPs and practice nurses, Public Health leads.

Key points at a glance

Immunisation is the most cost-effective medical public health intervention and has substantial and measurable benefits in helping young children stay healthy. There is considerable variation in flu immunisation uptake in the Oxford AHSN. Improving the uptake of the flu vaccine for children (currently provided for ages 2-4 and school years 1 & 2) reduces the spread of flu amongst children, their families and other members of the community resulting in fewer complications associated with flu, less use of antibiotics, fewer GP appointments and hospital admissions.

In pilot studies commissioned by Public Health England, where all primary school children were offered the vaccine, there was a 94% reduction in children's GP attendances for flu symptoms and a 74% reduction in hospital admissions for respiratory conditions. But it was not only children that benefited; in the pilot areas, there was a 59% reduction in GP attendances for flu-like symptoms by adults.

Background Summary

This is the second year the Oxford AHSN has supported uptake of the children's flu vaccine through the Children's Clinical Network. In the first year, the vaccine was delivered to 2-4 year-olds via their GP practices. The Network Nurses' focus was on identifying how best performing GP practices achieved a high rate of immunisation uptake and then spreading this best practice to GP practices with lower rates of uptake. This was supplemented with training for GPs, practice nurses and other stakeholders aimed at improving uptake. In addition, in low vaccine uptake areas, parents were provided with information to allow them to see the benefits of immunising their children.

In 2015/16, the cohort of children offered the vaccine was extended to include school years 1 & 2. The vaccine was delivered through a school-based programme, supplemented by GP practices for children aged

2-4, in all parts of the Oxford AHSN region except Oxfordshire where the programme was delivered entirely by GP practices.

Following a review of the first year's work (2014/15), in 2015/16 the Network Nurses focused in 2015/16 on providing a comprehensive flu vaccine information resource, based on feedback that all those involved in promoting, delivering or receiving the vaccine that background knowledge was lacking and access to information and resources was a challenge.

Flu webpages were included in the Children's Network section of the Oxford AHSN website to provide all resources and information on children's flu vaccination to all potential stakeholders from July 2015.

The Network Nurses contributed to over 30 training, promotional and educational events for health professionals involved in immunisation, including facilitating at a national workshop. Some of this involved delivering 'train the trainer' children's flu sessions in the Oxford AHSN region as well as sessions for a variety of wider stakeholders such as children's centre managers.

In 2015/16, the best practice tips from high achieving practices were adopted for inclusion in national guidance by NHS England's national childhood flu immunisation taskforce. A second round of tips for the school-based flu vaccination programme have also been created, and adopted in national guidance.

The Oxford AHSN Children's Network engaged children in understanding the effects of flu by inviting school years 1 & 2 children to design a poster on the theme of 'What I would look like with the flu'. A calendar was created from the 12 top entries.

Challenge identified and actions taken

One of the challenges this year was to aid understanding about virus drift and mismatch and the importance of choosing the most effective method of flu prevention. The Vaccine Knowledge Project explains that "…the flu virus can change quickly and easily". Each of the 144 types of Influenza A can undergo 'antigenic drift' – a process of genetic change that leads to even more variety within each type. Two different virus strains can even combine their genetic material to make a new sub-strain -this process is called 'antigenic shift', and is what led to the new Swine Flu virus in 2009."

This information was included in the Network Nurses' presentations and talks to relevant groups across the region.

Outcomes

The total number of children taking up the flu vaccine in the Oxford AHSN region increased 45.5% from around 87,500 to over 161,000 (this takes account of the new age cohort), though in common with the rest of the country, the overall percentage of children vaccinated has dropped for reasons as yet unknown. It is not realistic to correlate the rate of children's immunisation in the Oxford AHSN region with the activities of the Children's Network Nurse. Rather, our outcome measurements are based on the feedback from flu stakeholders and others:

"It was a pleasure to hear you speaking – you made a potentially complex topic very digestible! Thanks for coming." Dr Marion Lansley, Associate Specialist (Community Paediatrics), Berkshire School Health Nurse immunisation update, September 2015

"Thank you so much for coming to Bracknell Forest to speak to our early years' managers. It was a great presentation pitched just right." Annie Yau-Karim Public Health Programme Officer, Bracknell Forest presentation to early years' managers and promotional materials

Plans for the future

The flu webpages will be developed for the 2016/17 season, based on feedback from visitors to the pages in the past year.

Training sessions will continue to be offered to a wide range of flu stakeholders and others across the Oxford AHSN region.

The best practice guidance for achieving high immunisation rates in both GP practices and schools will be published within national guidelines.

The cohort for 2016/17 will also include School Year 3.

Contact for further information

Julie Wild, Children's Network Nurse, c/o Oxford Academic Health Science Network, Magdalen Centre North, Robert Robinson Avenue, Oxford Science Park, OX4 4GA, Julie.Wild@ouh.nhs.uk.

AHSN Core Objectives

A – Promote health equality and best practice
B – Speed up adoption of innovation into practice to improve clinical outcomes
C – Build a culture of partnership and collaboration

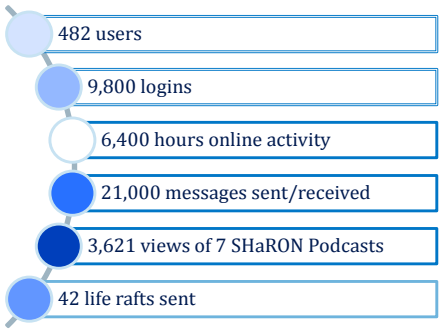
Support Hope and Recovery Online Network (SHaRON) is an Eating Disorders Tele Health System that connects individuals to each other and to their care providers.

SHaRON (Support Hope and Recovery Online Network) is an online social networking website initially designed as a platform for secure use by individuals with eating disorders and their clinicians.

Simon Thomson, Principal Psychotherapist and Eating Disorders Service Manager was ahead of the curve when he asked the IMT department at BHFT to support the development of the SHaRON system in 2008. Eating Disorder services have remained relatively unchanged in that they offer different levels of therapy support sessions or where patients are very poorly – direct admission to hospital.

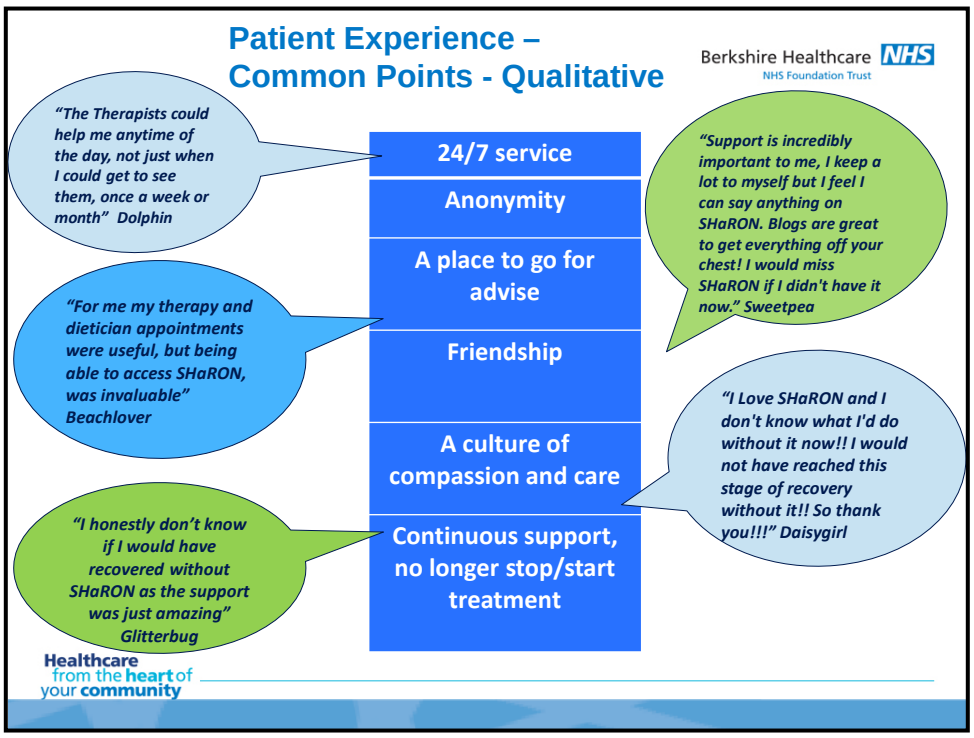
The SHaRON system came online in 2009 and has been a key instrument for changes in how the Eating Disorders Service is delivered in Berkshire Healthcare NHS Foundation Trust, so much so that other departments have now chosen to adapt the SHaRON system for use in their services; the Perinatal Subnet based on the SHaRON Platform was launched in March this year and has already supported 350 users.

The Clinical Innovation Adoption team identified the SHaRON system for inclusion in our first list of innovations for adoption within the region based on it being an excellent solution that supports a difficult to manage condition that results in patients often rotating in and out of hospital for many months/years and having little or no support once discharged from mental health care.



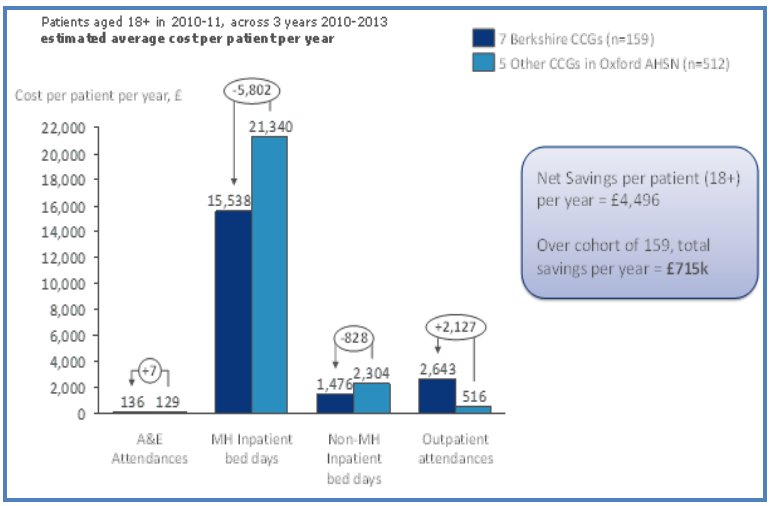
Selection of innovations for diffusion across the region is based on a number of factors including clinical opinion and business management commitment, patient and user involvement in the design and evidence that the innovation is providing benefit in terms of quality of care and efficiency. SHaRON was a clear winner for clinical commitment and patient involvement; Also, all clinical staff within the BHFT ED service now use the SHaRON system (it's written into their job specs); the executive are on board with its' value: the IMT department are providing continuity of resources and significant investment – and with a great deal of insight and acted upon intuition, the system was and continues to be "co-produced" and is delivered with patients since 2009 – way ahead of recent thinking on "co-production" with patients: Surprisingly though, spreading adoption has been extremely challenging.

The CIA team reviewed barriers to change for this innovation. One of the key reasons for other trusts saying that they would not adopt was that the case had not been made on evaluated "evidence" of benefit; Other than patient experience, little attempt had been made initially to collect data on the benefits in financial terms - mainly because as a "home grown" system, the focus was more on internal service development and quality for patients.



To further strengthen the case for adoption elsewhere in the region, the CIA Team worked with Janssen and BHFT on the health economics based around comparators such as the number of ED patients who stay out of hospital or suffer with relapses across the region. As service configuration was mainly the same within different regional providers – patient data was cleansed to compare numbers patients with ED from local areas (Berkshire, Bucks, Oxford and Milton Keynes) against inpatient and outpatient bed days. The SHaRON system remained the key difference and enabled us to get some indication as to whether 24/7 support for Eating Disorder patients actually made a difference to their recovery and the bottom line. The tables below gives an example of the key findings.

CCGs in Oxford AHSN	Population age 10-49, mid 2013 (ONS)	Age-standardised annual incidence, 2013 (estimate)
NHS Aylesbury Vale CCG	102,038	41
NHS Bedfordshire CCG	220,234	88
NHS Bracknell and Ascot CCG	73,100	29
NHS Chiltern CCG	159,479	64
NHS Milton Keynes CCG	144,096	58
NHS Newbury and District CCG	54,324	22
NHS North & West Reading CCG	50,557	20
NHS Oxfordshire CCG	348,729	139
NHS Slough CCG	84,958	34
NHS South Reading CCG	70,042	28
NHS Windsor, Ascot and Maidenhead CCG	74,413	30
NHS Wokingham CCG	80,749	32
Oxford AHSN	**1,462,719**	**585**



Commissioning of "Young" SHaRON service in Berkshire West CCGs and other upcoming opportunities

"Young" SHaRON was commissioned by Berkshire West CCGs for development and use by the wider Children Young People and Families workforce, including perinatal services, health visitors, school nursing, Looked After Children, Children's Services and Child and Adolescent Mental Health Services. This will be a long term transformational change, expected to cover a period of 5 years with Young Person's SHaRON as a central component of the transformation plan. Young SHaRON is up and running for perinatal and CAMHS.

Other Developments

The SHaRON platform is made up of secure subnets for individual services and more services are thinking about how the system could support them. SHaRON subnets now include:

CAMHS/Local Authority training for teachers on how to detect distressed children and CBT basic techniques now use a subnet as a safe learning space that is shared with schools, social workers, police and the trust.

There are subnets for carers for both Eating Disorders and Perinatal care clients.

A subnet for Trauma services for veterans

A subnet for relatives and carers of people with Aspergers. A charity for Aspergers in Berkshire has volunteered to work within a subnet with social workers and other LA professionals to support families facing difficulties.

"First Step" Subnets are for patients and carers awaiting their appointment for any Mental Health Service. Patients are assigned to the appropriate subnet where there is information on the condition, the service, videos and other advice and guidance.

Future Adoption?

Best Practice – National Collaborating Centre for Mental Health (NHSE commissioned) – guidance July 2015

The Early Intervention for Young People with Eating Disorders publication in October 2015 and the funding provided to pump prime implementation of quicker access has created a renewed interest in the SHaRON System.

The October 2015 publication states that….

Abstract: "It is vital that children and young people with eating disorders, and their families and carers, can access effective help quickly. Offering evidence-based, high-quality care and support as soon as possible can improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions……The availability of dedicated, community eating-disorder services has been shown to improve outcomes and cost effectiveness……."

The regional providers have come together to form a Best Practice Eating Disorders Group that meets regularly at the AHSN and supported by the Mental Health SCN; This Group has set targets to improve early assess and community services.

In the meantime, due to the ongoing networking done by Simon Thomson and Jonathon Burton (Web Development Manager at BHFT), there has been some serious expressions of interest to adopt the system from Trusts and regions outside of the Oxford AHSN region; The door remains open for others and the CIA team will continue to work with BHFT on create a robust implementation plan and affordable commercial model for other NHS Trusts.

Bicester Healthy New Town

In June 2015, the NHS issued a prospectus to invite bids to participate in a Healthy New Towns Programme, in line with the Five Year Forward View. The initiative was aimed at putting health at the heart of new neighbourhoods and towns by future-proofing new communities for the health and care challenges of this new century – obesity, dementia, new models of digital health, by designing-in health and modern care from the outset. The Healthy New Towns programme has three key objectives:

- To shape new towns, neighbourhoods and communities to promote health and wellbeing, prevent illness and keep people independent
- To radically rethink delivery of health and care services in areas free from legacy constraints, supporting learning about new models of deeply integrated care
- To spread learning and good practice to other local areas and other national programmes.

In early August 2015 the Oxford AHSN hosted a meeting of representatives from a range of local health sector organisations, local government, the voluntary sector and A2Dominion. An expression of interest (EOI) was submitted at the end of September, which focused on Bicester, a market town that is planned to double in size, including the innovative national exemplar Eco Town development at North West Bicester led by A2Dominion. Nationally 114 EOIs were received and following a presentation for a Dragon's Den' event held on 3 February 2016, the NHS announced 10 shortlisted bids to become part of the Programme of which Bicester was one.

The lead partners who presented to the NHS and have shaped the proposal so far include Cherwell District Council, Oxfordshire CCG, A2Dominion and the Oxford AHSN. The wider partnership contains the following organisations:

NHS England South, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Trust, Oxfordshire County Council, Bicester Town Council, Oxford Brookes University, Oxford University, Age (UK) Oxfordshire, Healthwatch Oxfordshire, Bicester Locality Patient Forum, North Oxfordshire Community Partnership Network, ISIS Innovation, ONEFED GP Federation, Health Education England Thames Valley, Oxfordshire Sport and Physical Activity, Oxfordshire Local Enterprise Partnership and the Oxfordshire Health and Wellbeing Board.

The development at Elmsbrook, NW Bicester is the only site in the UK being developed to Planning Policy Statement 1 standards, including design for healthy lifestyles, and as such is unique in the holistic approach to sustainability that has resulted in innovative new development. The first phase is the 393 home Elmsbrook site, with the first occupations taking place in April 2016 and likely to complete late summer with around 90 homes. At Elmsbrook, it is intended that the built environment will be a catalyst for Healthy Living through:

- Its **integrated design**, featuring highly energy efficient, adaptable homes that support independent living within a well-designed public realm, where 40% of the site will be green active space supported by a network and hierarchy of safe cycle and walking routes with accessible public transport.
- Digital, community and travel connectivity functions, which are hard wired into the design. Digitally enabled communities with smart tablets called Shimmy's in every home to encourage healthy lifestyles with real-time energy, travel and community information.
- A community and physical infrastructure to promote and actively engage residents to live **healthy lives** as the norm.

The Partnership has developed the following draft vision statement:

> To create a healthy community by making it easy, attractive and affordable for people of all ages to live healthy, sustainable lifestyles and to replicate the learning to elsewhere.

The first of two stakeholder workshops was held on the 26th May to explore in more detail some of the key themes of the Bicester HNT programme, and a follow up event will be held in September. A characteristic of the work to date has been the enthusiasm of the partners and a very strong collaborative ethos.

Ian Davies, Cherwell District Council's Director lead for this initiative, has emphasised the partnership and cross sector nature of this successful bid embracing health, local government, academia, the commercial sector and the voluntary sector. He has welcomed the Oxford AHSN's essential role not only in its own right but also its willingness and ability to engage the right partners and the digital innovations reflected in the bid which has been welcomed by NHS England.

Operational Review

Partnership and collaboration

This is the second full year of operations of our seven programmes and themes. We are supporting 150+ collaborative projects across the region with the AHSN's partners. Broadly speaking we have two things to do – ensure the collaborative projects deliver value for patients and also build the network.

The Oxford AHSN is not the small core team, it is a professional network of the 100,000 or so people who deliver, commission, research or develop products and services for healthcare in our region. The work is also supported by about 80 patient leaders.

Developing Leaders through Partnerships

The Leading Together programme which is a collaboration of Oxford AHSN, NHS England South, and NHS Thames Valley and Wessex Leadership Academy, is training its second cohort. Leading Together will support 120 health professionals and lay people to develop real partnerships that make a difference to their local health organisations and communities. The projects from the programme are being collated and will all be published.

The first cohort of 28 clinicians on our Practical Innovators course presented their projects in June. These are a very diverse range of projects aimed at solving frontline problems and many of them are scalable. The course, supported by Health Education England Tames Valley, and run by Bucks New University and Oxford AHSN is designed to support project development and implementation. We are offering places for a cohort of 30 more clinicians later this year.

Oxford AHSN and Health Education England Thames Valley are working with local partners to support the NHS workforce in getting the skills and knowledge they need to deliver quality improvement and innovation adoption – see "Developing Leaders Through Partnerships".

http://www.oxfordahsn.org/wp-content/uploads/2016/04/Developing_Leaders_through_Partnerships_Brochure.pdf

Get Physical - Plans are also underway to host three physical health for workforce events across the region in Oxfordshire, Berkshire and Buckinghamshire, towards the latter part of the year.

We have been running training sessions with Mike Davidge on Measuring Improvement and the "Resilient Collaborator" with Alec Grimley, based on Arbinger, to support the programme teams.

Partner showcases and BioTrinity

A year ago the Oxford Academic Health Science Network held its annual general meeting at a central location. It was a useful way to meet some of our stakeholders but its impact was limited. We knew we could reach more people so this year we decided to do things differently, teaming up with our partners to co-host a series of showcases during May. Seven meetings were held in partnership with the local teams.

The core team supports collaboration and partnership with evidence, change management and quality improvement skills needed to implement on the ground. In line with this approach, we developed the content of seven partner showcase events with our partners and clinical leaders who talked about the success of some of these locally-led collaborative projects.

Tailored to local partners, the showcases included 35 different collaborative talks presented by 20 partner contributors from the NHS, universities and industry, presenting to 350 people. The events generated a wealth of rich content which has been captured on video which is available on our website. We also launched "A Year in Numbers", a review of 15/16. One CEO told me, "that was great - we don't celebrate our work enough". I am grateful to our partners and their communications teams who helped make the showcases a success.

In May the Patient Safety Theme ran a very high quality annual conference which included talks from Professor Charles Vincent, Dr Brian Robson (NHS Scotland) and Gretchen Haskins. This was an international quality conference brought to a 100 of our local clinicians and managers.
http://www.patientsafetyoxford.org/news/strategies-for-the-real-world-conference/

This is the fourth year we have sponsored BioTrinity which attracted more than 1,000 delegates, many from overseas to innovators and investors from our region and from the rest of the UK. We hosted the poster showcase enabling many of the local partners a shop window to investors and collaborators. Dr Nick Scott-Ram led a panel discussion on open innovation which was very well attended. Wealth Creation has been involved in eight stakeholder events during the quarter and engaged with 56 companies.

The number of subscribers to our monthly email newsletter has gown each quarter since we started at the end of 2013, hitting 1,985 in June. Similarly, interactive engagement through @OxfordAHSN and other AHSN Twitter accounts including our clinical networks also increased. Numbers following the @OxfordAHSN account reached 2,054before the end of June.

Survey
The Oxford AHSN Board has commissioned a stakeholder survey to understand better what our partners are feeling about Oxford AHSN. About 3,000 stakeholders have been contacted by ComRes and I am very pleased to say we have had a response rate of more than 550 people (20%) to the online survey.

There is a short summary of the quantitative analysis in the Stakeholders and Communications report. Two highlights from our stakeholder survey are:

- Almost all respondents agree that collaboration in the region is important (95%). This is also the area where stakeholders who are aware of one or more of Oxford AHSN's programmes or themes say the network is having a positive impact, with four in five saying that the Oxford AHSN network builds a culture of collaboration and partnership (80%)
- 4 out of 5 respondents agree that we need an AHSN

The full report of the quantitative analysis (on-line survey) and qualitative interviews (in progress) will be published and presented to the Oxford AHSN Board and Partnership Board. The quantitative analysis will be presented to the Oxford AHSN board in July.

Governance
The Partnership Board ratified the 16/17 Business Plan, previously approved by the Oxford AHSN Board, on 30th March. NHS England has approved the 16/17 business plan on 22 April 2016 and are very satisfied with delivery and engagement.

Progress, KPIs, milestones and national AHSN metrics
The programmes and themes are largely on track. The timelines of Improvement and innovation adoption projects are dependent on the complexity of the change, degree of variability on the ground (ie starting

point) and how many people need to mobilise to effect the change. Some, eg AF and CAUTI are taking longer but have good momentum and will deliver.

Selection of highlights from the programme and theme reports:

1. Best Care Children's Clinical Network - Health Education England has now made the eLearning module developed by the network to address consistency in referrals for pneumonia available nationwide.
2. Best Care Early Intervention in Psychosis Clinical Network has a new manager and a Quality Champion to support the implementation of common assessment and the reduction of variation.
3. Best Care Maternity. The project aimed at improving detection and survival of small gestational age babies launched on 09 May.
4. Best Care Medicines Optimisation. Falsified medicines work has proved the viability of the proposed system (for automatically identifying and eliminating falsified medicines); collaboration of Oxford University, Keele University, Oxford University Hospitals and Aegate limited. Pilot findings are shortly to be published in the BMJ.
5. Best Care Respiratory network, new in April 2016, has a network team with 3 clinical leads for its 7 projects, and a network manager. It has acquired some early data through the AHSN informatics team, and is in the process of building a network of engaged clinicians
6. Best Care is publishing its Annual Review of the clinical networks.
7. Clinical Innovation Adoption Falls Prevention. Berkshire Healthcare has embraced the FallsSafe Bundle with a team of 20, led by Director of Nursing and Governance Helen McKenzie. After implementation on the Older Adult Dementia Mental health ward and a physical rehabilitation ward the plan is to implement across the entire Trust.
8. Clinical Innovation Adoption first module of the Practical Innovation Course completed this month, crafted jointly by the CIA Team and Buckinghamshire New University and supported by Health Education England Thames Valley (see note above).
9. CIA – The Atrial Fibrillation project with an overarching goal of reducing strokes from undetected AF now has involved of all the CCGs (and their GPs), Bucks Healthcare, The Stroke Association, Industry partners (Bayer, Pfizer, Bristol Myers Squib, Alvicor, Public Health England, West of England AHSN and the AHSN AF Network. Aylesbury Vale and Chiltern CCGs are adopting "Don't Wait to Anticoagulate" developed by West of England AHSN.
10. R&D programme. We welcome Dr Ben Thompson who will support the programme. Ben is a joint appointment between Royal Berkshire, University of Reading the Oxford AHSN.
11. Wealth Creation. Four bids have been submitted with local partners to support growth across the region.
12. Wealth Creation. The third entrepreneur programme for local clinicians and managers ran at Henley Business School. This week long course focussed on business skills has had very positive feedback from participants.
13. Wealth Creation - three pilot evaluations are underway; ultrasound quality management at Royal Berkshire Hospital, technology from Hungary to support patients with severe spinal injury at Stoke Mandeville and evaluation of a haematology testing system at Oxford University Hospitals.
14. Informatics – almost all our partner trusts are signed up to the Information Governance agreement.
15. Patient Safety. A new project to improve safety along the pathway of patients receiving certain types of gastrostomies is being led by the surgical team at OUH, with a steering group anticipated to involve community nursing teams and patients/carers.

We are on track to deliver the key milestones in 16/17 (Details of the milestones for each Programme/Theme can be found on page 74.)

Key Milestones - progress to date

Programme/Theme	Key milestones	Q1 Progress
Corporate	Oxford AHSN 5 Year Strategy	Will be developed in 2016 in response to the Accelerated Access Review, re-licensing process and local STPs
Best Care	Imaging and Maternity clinical networks collecting high quality data from across the region through interoperability between NHS providers	Maternity network linked and sharing data between 4 trusts. 2 more trusts pending. Imaging network due to share images in Q2
Clinical Innovation Adoption	5 more innovation adoption projects in final stage of deployment	On track
R&D	Trust R&D plans developed and progress made on Nursing/Allied Health Professional strategy	Programme manager appointed
Wealth	Work with partners to develop 3 exemplar innovation projects	3 pilots underway at 3 Trusts. 2 more in planning
Informatics	Develop a comprehensive Information Governance training programme for our partners	A training programme is being developed and will be communicated and agreed with partner Information Leads
PPIEE	Leading Together programme complete	On track
Patient Safety	Six themes showing safety improvement	On track
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	350 people at 7 Roadshow with 20 speakers and 35 different presentations. Awareness raised Survey responses from 563 respondents (20% of those approached)

Impact and return on investment

The AHSN Board commissioned an independent economic review of four of our projects by OHE/Rand Europe which concluded that these collaborative projects are delivering value for money:

Oxford Academic Health Science Network

Health Economic Evaluation

- Commissioned Office of Health Economics (OHE) and RAND Europe to assess value of 4 case studies of the Oxford AHSN
- **Anxiety & Depression Clinical Network**: Increased recovery rates in local adult IAPT services of 5% between January 2014 and November 2015 with estimated savings to NHS of £755,494
- **Maternity Clinical Network**: Improving referral pathways for preterm babies with increase in survival of 4 babies with per annum and annual savings of £24,888
- **Energy project**: Quantifying the value of energy savings and carbon reduction with estimated capital costs of £23.5 million investment at a savings of £6 million per annum, representing a payback in 3.9 years and an IRR of 21.9% over 10 years
- **Intermittent Pneumatic Compression (IPC)**: Increasing utilisation in immobile stroke patients with estimated prevention of 22 DVTs, 2 PEs and 12 deaths within 18 month period, all for additional cost of £31,286 (total cost per additional IPC used - £72)
- OHE and RAND concluded represented good value for money

We are planning to undertake more economic studies in the future.

Funding and re-licensing

NHS England cut our funding for a second year by 20%. The Oxford AHSN Partnership Board agreed to seek partnership contributions at the same level as for 15/16. Oversight and funding of Patient Safety moved from NHS England to NHS Improvement on 1st April and the funding for patient safety has not been confirmed so far – the commitment from NHS England was for 5 years funding ending in March 2019. Health Education England Thames Valley is undergoing reorganisation and has had its workforce development budget halved which without funding from other local partners we may not be able to sustain further workforce development initiatives beyond this year. We have re-forecast our budget, stripped out all but essential spending (£400k) to deliver all seven programmes and themes this year.

NHS England has committed to the re-licencing process and we, long with the other 14 AHSNs, are expecting the process to start in the autumn once the Accelerating Access Review has been completed.

Risks and issues

Whilst we are working to ensure we are successful in the NHS England re-licensing process and to the amount of funding we can expect we have to recognise that until the process is firmly laid down, there is an increased risk to sustaining the AHSN. The impact of a further cut in our funding will also be felt next year as are not assuming it will return to the levels originally agreed by NHS England 2 years ago. More work is required to operationalise the Information Governance Framework and ensure it can be readily used to support data sharing for Best Care Imaging and Maternity.

Dr Paul Durrands ACA CMILT

Key Performance Indicators (KPIs)

Programme	High level KPI (measured annually unless otherwise stated)	As at Q1
Best Care	Further improve the recovery rate of patients suffering from anxiety and depression	Recovery rates have been maintained above the national average with an increase in the number of patients accessing IAPT services
Best Care	Improve access, including waiting time standards for Early Intervention in Psychoses	National A&W standards have been implemented in Q1. Assurance role funded for EIP Preparedness team 2016-17
Best Care	Improve medicines reconciliation rates across network	Data is incomplete: 4 of 7 trusts inputting with varying accuracy/sample sizes
Best Care	Reduce admissions and length of stay for childhood pneumonia	Admission rate: 126/100,000 Av. Length stay: 5.47 days
Clinical Innovation Adoption	Average number of Mental Health Trusts and Community adopting each innovation (1) Planning to implement (2) Implemented (3) Participating	83% 42% 100%
Clinical Innovation Adoption	Average number of Acute Trusts adopting each innovation (4) Planning to implement (5) Implemented (6) Participating	57% 26% 64%
Wealth Creation	Number of health and life science companies across the region	768
Wealth Creation	Number of people employed in life science industry	19,753
Patient Safety	Progress work in pressure ulcer reduction programme towards zero harm in project areas	On track, project ongoing

Patient Safety	Increase adoption of AWOL project in Berkshire Healthcare and CNWL to increase return rates by 50% on all acute wards	On track, project ongoing
Stakeholder engagement	Number of subscribers to the Oxford AHSN Newsletter and Twitter followers per quarter	Newsletter subscribers: 1,990 Twitter Followers: 2,054
Stakeholder engagement	Number of visits to Oxford AHSN website per month	Views: 279373 Visits: 72904 Hits: 557273
Stakeholder engagement	Number of attendees at all AHSN events per quarter	635 (not including formal meetings)

Best Care

Quarter 1 has seen a great deal of activity in the Best Care programme. *Interoperability* between trusts, whilst never a straightforward goal, remains very much in our sights, as both Maternity and Imaging networks use their membership to drive forward the data-sharing agenda locally. Maternity has successfully linked data systems between 5 trusts, and is now looking to improve the reliability and the breadth of the data shared. Imaging has experienced some delays, but should be able to announce the successful 2-way sharing of images between trusts in Q2 – a national first.

Identification and elimination of unwarranted variation continues to be a major network focus, with several networks looking to adopt common clinical guidelines (Children, Maternity), or to work together to share best practice (Dementia MSNAP accreditation and care home projects, Anxiety and Depression continuous improvement project, Early Intervention common assessment project). In the Imaging and Respiratory networks, several projects (asthma and COPD in Emergency Departments, prostate cancer pathway, lung cancer pathway) are collecting data to ascertain the most effective pathway currently in operation, with the intention of bringing together local clinicians to adopt and refine this pathway, using QI methodology.

Dementia, Anxiety and Depression, Early Intervention and Maternity hold regular *workforce development sessions* through their networks, whilst Medicines Optimisation is about to launch its CBT training for pharmacists, funded by a grant from Health Education England (Thames Valley).

Medicines Optimisation is also at the forefront of *collaboration with industry*, working with Pfizer and Aegate on discrete projects. Early Intervention is working with Johnson and Johnson to better understand the impact of its work, and it is anticipated that Respiratory will soon develop its own strong industry connections. Meanwhile Anxiety and Depression and Dementia have both developed projects in collaboration with the voluntary sector.

Finally, every network is looking *to adopt innovation* in order to improve patient outcomes. Medicines Optimisation are championing the use of the Transfer of Care project, pioneered in Newcastle; Anxiety and Depression and Early Intervention have a rolling annual programme of evaluating and adopting promising innovations; Imaging will shortly be piloting the use of a locally-developed training tool – the first of its kind in the UK – to assess radiology skills and ensure consistent quality (RAIQC).

The programme is poised to publish a review of its work in Q2, to coincide with several key pieces of work coming to a point where they can demonstrate value and spread – the two central aims of the programme.

Anxiety and Depression Clinical Network (A&D)

This clinical network is focusing on the continuous improvement of recovery rates and Improving Access to Psychological Therapies (IAPT) services. In Q1 recovery rates have been maintained above the national average despite an increase in the number of patients accessing the services. The April recovery rates workshop focused on analysis of national performance data which was taken from the HSCIC third annual IAPT report, various predictors of variability discussed with services and local actions agreed. The specification for the large data download, which will allow the analysis of data from 20k patients in the AHSN geography, has been agreed (in collaboration with Prof. John Green at the London School of Economics) and pilot data for London services has been provided. This data will be reviewed for analysis and, once this validation phase has been completed, the data for our AHSN geography will be obtained. Work to understand the durability of gains and employment for patients who use IAPT services has made steady progress with the timescale and timeframe for analysis agreed.

The AHSN A&D network is taking a central role in coordinating and supporting a bid for funding to become an Early Adopter site for integrated services for Long Term Conditions and IAPT services, working closely with local IAPT services and CCGs. The first joint AHSN, SCN and commissioner forum meeting will be held in July and will support this process. Health Economics analysis of the Depression in Diabetes service innovation project will not be continued due to data issues; services who become early adopters for integrated IAPT services will work closely with Prof. Stuckler, through the clinical network, to establish robust and meaningful data collection to allow health economic analysis to be carried out.

The first stage of the Children's and Young people's IAPT project has been completed with an evaluation of the ROMs outreach training which was delivered March 2015-2016. In addition, paired data has now been collected for 3 out of 5 CYP-IAPT services in the region allowing more detailed analysis of the data including its quality and completeness; this will allow the network to more accurately identify areas for improvement in the coming months. Bedfordshire IAPT service is piloting the IAPTUS software system which is the first step in identifying a fit-for-purpose data collection system for CYP-IAPT.

Children

The network has published its second annual flu report, and its second annual variation report. These key documents show the state of current care in the region, and identify areas where action might be most effective. The network presented the findings from these reports at its annual stakeholder meeting in May, and has since also presented to 4 of the region's 6 CCGs/federations, at the invitation of the CCGs.

The network has now been commissioned to train clinicians in outlying referring areas. This will be taking place through September, with an audit thereafter to evidence the impact of the training.

Health Education England has now made the eLearning module, developed by the network to address consistency in referrals for pneumonia, available nationwide. As well as planning a second module after this success, the network is also exploring what systems it might be able to implement from other AHSNs which will improve referral consistency/appropriateness.

The 2nd flu season since the network's inception is now over, and the network activities and report have received plaudits from Public Health England, who have also invited the network to present at national flu events and input into national documentation, to share learning and best practice guidance.

Dementia

The Dementia clinical network are running a broad range of projects in 2016-2018, the successful projects providing webinar series, supporting the roll-out of Younger People with Dementia (YPWD) services and Memory Service National Accreditation Programme (MSNAP) are continuing. A new webinar series is underway with good engagement and enthusiasm from attendees, a formal survey of the webinar series has been conducted in Q1 and will be reported on in Q2. The results from this will be used to promote the series to under-represented professionals and geographical areas within the AHSN, and also to understand the impact on clinical practice for attendees. Memory clinics in the AHSN geography are being supported to maintain their MSNAP accreditation status, for which the standards were raised in March. Consolidation plans to work towards these new standards have been completed for Oxford Health and collaboration with the Berkshire and Milton Keynes memory clinics continue.

A report from YPWD roll-out into East Berkshire, which was funded by the AHSN from Oct 2015-16, has been received and shows the improvement in clinical outcomes that this programme provides to individuals and their carers and also more qualitative benefits. Access to the YPWD service has also improved; the number of participants has doubled, from 11 to 21, within the last 6 months. The service has now received funding from the East Berkshire CCG. The AHSN will now support the extension of the YPWD model further across the AHSN geography; a 2-day training workshop course and the development of an implementation and assessment framework has been planned in Q1 and will be delivered in Q2; these

workshops have received interest from local dementia services, charities who have been commissioned to provide YPWD support and from services outside the Oxford AHSN geography.

New projects focusing on post-diagnostics service, establishing a consensus for the diagnosis and treatment of fronto-temporal dementia, the development and use of a dementia-specific PROM (in collaboration with the CLAHRC) and a work stream supporting the use evidence-based best practice in care homes have been launched with good engagement from the extended project teams and clinical colleagues across the geography. Recommendations for the patient pathway for FTD are being finalised and will be disseminated in Q2. The strategy for implementation of best practice in care homes will be released early in Q2, including an overview of the provision and skills mix currently in place, and the methods for implementing and evaluating projects. The first workshop for this project has been planned and will take place in July 2016. An initial strategy and design group meeting has been held for the post-diagnostics best-practice network - included agreeing aims and objectives of the network. A baseline list of all the post-diagnostic support services currently in the geography has been complied and will be used to inform developments to improved services and reduce unwarranted variation.

Early Intervention in Psychosis (EIP)

A new co-clinical lead and network manager were appointed in April providing much needed support for the local AHSN projects. The network has also appointed a new quality champion (QC) in Oxfordshire; all provider trusts within the AHSN geography now have a QC in place to support the implementation and delivery of their projects. The network is focusing on reducing outcome variability for patients accessing EIP service, as a continuation of their working implementing the common assessment, and have obtained baseline outcome data for all EIP services across the AHSN geography. The network is using this information to improve the data quality and completeness, and to identify areas where outcomes can be improved with an initial focus on physical health checks, employment and education and duration of untreated symptoms. Challenges in obtaining data from electronic health records from some EIP services in the geography continue and the clinical network is supporting local IT teams through this.

The new service innovation project has provided a baseline report of examples of innovations used in local and national services, which will be reviewed by the service innovation sub-group and rolled out across the geography in the coming months. The plans for the experience based co-design project have been revised due to reduced funding from the CLAHRC and will focus on improving patient experience.

The South Region EIP Preparedness team have secured a second year of funding to provide support and assurance for NHS England South in the delivery of the new access and waiting time standards. This programme remains a valuable source for identifying and sharing good practice from Trusts outside the Oxford AHSN geography. The second survey of South Region preparedness is currently underway, the intention being to show where marked improvements have already occurred, and where concerted effort is still required.

Imaging

The network has an extremely ambitious portfolio of projects, which nonetheless enjoy good support from regional clinical leaders. The prostate MRI & lung cancer projects are experiencing delays in obtaining data, which have now impacted on further project progress. However, a new network manager began in mid-June, with a PACS and radiography background, and is already working to grow the network to include key data personnel, and hence shorten lines of communication.

The interoperability (Insignia) project, aiming to link up all trusts in the region to a single imaging data system, is due to go live on 6th July at OUHFT, with other trusts to follow swiftly thereafter.

The ACE project, aimed at improving diagnoses for non-specific cancers, received funding from CRUK in Q1 to proceed with its pilot.
The RAIQC project, which has received strong interest from the Royal College of Radiographers, has been slightly delayed following technical issues with the developer, but is moving forward to trial phase in OUHFT in Q2.
Patient videos continue to be produced to reduce patient anxiety ahead of scans, and to reduce DNAs. The Bedford patient video for MRI has been completed, adding to the 3 already published, and is itself to be published in July.

Maternity
The Small for Gestational Age (SGA) babies detection project launched on 9th May. This project aims to introduce a more effective pathway for detection and treatment of SGA babies, and hence improve their survival rate, whilst simultaneously reducing the ad-hoc scan requests which currently proliferate. The Department of Health has been briefed on the project following their enquiries, and an initial collection and review of data is underway to refine the process.
The Viewpoint data and image sharing system continues to grow across the network, with Buckinghamshire Healthcare having now signed off a data-sharing agreement and a business case for installation of the hardware and software. This leaves only Great Western Hospitals NHS Foundation Trust to join the shared system. Technical support issues still require addressing at RBH, as they have for some 12 months now.
A new set of 3 network-standardised guidelines has been agreed at the network steering group in Q1. The process of formal trust adoption will now begin. These complement the 4 guidelines agreed and adopted across the region last year, and continues to show the willingness of the network to collaborate and share best practice – as do the shared learning events which the network hosted, which continue to be over-subscribed with excellent feedback.
The network steering group is also now investigating possibilities for growing the scope of data-sharing and analysis beyond its current remit.

Medicines Optimisation
Across the region, software has been installed and staff trained for the Transfer of Care project. Initial uptake has been sporadic and piecemeal however, leading to concerns of project effectiveness. However, evidence in AHSN North East and North Cumbria has been conclusive. The network steering group agreed to stage a renewed push in July across hospital and community pharmacies both to request and fulfil community reviews. It is hoped that Q2 will therefore show benefits in terms of reduced readmissions due to non-adherence.
Medicines reconciliation has similarly had piecemeal engagement, and again the network steering group has agreed to a united push in July, in order to give a follow-up analysis the opportunity to show the benefits.
Falsified medicines work has proved the viability of the proposed system (for automatically identifying and eliminating falsified medicines, thereby improving patient safety), working in collaboration with Oxford University, Keele University, OUHT and Aegate limited. Pilot findings are shortly to be published in the BMJ, with a follow-up, wider study being planned for the autumn.
A new project, intended to promote the effective and consistent use of Novel Oral Anti-Coagulants (NOACs) is shortly to begin in the network, in partnership with Pfizer.

Respiratory
This network was newly commissioned by the AHSN in April 2016. It has successfully set up a network team, with 3 clinical leads for its 7 projects, and a network manager. It has acquired some early data through the AHSN informatics team, and is in the process of building a network of engaged clinicians. There are plans for a network launch event in October.

Clinical Innovation Adoption (CIA)

The Programme has started the new financial year very positively with commitment from our partners to deliver the projects.

Levels of interest remain high as we establish more structured governance arrangements with some of our partners such as Milton Keynes University Hospital, where we have regular Programme Board meetings with the Transformation Director and team and the lead project clinicians from the Trust. There is also an appetite to take up more innovations.

We continue to work closely with the Wealth Creation Programme, supporting preparation of the Precision Medicines Catapult Project Initiation Document for Respiratory and on potential funding opportunities (EIT Health) that will benefit the region.

The Slough Area Alcohol Project has completed the signposting tool and will ratify this at their strategy group in July and Wexham Park Hospital has agreed to start development of a business case for an Alcohols Team Service as a commissioning opportunity. Both West Berks and Bucks have taken initial steps with the programme to set up multi organisational teams.

We welcome Berkshire Healthcare to the Falls Project and were delighted by the high degree of engagement that the Trust rallied on our first visit to explain what the project aims to deliver using the FallSafe Bundle. Twenty members of staff from all the wards across the Trust came to hear about the project. The BHFT team has already set up the leads with the Executive Lead - Helen Mackenzie, Director of Nursing and Governance; Programme Lead at the Trust - Deborah Fulton, Deputy Director Nursing for patient Safety &Quality and Chris Spring - Senior Nurse. The enthusiastic group has wasted no time in getting the project underway with local project leads already in place and the project governance established. The project group is meeting in July to scope stage one the project plan. The initial wards that will implement the FallSafe care bundles are an Older Adult Dementia Mental health ward and a physical rehabilitation ward with a mixed patient cohort. The plan is to implement across the entire Trust.

The first module of the Practical Innovation Course completed this month. The course has been crafted jointly by the CIA Team and Buckinghamshire New University and supported by Health Education England Thames Valley. It was a pleasure to meet all of the students at their Project Presentation day. 28 participating NHS staff (clinicians and management) means 28 additional innovations being delivered within this region as students are required to plan and implement an innovation at their Trusts. We start a new course in September and look forward to working with more candidates from all areas of the NHS across the region.

The table below lists the innovations being implemented by the Clinical Innovation Adoption Programme.

CIA Project	Meds Innovation	Device/Online Innovation	Service Innovation
Early Inflammatory Arthritis	Biologics / Biosimilars		Early Inflammatory Arthritis Pathway
Alcohol Misuse Pathways	Nalmefene	N/A	Hospital-Based Alcohol Care Teams
Fragility Fracture	(Osteoporosis Meds)	DXA Scans	Fracture Liaison Services
AF Management & Associated Anticoagulants	NOACs & warfarin	N/A	Stroke Prevention
ECG Opportunistic Screening	NOACs & warfarin	ECG Device	Primary Care Screening to pick up unidentified AF
Catheter-Associated Urinary Tract Infection	(antibiotics)	Bladder scan ultrasound	UTI & Continence Management Pathways
IV Diuretics in ambulatory care setting	Furosemide	N/A	Ambulatory Care Setting
Dementia	NICE TA217	N/A	Memory Drugs – diagnosis and prescribing variation
Gestational Diabetes	N/A	Oxford GDm e-health management system	Gestational Diabetes
Intra-Operative Fluid Management (IOFM)	N/A	IOFM Technology	
Falls	TBC	A number – desk in a bay etc	Acute, Mental Health & Community
Eating Disorders	N/A	Support Hope and Recovery Online	Focuses on community/outpatient/early and ongoing support. Also used for perinatal care.

Atrial Fibrillation

Clinical Champions:

Primary Care: Dr. R Thakker, GP Pound House Surgery and Commissioner, Chiltern CCG

Secondary Care: Satinder Bhandal, Consultant Pharmacist, Buckinghamshire Healthcare NHS FT

Project Completion: March 2017

Between October 2014 and September 2015, 637 patients in the Oxford AHSN region who had previously been diagnosed with AF suffered a stroke. Only 46% of these patients were receiving anticoagulation treatment. This means that 342 patients (7 per week) suffered a stroke that could potentially have been preventable had the patient been appropriately anticoagulated.

If all patients with AF across the Oxford AHSN region received optimal anticoagulation it is anticipated that around 200 strokes per annum could be prevented.

The AF project has the overarching goal of reducing the number of strokes caused by AF.

In delivering this project the AHSN is working with a large number of stakeholders including:

- CCGs and GPs (Berkshire West, Berkshire East, Buckinghamshire, Oxfordshire)
- Acute providers (Buckinghamshire Healthcare)
- The Stroke Association
- Industry Partners (Bayer, Pfizer, Bristol Myers Squib, Alivecor)
- Public Health England
- West of England AHSN
- AHSN AF Network

Measures and Metrics

The AHSN will measure and monitor this programme through a number of measures and indicators including the following:

- Prevalence of AF compared to expected prevalence (number of undiagnosed patients)
- Proportion of adults with non-valvular AF and a CHA2DS2VASC stroke risk of 1 or above who are not receiving anticoagulation (source - QoF)
- Number of strokes in people with known AF who are not receiving anticoagulation (source –SSNAP)

The table below gives a projection of performance and stroke risk in 2016/17 and the actual numbers of AF related preventable strokes in 2014/15 as recorded on the SSNAP data base.

CCG	Known AF, CHA2DS2VASc>1 and not on Oral Anticoagulants 2016/17 No. of patients…				Warfarin 2016/17 Estimated Patients….		
	not receiving OAC	strokes	preventable strokes	*SSNAP data-Actual nos. of preventable strokes 2014/15*	on Warfarin	outside of TTR	Strokes
Milton Keynes	822	41	26	*20*	2172	500	16
Aylesbury Vale	849	42	27	*28*	2469	568	18
Chiltern	1068	53	34	*36*	4104	944	30
Bracknell and Ascot	410	21	13	*6*	1498	345	11
N & W Reading	359	18	11	*13*	1051	242	8
Oxfordshire	2631	132	84	*87*	7441	1711	55
Slough	277	14	9	*9*	808	186	6
South Reading	271	14	9	*6*	789	181	6
Wokingham	575	29	18	*15*	1644	378	12
WAM	625	31	20	*5*	1940	446	14
Newbury and District	409	20	13	*4*	1190	274	9
	8296	415	265	*229*	25106	5774	185

Developments in Quarter 1 of 2016/17

Clinical champions

The AF project has been strengthened by the identification of primary and secondary care clinical champions for the project.

Dr Raj Thakker is a practising GP and also a GP Commissioner for Chiltern CCG. Until recently he was the Cardiology Clinical Lead for the Thames Valley SCN and has been a strong local and regional advocate for driving improvement in AF identification and anticoagulation.

Satinder Bhandal is a Consultant Pharmacist employed by Buckinghamshire Healthcare NHS FT. She has developed an innovative clinical model for the initiation of anticoagulation (NOAC and Warfarin) and has won national awards for her work in AF.

AF detection

- Bristol Myers Squib has made contact with the AHSN to discuss the option of organising mass screening events. The AHSN is developing a proposal for discussion with commissioners. This proposal will address issues such as onward referral pathways, appropriateness of mass screening and numbers required to screen.
- A practice in Aylesbury Vale has expressed interest in trialling using a mobile ECG to test for paroxysmal AF. The project manager will support practice in taking this forward.
- Oxfordshire CCG has expressed interest in using mobile ECG – project manager taking this forward.
- CIA team supporting a stall at the Oxford Science Fair in collaboration with the Stroke Association – aim is awareness raising and also opportunistic screening.

Improving anticoagulation

- A deep dive into the AF data set has been carried out by the project manager. This has identified the improvement opportunity (patient benefit and financial benefit) available across the region.
- Aylesbury Vale and Chiltern CCGs are adopting the 'Don't Wait to Anticoagulate" (DWAC) project, developed by the West of England AHSN. The CCGs have secured funding from Bayer to fund an independent company (Interface Clinical Services) to carry out searches for AF patients who are not being optimally treated. The AHSN is supporting the project from a project management, quality improvement (QI) perspective and evaluation perspective and is developing a joint working agreement with Bayer to support the QI element. The pilot phase of the project has commenced and an initial evaluation will be shared with the CCG executive in July.
- The AHSN is supporting Berkshire East CCGs in the development and implementation of their AF work-streams. Notably the Berkshire East CCGs are adopting the QI element of DWAC to support their ongoing work with their medicines optimisation teams.
- Berkshire West CCGs have expressed interest in adopting the QI element of DWAC to support their practice support pharmacists in driving through improvements in improving anticoagulation.

Shared learning

- The AF project manager has visited the West of England AHSN to learn more about the DWAC project and barriers to implementation
- Oxford AHSN is an active member of the AHSN AF network and part of a core group of AHSNs implementing DWAC projects

Next Steps

- Finalise joint working agreement with Bayer
- Continue to support Buckinghamshire CCGs on the DWAC project
- Work with Satinder Bhandal to promote the Buckinghamshire 'NOAC' clinic (for the initiation of Warfarin and NOACs) to other CCGs and providers.
- Work with East Berkshire CCGs to finalise arrangements for Qi approach in their work streams
- Meet with West Berkshire CCGs (4th July) to discuss options for support

Heart Failure

Clinical Champions:

Dr. Raj Thakker, GP Pound House Surgery and Commissioner, Chiltern CCG

Dr. Will Orr, Consultant Cardiologist, Royal Berkshire Hospital

Project Completion: Dec 2016

To date the Heart Failure (Ambulatory IV Diuretic) project has focused on the adoption of ambulatory units

for the delivery of IV diuretics using the Royal Berkshire NHS Foundation Trust as a case study.

The clear advantages of ambulatory care models are:

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

The AHSN has engaged with commissioners and providers, sharing the evidence base and offering implementation support. Currently, across the region:

- Royal Berkshire NHS Foundation Trust/Berkshire West CCGs: ambulatory unit in situ
- Frimley Health NHS Foundation Trust (Wexham Park)/Berkshire East CCGs: ambulatory IV diuretic service being delivered – no AHSN support required for implementation.
- Buckinghamshire Healthcare NHS Foundation Trust/Buckinghamshire CCGs: ambulatory IV diuretic service being commissioned/set up – no AHSN support required for implementation
- Milton Keynes University NHS Foundation Trust/Milton Keynes CCG: Interest from acute trust transformation team for developing service. AHSN to support Trust/CCG to explore further.
- Oxford University Hospitals NHS Foundation Trust/Oxfordshire CCG: ambulatory IV diuretics delivered at JR, Horton and at EMUs in Witney and Abingdon.

Future of the project

The AHSN will continue to explore options for ambulatory IV diuretics with the Milton Keynes Health economy. All other areas within the region have indicated that they either have a service in place that meets their needs or that they are developing a service but do not require support for implementation.

However, at the CIA oversight group meeting in March 2016 the group noted that heart failure was a high priority area for the region and requested that a scoping exercise took place, taking into account the broader heart failure pathway and further opportunities to reduce variation and improve outcomes.

Potential innovations to take forward

The AHSN has met with a number of stakeholders in the heart failure pathway regionally and the following innovations have been identified for adoption. These will be discussed at the next CIA oversight group with a view to taking them forward for adoption:

- Specialist Nurse for Heart Failure End of Life Care
- CLOUDe* model for primary care optimisation of heart failure patients

*the intellectual rights for the CLOUDe model are owned by Dr. R Thakker.

Metrics and impact

For the ambulatory IV diuretic element of the project the AHSN will measure and monitor the following key metrics:

- Prevalence of Heart Failure nationally and locally
- Emergency Admissions for Heart Failure by Acute Trust and CCG
- Planned Admissions for Heart Failure by Acute Trust and CCG
- Average length of stay for Heart Failure emergency admissions by Acute Trust and CCG
- Average length of stay for Heart Failure for planned admissions by Acute Trust and CCG

- Numbers of patients attending ambulatory models of care

Qualitative measurements will include:

- Patient feedback and experiential measures

It is estimated that a fully adopted approach to ambulatory IV diuretics ("ambulatory by default, admission by exception") would result in a reduction in 1180 admissions annually across the region with projected savings of £2.7m.

Next Steps

- Scope out Milton Keynes ambulatory IV diuretic project
- Develop proposal for CLOUDe and End of Life Nursing work-streams for discussion with oversight group

Intermittent Pneumatic Compression Sleeves

Clinical Champion – Dr Matthew Burn, Consultant Stroke Physician, Buckinghamshire Healthcare NHS FT

Innovation Coverage: All acute trusts within region

Measure and Monitor Completion: April 2017

The Oxford AHSN has been working with acute Trusts across the region to introduce Intermittent Pneumatic Compression Sleeves for eligible patients who have had a stroke. The project commenced in April 2014 and closed in March 2016.

Oxford AHSN chose the Intermittent Pneumatic Compression Sleeves (IPC) as one of their Clinical Innovation Adoption Programme projects for 2014/15 based on the following rationale:

- Prevention of stroke and reducing mortality following a stroke are strategic health need priorities for the region.
- The benefits of applying IPC to eligible patients after a stroke was well evidenced by the Clots in Legs or Stockings after Stroke (CLOTS) 3 Trial undertaken by researchers at the University of Edinburgh.

As part a major national programme to improve outcomes and reduce mortality following a stroke, NHS Improving Quality (NHS IQ) secured £1m pump priming money from 1st April 2014 to fund six month's supply of IPC for all stroke units in England. This funding played an important first step in enabling stroke units to acquire the devices and to build on-going costs into 2014/15 budgets. Oxford AHSN managed the implementation of the IPC sleeves supporting Trusts to implement and carrying out analysis.

Project objectives and expected outcomes

The following objectives were set for the project:

- Implement and embed the use of IPC sleeves into clinical practice across all participating stroke units
- Achieve 80% utilisation of IPC sleeves within the immobile patient cohort across the region
- Application of sleeves within 72 hours of admission

The expected outcomes are:

- A reduction in the risk of symptomatic or asymptomatic DVTs in patients immobilised by stroke, leading to a reduction in DVT as per the CLOTS 3 trial evidence.
- A reduction in stroke mortality as per the CLOTS 3 trial evidence.

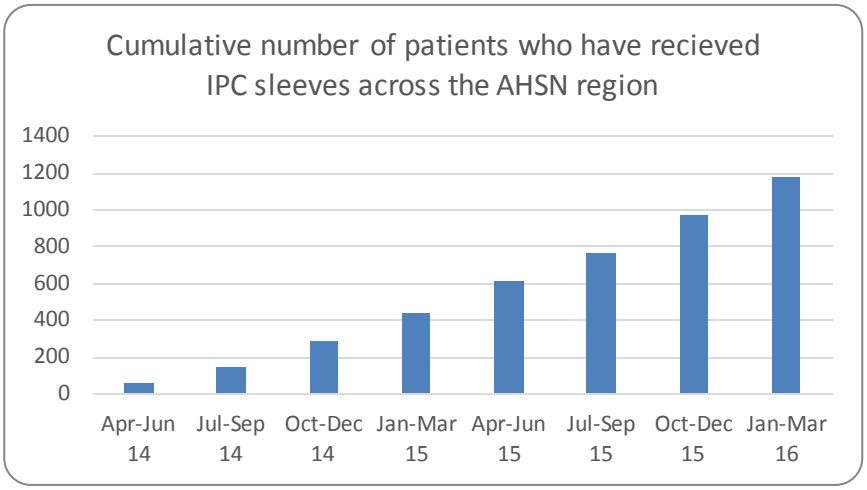
Results to date

The project has now reached the 'Measure and Monitor' phase of the CIA 10 step process and IPC utilisation across the region will be monitored until April 2017.

Regional performance has continued to be strong with the AHSN average utilisation reaching 62% in Jan-Mar 2016 compared to a national average of 37%. There is still significant variation in performance across the region but all units with the exception of Bedford are showing a general trend for improvement.

Significantly, the stroke unit at the Horton Hospital, which had been an outlier in IPC usage throughout the project, commenced utilisation in December 2015. All units in the Oxford AHSN region are therefore utilising sleeves.

Cumulative impact



Since project commencement, nearly 1200 patients across the region have received IPC sleeves. Extrapolating from the CLOTS3 trial this represents the potential for 59 fewer DVTS, 33 fewer deaths and 6 fewer PEs.

Developments in Q1 2016/17

1) Continued to monitor IPC utilisation across the region
2) Network event held with Carol Williams from the CLOTS3 trial team who reiterated the benefits of IPC sleeves to the clinical leads
3) A Nurse-led prescribing protocol has been developed at BHT and when finalised will be circulated across the region
4) The Office of Health Economics carried out an evaluation of the AHSN IPC project with the draft report indicating that the AHSN had added significant value to the project when compared with results nationally
5) The Clinical Champion and the Project Manager contributed to the evaluation of the national IPC project

Next Steps and future milestones

The AHSN will continue to monitor utilisation and will support Trusts to increase implementation as requested.

When the final Office of Health Economics report is published later in the year the AHSN will combine this with a qualitative review of the project and publish a final report.

Alcohol Misuse

Clinical Champion – TBC
Innovation Coverage: All acute Trusts who wish to participate – two phases of implementation will be taken by the project **Project Completion: April 2018** **Project Stage: Project Start Up - Scoping**
Alcohol Misuse and its effects are a high priority for NHS England. Reducing harmful drinking and alcohol-related admissions is one of Public Health England's seven priorities. NHS Englands CCG Outcome Indicators include two domains to support reducing emergency admissions for alcohol related liver disease and alcohol admissions and readmissions. The Oxford AHSN and Public Health England project, focuses on working with health/social care systems within the region to review current service provision and benchmark systems improvements against areas of best practice. The project focuses on reviewing pathways and developing business cases to support the introduction of hospital based alcohol care teams. A nationally recognised approach to support national alcohol strategy.
Benefits
Care quality improves because targeted brief interventions improves outcomes for individual patients. Trusts with established alcohol care teams have reported reduced inpatient mortality rates and length of stay. Acute Trusts would benefit from opportunity savings from the reduction in bed days.
Q1 2015/16 Highlights
Slough Area: Signposting tool completed, and to be ratified at strategy group July 2016. Communication and Engagement Plan for implementing signposting tool to be ratified at strategy group July 2016. Wexham Park Hospital agreed for need to develop business case, awaiting confirmation from WPH to commence development of business case. West Berks Area: CCG Federation Business Case developed for Alcohol Misuse Pathway. Presented to CCG Board 23rd June for approval. West Berks CCG Commissioner has requested to postpone project across West Berks system until after CCG have approved options in business case. Bucks: Engagement with LA, CCG and Acute Trust concluded. Bucks system has agreed to participate in project and scoping project plan for Bucks Area.

Risks and Issues
West Berks delays due to new business case, has stalled engagement with Acute Trust, and Local Authorities. Direction of West Berks, will be clearer July 2016.
Next steps
Slough Area: July 2016: Agree project plan with Wexham Park Hospital. Agree project plan with CCGs re: increased primary care screening. August 2016. Commence communication and engagement plan for implementing signposting tool. West Berks: July 2016. Clarification on project from West Berks CCG and collaboration with AHSN. Bucks: July 2016. Project Plan ratification from Bucks system.

Nalmefene NIC Project

Summary of Project
The CIA programme is currently leading on a NICE Implementation Collaborative (NIC) Project to understand and take stock of the barriers to implementation of NICE TA 325 – Nalmefene for reducing alcohol consumption in people with alcohol dependence. The project has been delayed due to slow engagement from responding stakeholders completing survey/pro-forma, and subsequently the delay has meant that project delivery has slipped by 6 weeks. Timelines have now been revised. The project team are still working to revised scope and an alcohol expert group have been informed of this. The data collection phase of this project is now complete with good engagement from more than 20 localities in England. Information was collected through both primary and secondary research which included: • Short clinician survey: Circulated to over 16k GPs/clinicians across England by MGP to understand clinician awareness of the drug, TA 325 and any local patient pathways associated with nalmefene. Only 62 responses were received despite efforts to drive engagement through networks within the Oxford AHSN and Innovation Agency – North West Coast AHSN. • Commissioner Pro-forma: Requests were sent to commissioners in CCGs and Local Authorities in regions covered by the two supporting AHSNs as well as Portsmouth, Wiltshire, North Staffordshire, Gloucestershire, Dudley and Central Manchester. Over 2 months, the project team engaged 22 different localities to complete pro forma and gather insight into barriers to implementation of TA 325 • Case Study Interviews: Pro-forma asked if localities wished to be included as a case study site for a more in depth semi-structured interview. Follow up interviews have now been conducted with Public Health leads at Central Bedfordshire and Bedford Borough Council, Portsmouth City Council and Wiltshire Council • Formulary Status and Prescribing Data: Secondary research was conducted to investigate national and local nalmefene prescribing levels and area prescribing committee decisions around formulary inclusion Analysis of the data allowed project team to draw out barriers and critical success factors in several areas of implementation. These included commissioning and finance; developing and designing suitable pathways

for nalmefene and pathway implementation and prescribing. In addition, a number of broader barriers likely to affect implementation nationally were identified.

Early Inflammatory Arthritis

Clinical Champion – Prof. Peter Taylor, Norman Collison Professor of Musculoskeletal Sciences, OUH
Engaged Partners
Frimley Health Foundation Trust (Wexham Park) **Great Western Hospital** **Buckinghamshire Healthcare Trust** **Royal Berkshire Hospital** **Oxford University Hospitals**
Background to Project
Inflammatory arthritis (IA) is a term used to describe a group of conditions which affect the immune system. The three most common forms of inflammatory arthritis are rheumatoid arthritis; ankylosing spondylitis and psoriatic arthritis. The course of IA is variable and unpredictable but for a significant number of patients it is a severe group of diseases resulting in persistent pain, stiffness, progressive joint destruction, functional decline and premature mortality. There is also the potential loss of social and financial independence and the burden of care on direct (e.g. medical care) and indirect costs (e.g. effects on the individual's ability to work). Approximately one-third of people with rheumatoid arthritis stop work because of the disease within 2 years of onset, and this prevalence increases thereafter. The total costs of rheumatoid arthritis alone in the UK, including indirect costs and work-related disability, have been estimated at around £2.4 billion per year. The goal of early treatment for IA is to achieve clinical and radiological remission and reduce functional limitations and permanent joint damage. There is strong evidence supporting the case for early, aggressive intervention in patients suspected with EIA. Ensuring that EIA patients are seen, diagnosed and treated as early as possible has been core to a number of important publications in recent years including NICE Quality Standard 33 as well a British Society of Rheumatology Guidelines. Nationally, there is evidence that people with RA experience unnecessary delays between their first presentation with symptoms of persistent synovitis, and subsequent diagnosis of rheumatoid arthritis. After diagnosis they do not always receive the optimum treatment outlined in NICE guidance. There are also variations in the resources allocated to rheumatoid arthritis across local health economy boundaries. The first phase of this project has largely focused on understanding how EIA services are commissioned and delivered across the region to identify where the most significant opportunities are likely to lie in terms of improving outcomes in this important group of patients. This insight has been gained through a series of 1:1 meetings with consultant rheumatologists, specialist nurses and commissioners. In addition, the Oxford AHSN in partnership with local trusts audited both Departmental Organisation as well as Service Performance of existing EIA services in the region. These audits were complex and required a significant effort from the staff in rheumatology departments for which the network is extremely grateful.
Project Structure

The wider project structure involves regional activities which will benefit the entire network as well as a number of local activities to support local service improvement.

Local EIA Pathway Mapping

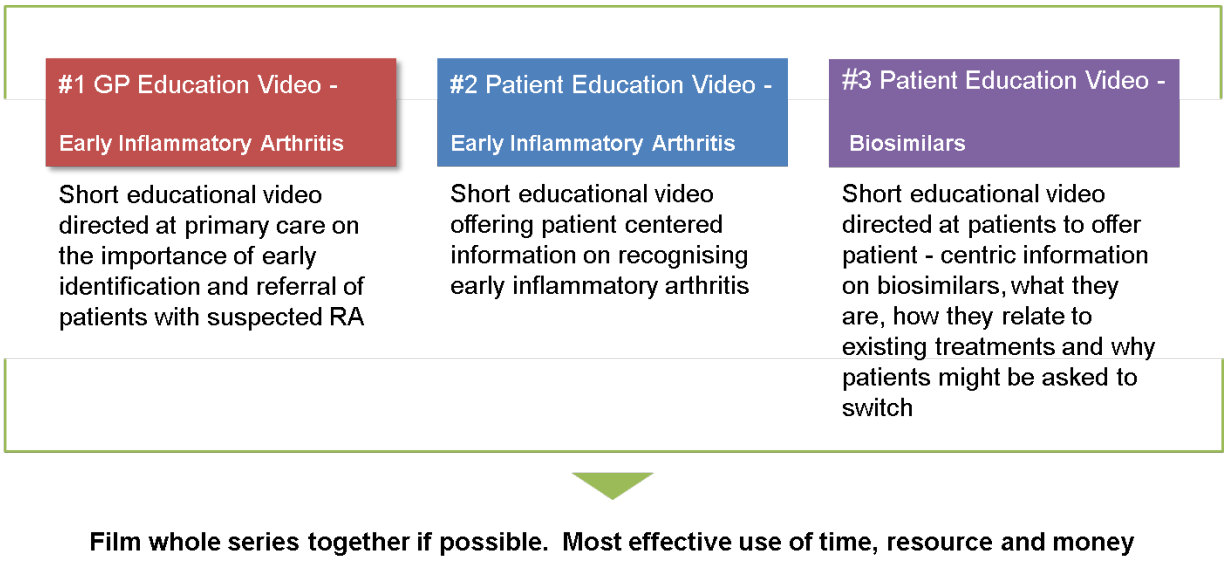
Patient and data flows in all engaged trusts were mapped to identify critical barriers to compliance with NICE quality standards statements. All pathway maps have been aggregated and played back to local trusts to help in local service improvement activities.

GP and Patient Education Activity

One area of concern for all trusts across the region was the level of education on Early Inflammatory Arthritis and around Biologics and Biosimilars. For GPs this knowledge gap is in understanding the prevalence, key risk factors and symptoms of the disease and when, where and how they should refer patients to Rheumatology services. For patients a broader campaign is required to help raise the awareness of the disease in themselves and in friends and family.

The Rheumatology network have decided that the most appropriate way to address this knowledge gap will be through a series of webcast, podcasts and leaflets. To start with it has been decided that a series of 3 videos will be produced to raise awareness in the key stakeholder groups discussed.

Overview of Webcast/ Video Series being developed



The network has maintained close contact through quarterly meetings which have been key to driving this project forward. In June the network was hosted by Bucks Healthcare Trust. At this meeting plans for the video series were further developed and the key messages and structure for the videos was defined

As part of this work the AHSN are bringing together a Rheumatology patient panel who will support in shaping and reviewing the patient centred materials. The AHSN are currently working closely with the National Rheumatoid Arthritis Society to assemble this panel.

To measure the impact of this video series locally, the network agreed that the project should look to track three important measures.

- The average time between patient presentation to GP and referral
- The percentage of patients referred within 3 days of presentation
- The average time between referral and patients being seen by a consultant Rheumatologist

Next Steps

The next steps in this project will be to

- Review key messages and film content with Rheumatology patient panel
- Develop script and storyboard to share with team and video production team
- Schedule next meeting / filming session
- Develop communication plan for the webcast series
- Ensure measures are in place to collect baseline data prior to the development of the video resource

Biosimilars

Project: Biosimilars

The Oxford AHSN's Medicines Optimisation programme and Clinical Innovation Adoption programme are collaborating on a project which focuses on supporting regional partners to optimise the financial savings arising from the introduction of biosimilars. Over recent months the project team has engaged a wide number of key stakeholders in the region who will be impacted by the introduction of biosimilars. Feedback from this engagement highlighted that stakeholders across the region would value a gain share agreement template which can be considered locally by CCGs and Trusts in their local negotiations. Ideally this would be employed in negotiations across the Oxford AHSN region which would reduce regional variation and inequalities. This project has looked to pull together a number of resources for engaged stakeholders to support the adoption of biosimilars at scale and pace across the region

Gain Share

Gain share arrangements have been an effective vehicle to achieve large cost savings providing that there remains a focus on patient' needs and investment in local services, including staff (in the case of UHS: IBD nurses, clerical support and pharmacists) and IT (such as the registry management systems).

Savings can only be realised through close collaboration, transparency and trust between patients, clinicians, hospital management and care commissioners, with all stakeholders being appropriately incentivised to deliver high quality, cost effective patient care.

Key to the successful implementation of the switch programme was good communication and robust risk management planning. This helped to ensure that high quality care and outcomes were delivered for IBD patients undergoing a switch to biosimilar infliximab

Cost savings generated by switching to infliximab biosimilars were successfully reinvested in the local IBD biologics services at University Hospital Southampton (UHS) including nursing, clerical and pharmacy staff and information technologies. The switch from the originator infliximab (Remicade®) to infliximab biosimilars in the inflammatory bowel disease (IBD) population in UHS achieved substantial initial cost savings approximating to £300,000 without adverse effects to patient care.

Gain-share agreements have the potential for wider adoption in other regions and areas of care impacted by the introduction of biosimilars.

Biosimilar etanercept

The first biosimilar version of etanercept (Benepali®) marketed by Biogen was approved for use in Europe in November 2015 and was launched in the UK in February 2016. It is licensed for use in adults with rheumatoid arthritis, psoriatic arthritis, axial spondyloarthritis and plaque psoriasis[3]. The regional spend is significant on this drug and even with modest reductions in price relative to spending in previous years, significant financial savings are expected.

The AHSN gain share agreement template document has been reviewed by the AHSN Medicines Optimisation steering group which include trust chief pharmacists, CCG meds optimisation leads and industry representation (ABPI). Since circulating this document, the manufacturers of both the biosimilar and originator etanercept have made significant changes to drug pricing. The position of each trust at current is unclear and many trusts have stalled activities around switching based on news that the originator drug will lower its price.

The next steps for the AHSN gain share agreement template will be defined at the regional project meeting in w/c 27th June.

Biosimilars Toolkit
In addition to the gain share agreement the AHSN put forward plans for the development of a biosimilars toolkit which could be used by partner stakeholder groups across the region to encourage the switch from the originator compound to the biosimilar. Early feedback from the stakeholder groups was positive and suggested there would be real value in developing a number of these resources. However, since the communication around changes in price of the biosimilar this activity has been put on hold. For many of these resource the project team planned to utilise the Rheumatology Patient panel, assembled as part of the CIA Early Inflammatory Arthritis project, to develop and review resources.
Next Steps
Project team will continue to work with local partners to support in driving the adoption of biosimilars Gain share agreement template will be reviewed by CCG Medicines Management leads for feedback Working with Thames Valley Pharmacy Procurement AHSN will develop a regional dashboard on biosimilar utilisation for etanercept (based on sales of biosimilar vs originator)

Intraoperative Fluid Management (IOFM)

Project: Intraoperative Fluid Management (IOFM)
Clinical Champion – Dr Emmanuel Umerah, Consultant Anaesthetist, Wexham Park Hospital
Engaged Partners
Wexham Park Hospital (Frimley Health Foundation Trust) Great Western Hospital Buckinghamshire Healthcare Trust Royal Berkshire Hospital Milton Keynes University Hospital

Background to Innovation

The aim of the Intraoperative Fluid Management (IOFM) project is to promote the clinically relevant use of IOFM technologies across the Oxford AHSN region, one of the High Impact Innovations identified by NHS England. Oxford AHSN won a bid in 2014 to support IOFM from the Regional Innovation Fund.

The project is timely, and follows the end of a CQUIN pre-qualifier for IOFM 2013/2014. In the first phase of activity in this project Oxford AHSN partnered with the NHS Benchmarking Network to develop and run a benchmarking project around existing practice. Project Management and Event Management was primarily led by Oxford AHSN and the development of the dataset, data collection, analytics and reporting was primarily led by NHS Benchmarking Network.

IOFM refers to the actions taken by anaesthetists to optimise a patient's fluid status during surgery. Fluid status is likely to change significantly during major surgical procedures which directly impacts both tissue hydration as well as cardiac output. As a result, patients may suffer complications if they have either too little or too much fluid.

All anaesthetists practice IOFM, but technology has developed to support anaesthetists to optimise fluid status for patients. These technologies work by monitoring heart rate, blood pressure and other inputs and use electrical waveforms and mathematical algorithms to calculate the cardiac output (volume of blood being pumped by the heart). This provides an indication of the level of the patient's hydration which the anaesthetist can use to inform their interventions. There are a range of technologies available and at present there is no one-size-fits-all solution.

For the full NHS Benchmarking report please see http://www.oxfordahsn.org/wp-content/uploads/2015/11/Oxford_AHSN_IOFM_36-page_Report-A4-view.pdf

Progress to Date

Early stages of the project involved making connections at each trust to gauge the interest in engaging in a second phase of the project. Engagement thus far has been good with 5 out of 7 acute trusts currently engaged. Each trust is currently at different stages in the project.

Focus over the last quarter has been in engaging local trusts and assembling local project teams able to make the changes required to measure and monitor the use of IOFM technology. This has involved bringing together lead anaesthetists, theatre management, ODPs, clinical Coding, IT and informatics.

Frimley Health (Wexham Park)

Local project team and AHSN have mapped how IOFM is currently captured and how the data moved through the system to clinical coding. Changes have been requested in the theatre module system to ensure IOFM is more accurately captured in future.

Since project kick-off a significant increase has been observed in recording and coding of IOFM. AHSN are working with local project team to further optimise recording of equipment usage.

Plans are being made for an IOFM session at the local academic half days at which all anaesthetists and ODPs are in attendance. This session would involve some short presentations from suppliers as well as education sessions from a clinical advocate (Key Opinion Leader).

Great Western Hospital

Local team assembled to improve the recording of IOFM usage. Change requests to theatre module EPR system are being made which will mean that ODPs will be asked for every patient – "Was IOFM used for this patient?"

The local team identified early on that one of the challenges at GWH was that only one type of IOFM monitor was available and that this was not optimal for the clinical workforce (see Fig. 6). GWH was recognised as an outlier in this respect as allow other trusts across the Oxford AHSN region had access to at least 2 or more different types of monitor (alternative modalities of monitoring). The clinical leads recognised engagement in the Oxford AHSN project as an opportunity to trial some alternative IOFM technologies

In May, the Oxford AHSN CIA team worked with local leads to hold an IOFM session at the local anaesthetics governance day. Working together with local clinical leads an engaging programme was put together to

- Introduce the anaesthetic workforce to the AHSN IOFM project and to play back their trusts response to the Phase 1 benchmarking exercise
- Demonstrate alternative non-invasive IOFM technologies, through supplier demo's
- Re-affirm the benefits of IOFM in the context of quality improvement for specific clinical scenarios (Emergency laparotomies) through presentation from a nationally recognised clinical advocate.

The 3-hour session saw attendance of over 20 local anaesthetists and theatre staff, all of which were well engaged with the various sessions on the agenda. An excellent talk from Nial Quiney from Royal Surrey County Hospital was well received, stimulating discussion around the optimal use of the technology as part of a broader care bundle (reference to the work of the Emergency Laparotomy Collaborative).

Demonstrations from Edwards Life Science and ProACT Medical exposed team to alternative technologies. Based on presentations the team were asked to feedback on the value that each system offers and whether there was appetite to trial either of the systems. Plans are currently being formulated for a short trial of the equipment, which will be fully evaluated to understand the case for acquisition of additional IOFM systems.

In addition, a training survey has also been developed to understand the existing level of IOFM proficiency accords the local team, where the training needs are likely to be and how best training can be delivered. This survey follows on from the data collected in the phase I benchmarking study.

Buckinghamshire Healthcare Trust

Local team assembled to improve the recording of IOFM usage. Whilst "use of IOFM" exists as a mandatory field for completion in the BHT EPR Theatre Module, the system cannot easily report on this, and work is required with the system developers to build in a reporting function. A meeting bringing together all local stakeholders will take place in July to further understand how recording can be improved.

Milton Keynes University Hospital

Local clinical lead has been identified. Currently AHSN CIA team are working closely with MKFT to improve the recording and coding of IOFM usage. The priority in coming months will be to assemble a local stakeholder group and support team in mapping the existing recording processes to identify and overcome barriers to accurate recording.

Royal Berkshire Hospital

Trust recently joined project after some challenges in identifying an appropriate clinical lead. Kick off meeting was held with clinical and theatre lead for RBH in early June. Local project plans are currently being developed to address recording of IOFM, training and education

Secondary Fracture Prevention

Clinical Champion – Prof Kassim Javaid
Innovation Coverage: All acute Trusts who wish to participate

Project Completion: April 2018

Project Stage: Business Case Development

Project background

A Fracture Liaison Service (FLS) is a multidisciplinary service responsible for the secondary prevention of osteoporotic fractures through fracture case finding, both in inpatients and outpatients.

In 2009, a national audit of the organisation of services for falls and bone health for older people reported the following:

- Existing services are not adhering to national guidelines for osteoporosis treatment or falls management
- Opportunities to prevent recurrent falls and fractures are being missed
- A co-ordinated falls and fracture strategy across a local health economy is rare.

An estimated 3 million people in the UK have osteoporosis. The clinical manifestation of this disease is fragility fractures and it is estimated that people in the UK present with over 300,000 fragility fractures each year. A significant proportion of these are recurring fractures which could have been prevented if steps had been taken to diagnose and treat osteoporosis after the initial fracture.

Recent figures indicate that every year hip fractures alone cost approximately £1.9 billion in UK hospital costs, excluding the high cost of social cae for these patients.[7] In 2011, it was estimated that the cost of hip fractures had the potential to increase to over £6 billion by 2036.

The role of an FLS is to systematically identify, treat and refer to appropriate services all eligible patients, over 50 years of age, within a local population who have suffered fragility fractures, with the aim of reducing their risk of subsequent (or secondary) fractures.

Benefits

The overall aim of the service is to respond to the first fracture and prevent the second – an opportunity to break the fragility fracture cycle through the development of an FLS.

Project Outputs and Outcomes

Project Output: One Stop Shop Fracture Liaison Service

Project Outcome: Reduction in emergency admissions for hip fractures (target to be set by each acute trust based on activity levels for that demographic)

Q1 2016/17 Highlights

Key highlights in Q 1 2016/17 are:

1. Engagement with RBH service and commissioners. Some risk that CCG were to decommission service. However this is now not being progressed and CCG have agreed to work with acute trust to review service provision. Current service is a one-man service and the current model is not sustainable. Process mapping and gap analysis to be undertaken and business case produced for service development.
2. Engagement with Bucks. Gap analysis and process mapping complete. Business case to be

developed for service development.

3. Engagement with East Berks. Gap analysis and process mapping complete. Business case not finalised due to change in managers at Wexham Park Hospital. Business Case to be completed July 2016.
4. Engagement with Bedfordshire, CCG and acute trust interested in reviewing service with a view to developing business case for service.

Next steps

1. Business Cases to be completed July 2016 for Wexham Park Hospital and Buckinghamshire Healthcare Trust
2. Service review to commence Bedfordshire
3. Service review to commence Royal Berkshire Hospital

Falls

Clinical Champion – TBC

Innovation Coverage: All acute Trusts who wish to participate – two phases of implementation will be taken by the project

Project Completion: April 2018

Project Stage: Scoping

Project background

Leads from Bucks Healthcare, Oxford University Hospitals, Great Western Hospital, Berkshire Healthcare and Oxford Health met in May 2016 to decide on the aims of this "Falls" related project. The aims were agreed as follows:

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

The project has established a Falls Prevention Best Practice Group and agreed that the project would support trusts to implement or improve utilisation rates of FallSafe Care Bundles. "FallSafe" is a quality improvement approach to support frontline staff to deliver evidenced based falls prevention initiatives and provide multifactorial assessments and interventions that identify and treat the underlying reasons for falls. This approach has been shown to reduce falls by around 25% on implementation wards

Benefits of FallSafe

Many of the care bundle components used in FallSafe bundles are already in hospitals' policies and protocols, but they are not being delivered to patients nearly as often as they should or as a "packaged innovation" solution.

The 'FallSafe' care bundles are aimed at 'all patients' (bundle A) and 'older and more vulnerable patients' (bundle B).

The approach is to complete multifactorial assessments and interventions upon a patient's admission to a care setting to identify and treat the underlying reasons for falls.

The Royal College of Physicians has demonstrated that participating wards implementing the FallSafe approach saw significant increases in how well they delivered the essentials of falls prevention.

Some examples of the benefits achieved include:

- The number of patients without a call bell in reach was reduced by 78%.
- Twice as many requests for medication reviews were made.
- The number of patients who did not have safe footwear was reduced by 67%.
- Twice as many patients had their lying and standing blood pressure checked manually.
- There was a 56% increase in patients being assessed for signs of confusion.
- More than twice as many patients were asked if they were worried that they might fall.
- There was a 41% decrease in the number of patients given night sedation

Progress to date

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

The group joined a national webinar hosted by NHS England's sign-up to safety theme discussing 'Reducing harm from falls in acute, mental health & community hospitals; what does & doesn't work'. This webinar was well attended by organisations nationally and introduced the project to the benefits of the Royal College of Physicians 'FallSafe Care Bundles'.

Following this webinar contact was made with the Royal College of Physicians to discuss the 'FallSafe' bundle and also to discuss findings from the Acute Inpatient Audit 2015[1] that was completed by all acute trusts within the region (and nationally). The report on findings from the Acute Inpatient Audit 2015 was published at the end of October 2015 with a number of recommendations[2].

During January 2016, the group invited Julie Windsor, National Patient Safety Lead for Older People and Falls, to attend the Falls Prevention Best Practice Group to share information on the work she has been involved in and potential topics that could be good areas to look at for the project. Julie is involved with falls research and has been a clinical advisor to several falls studies collaborating with universities of Portsmouth, Bath and Newcastle. Julie was a steering group member of the successful 'FallSafe' project and a member of the NICE 161 Clinical Guideline Development Group and is keen to support the 'FallSafe' implementation within the

region. The group decided that FallSafe Care bundles was the innovation that should be implement or improved at trusts within the Oxford AHSN region. This approach has been shown to reduce falls by around 25% on implementation wards.

Initial interest and involvement from trusts within the region has started with the following organisations, these trusts form phase one of the FallSafe project implementation:

- Bucks Healthcare
- Oxford University Hospitals
- Berkshire Healthcare
- Oxford Health

Implementation/ next steps

The FallSafe project will stage the implementation period over two phases. The first stage will implementation will move into the measure and monitor stage in January 2017. This will coincide with the beginning of phase two of the project implementation. The project will run for a period of 24 months in total, completing in April 2018.

The trusts that will be supported by the project to implement the FallSafe care bundles during phase one are Oxford Health, Oxford University Hospitals, Berkshire Healthcare and Milton Keynes University Hospital . The remaining trusts will form phase two of the project and engagement work will commence with this phase of the project in late 2016.

Stay in a bay project – Bucks Healthcare

The CIA Programme is working with Buckinghamshire Healthcare NHSFT to support the trusts 'stay in a bay'. The Trust was awarded funding as part of the Sign up to Safety Improvement Plan to reduce falls throughout the hospital.

The Trust started deploying the 'desk' to wards in April 2016. The project is looking at how increasing nursing presence on wards can reduce the number of falls that happen and also the level of harm resulting from a fall. The implementation of the desks has had varying levels of success since they were introduced. The CIA programme has agreed to support the project with some engagement work, to understand the barriers to adoption onwards. Also to run some PDSAs to improve the utilisation rates of the desks within wards. The success of the stay in a bay project will support the CLAHRC Collaborative project, planned to commence in August 2016.

CLAHRC Collaborative Project

A successful application was made to the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLARHC) by Prof Sallie Lamb, Kadoorie Professor of Trauma Rehabilitation, University of Oxford with input from the Clinical Innovation Adoption Programme. The application was to fund following project:

Project: In line with requirements for evaluation but not a Randomised Controlled Trial (RCT) to assist with more rapid evaluation on whether a change is having an impact using Regression Discontinuity Analysis on existing collated data. Trusts within the region already collect this data in DATIX systems, which covers levels of harm and data on slips, trips and falls. This data has been collected over a long period meaning a time track and volume is already in existence and available. This work would enable the project and wider Oxford AHSN

to make inferences as to whether a change is having an impact on the region.

This work will strengthen the evaluation of intervention impact and also empower local implementation teams to track, monitor and assess whether or not they are effecting positive change. This module will then be used to evaluate the FallSafe Bundle Project outputs.

Bethan Copsey, OCTRU Medical Statistician - Centre for Statistics in Medicine at the University of Oxford will be working with colleagues at Buckinghamshire Healthcare NHS Trust to undertaken an evaluative project on the desk in a bay project. The project will evaluate the project, look at potential value to the organisation, sustainability and any cost savings achieved from reducing the rate and harm of falls.

The project is being scoped at presentation and is being schedules to commence in August 2016 and will run for a two year period, also looking at 2 year historical data.

CAUTI – Catheter Acquired Urinary Tract Infection

Clinical Champion- Catherine Stoddart, Chief Nurse, Oxford University Hospitals NHS Foundation Trust

Project Completion: March 2017

Urinary Tract Infections (UTIs) have been found to extend a patient's length of stay in hospital by 6 days. Around 5% of hospital acquired UTIs develop into secondary bacteraemia which can be life threatening if it develops into sepsis. Public Health England data indicates that 17.2% of all Health Care Acquired Infections are attributed to UTI with the highest prevalence in the over 65 age groups and particularly high in the frail elderly.

Reducing unnecessary catheterisations is an effective way of reducing the incidence of Catheter Acquired UTI (CAUTI). It has been shown that the use of bladder scanners, as part of a complete package of care can lead to a reduction in unnecessary catheterisation with subsequent reduction in CAUTI.

An initial survey of acute and community Trusts across the AHSN region found that best practice in catheter care was not being followed throughout the region. Some Trusts did not have bladder scanners and those that did had not integrated them into their clinical pathway with staff having limited knowledge on how to use them.

Three Trusts agreed to participate in the first wave of this project, the aim of which is to raise awareness and reduce the incidence of CAUTI through embedding best practice in catheter and continence care, including the use of bladder scanners where appropriate.

Trusts engaged

- Oxford University Hospitals NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust

Project objectives and expected outcomes

Key objectives:

- Reduce the number of unnecessary catheterisations
- Reduce the number of CAUTI across the region to bring performance in line with national average

This will be achieved through:

- Agreeing a clinical definition of CAUTI for each Trust
- Reviewing the whole patient pathway from decision to catheterise through to catheter removal
- Benchmarking with national and regional best practice
- Assessing staff knowledge, awareness and competency
- Upskilling staff through training and education programmes
- Standardising protocols and procedures between acute and community partners

Introducing appropriate use of bladder scanners into the clinical pathway where not already in place.

Impact

It is estimated that 20-25% of all inpatients will have a catheter at some point in their stay and 7% of these patients will go onto develop a CAUTI (estimated 2500 for the 3 Trusts involved). By reducing the number of unnecessary catheterisations and improving staff knowledge and awareness it is estimated that around 25% of CAUTI could be prevented, representing a saving of £880k to the health economy.

Developments in Q1 2016/17

The key developments in Q1 were:

<u>Development of invest to save business cases for bladder scanners</u>

- Oxford Health case finalised ready for submission to capital investment group
- GWH case complete, pending final decision on type of scanner
- OUH business case complete, pending review by CAUTI group in July

<u>Development of an e-learning package</u>

The AHSN developed a proposal for a high quality e-learning package for continence and catheter care which was submitted to Health Education England Thames Valley (HEETV). HEETV have agreed to support and fund the development of the e-learning package if it is of sufficient quality to be made available to all NHS staff nationally. With the support of HEETV, the AHSN have submitted a proposal to the National HEE steering group. A decision is expected in July 2016.

A patient leader has been involved in the development of the e-learning package and will continue to be involved in the project going forward.

<u>Local launch of project literature</u>

- Catheter passport in use in Swindon
- Oxford catheter passport launching June 2016
- Care pathways and protocols rolled out
- Catheter awareness week held at OUH

Key project risks

Data capture remains a risk for the CAUTI project. Currently the National Patient Safety Thermometer is the only method of measuring CAUTI rates and this data-set has significant limitations.

Both acute Trusts are aiming to electronically record catheter usage but trials of this methodology have not proven successful thus far with staff preferring to record on paper. Whilst OUH aims to record CAUTI electronically, the GWH system is unable to do so.

Both Trusts have performed a manual baseline audit but this is a resource-intensive process and cannot be used continually.

Next steps

Finalise e-learning package

Submit business cases for approval

Clinical champion and project manager to visit other Trusts in the region to promote the Catheter Toolkit and offer support for implementation.

Develop a methodology for involving care homes in the project – potential pilot in Berkshire West.

Practical Innovating in a Healthcare Setting Programme

Project: Practical Innovating in a Healthcare Setting Programme

'Innovating in Health Care Settings' is a one-year programme for NHS frontline staff with 60 level 7 M-level credits (PG Cert) awarded on completion that can be used towards future study.

The Oxford Academic Health Science Network has collaborated with Buckinghamshire New University to develop and deliver a new programme: 'Practical innovating in healthcare settings'. This programme has been created to assist healthcare staff in identifying innovations and innovative projects that deliver improved quality of care for patients, sustainability and cost-effectiveness to the NHS. The course has been funded and supported by Health Education England Thames Valley and is free to healthcare staff. The programme is open to colleagues who work in an NHS organisation who can engage with innovation, service improvement and service redesign.

The Practical innovating in healthcare setting programme is made up of two modules (module two is optional):

- *Module One* 'An introduction to clinical innovation in healthcare settings'
- *Module Two* **'**Delivering and sustaining innovation in healthcare settings'

The programme includes:

1. Defining and distinguishing clinical innovations and service redesign (developing theoretical analytical skills)
2. Understanding processes of change management and spread of innovation using validated change management models (people management)
3. Using systematic tools to diagnose opportunities and obstacles to innovation (developing systematic approaches to assessing readiness for innovation adoption)
4. Using the PDSA cycle to systematically implement and monitor innovation deployment
5. Using run and control charts to understand/interpret variation and monitor impact of innovation (using local data to inform decision making and effectiveness)
6. Assimilating innovation into practice (what is and is not working and why)
7. Project management (using a systematic approach to project management including timelines and setting, meeting and modifying objectives).

Developments in Q1 2016/17

The first cohort of the programme was extremely successful. All but one student, due to personal reasons, completed the first module. All students will be progressing to complete module two of the programme that is scheduled to begin in September 2016.

A substantial number of students on the first cohort of the programme were employees from Oxford University Hospitals NHSFT.

Next steps

The next cohort (module one) of the programme will begin in September 2016. Initial interest from organisations in the Oxford AHSN region has been positive to date, with expressions of interest received. For the next cohort first consideration will be given to students from organisations outside of Oxfordshire, due to the first cohort of students being mainly from the Oxford area.

There are 30 spaces available in September 2016 - of which 10 have been provisionally booked. A third cohort of the programme is planned to begin in January 2017. This will be the last programme ran using funding awarded from Health Education England Thames Valley. Further work is underway to explore options for the ongoing sustainability of the programme after this time.

Project: Fluid Review and LifeRay system implementation

Project: Fluid Review and LifeRay system implementation

The objective of this project was to develop the Clinical Innovation Adoption (CIA) innovation adoption process by creating online platforms that will enable innovators, partners and NHS organisations to create, manage, track and measure their innovation submissions from idea concept through to final implementation and impact reporting. It will also allow for innovation networks to be created to support CIA projects and to enable wider link-up and collaboration across the Oxford Academic Health Science Network which covers Oxfordshire, Buckinghamshire, Berkshire, Milton Keynes and Bedfordshire.

Fluid Review is a cloud based system that allows organisations to create and manage a number or workflows (or calls to innovation) simultaneously. It also allows stages to be created for scoring innovations, allowing for a continuous call to innovation, not just a call annually as the process at present. It also allows for the

creation of collaborative innovation networks for use by partners, both industry and healthcare.

Life Ray is a cloud based system that works as a website, it offers many of the normal features seen on a standard website, with the increased capability of allowing for the creation of forums, that can be linked to specific topics or innovations that have been submitted and processed through the Fluid Review system.

Progress to date

Q1 achievements:

- Project Manager attended training on how to but LifeRay site architecture and develop FluidReview Processes.
- FluidReview draft process has been created and developed, based on current CIA call to innovation process.
- Initial scoping and user acceptance testing of the FluidReview system has taken place with members of the CIA team. The initial amendments will be incorporated into the system for next review.
- Initial draft of LifeRay site has been created. Further work required to develop content on the system and functionalities to link to other LifeRay sites.

Next Steps:

- Establish stakeholder group
- Arrange user acceptant testing of system with stakeholder group.
- Further training session arranged to further understand system both system functionalities and ways they can be developed to support CIA innovation process vision.
- Create communication plan and launch campaign for site go-live

Research & Development (R&D)

The R & D group has not met during the quarter but members were offered the opportunity to display their work at the Oxford AHSN Innovation Showcase at the BioTrinity national event in April. A number of academic departments including from the University of Reading, Oxford Brookes University and the University of Oxford took up this opportunity. A workshop on Open innovation and the translation of university research into new companies' stimulated discussion in this important area.

The AHSN took part in the Oxford BRC open day in April which showcased the research themes of the BRC and provided the opportunity to explain the work of the AHSN and its links with the BRC.

The work being proposed for a new BioMedical Research Centre (BRC) between Oxford Health and the University of Oxford was highlighted at the Oxford Health/AHSN Road Show on 25 May – this also featured an update on the activities taking place between the Oxford Academic Health Science Centre and the AHSN, work which draws on world class research and looks to translate and spread into practice across the AHSN.

A new appointment has been made of Dr Ben Thompson as Strategic Partnership Manager (Health) in the Planning and Strategy Office at the University of Reading. Ben will be working closely with the University, Royal Berkshire NHS Foundation Trust and will also be supporting the R & D Oversight Group and the AHSN.

Wealth Creation

Overview

The Wealth Creation team has 45 projects that are at various stages of progress across all of its key priorities. To date it has completed 46 specific projects. Dr Hugh Penfold, Commercial Manager, left his post on the 9th May 2016. Dr Ben Thompson commenced employment at the University of Reading on the 1st June 2016. The team has engaged with 56 companies during the quarter. It has been involved in eight events, including as a cornerstone sponsor at BioTrinity 2016, the British In-Vitro Diagnostics Association AGM and VentureFest 2016. Over 1,200 people attended these events. A regional programme in diagnostics has been established to run evaluation studies to facilitate the adoption process, learning events for industry and the NHS; and support for companies along the adoption pathway.

Achievements in Q1 include:

- A Memorandum of Understanding has been signed with the Precision Medicine Catapult where the Oxford AHSN acts as the lead for Oxford as the Centre of Excellence.
- Three pilot evaluations are underway across the region, with a further two in late stage planning.
- The third Entrepreneurs Programme was held at Henley Business School.
- A Local Growth Fund capital bid for the Buckinghamshire Health and Social Care Innovation Centre was submitted to Bucks TVLEP.
- The ERDF Revenue bid for the Buckinghamshire Health and Social Care Hub was approved to take to the next stage of a full business proposal, which has also been submitted to the Bucks TVLEP.
- A consortium bid for ESIF Funding has been submitted to the Oxfordshire LEP, and covers proposals to support 'The Hill' incubator at the John Radcliffe Hospital, Oxford.
- A grant proposal under the EIT-Health Programme has been submitted in partnership with the West Midlands AHSN, the North West AHSN, IESE Business School, Universidad de Navarra (Spain) and E-Seniors (France).
- The Bicester Healthy New Towns project held a stocktake workshop with its partners focusing on a number of core themes.

Adoption

The following pilot studies are in progress with companies in a variety of care settings across the region:

- Evaluation of the Intelligent Ultrasound audit process for ultrasound images at the Royal Berkshire NHS FT
- Now Technologies for the testing and evaluation of Gyroset™ in Stoke Mandeville Hospital
- Evaluation of the Horiba Microsemi^{CRP*} haematology testing system in A&E at the Oxford University Hospitals NHS FT.

Work is underway to establish the following evaluation studies:

- The PID for Circassia's NIOX® FeNo testing in the management of asthma and COPD has been drafted for the Precision Medicine Catapult
- The extension of using PoC testing in the Emergency Multidisciplinary Unit to Out of Hours GP vehicles for use in the community sponsored by a Health Foundation grant

- The evaluation of a proteomics platform in a new care pathway is under discussion.

The pathway evaluation under the Stratified Medicine Programme for Sarissa Biomedical's Point of Care (PoC) stroke IVD for paramedic use is progressing and the delivery of the first phase of work has been completed.

Investment

The Wealth Creation team has continued to develop late stage evaluation projects that could be advanced under the Oxford Centre of Excellence. A Memorandum of Understanding between the Oxford AHSN and the Precision Medicine Catapult has been signed which sets out the basis of engagement for developing Oxford as a Centre of Excellence.

The ERDF Revenue funding bid for the Buckinghamshire Health and Social Care Innovation Hub has been approved to go to the next stage with the development of a full business case. This has now been submitted to the Bucks TVLEP.

An accompanying Local Growth Fund bid for capital investment for the Buckinghamshire Health and Social Care Innovation Centre has been submitted to Bucks TVLEP.

The consortium bid for ERDF funding in Oxfordshire for 'The Hill' has received an initial approval and the full business case has been submitted to the Oxfordshire LEP.

A funding application under the EIT-Health programme, 'Market Access Strategies for Community Solutions in Digital Health', has been submitted in partnership with the West Midlands AHSN, the North West AHSN, IESE Business School, Universidad de Navarra (Spain) and E-Seniors (France). The proposal focuses on identifying digital solutions in two healthy new towns and a Smart City. The team attended a formal review of the submission in Munich on the 3oth June.

The Bicester Healthy New Towns project has held its first stakeholder workshop on the 26th May, which was attended by 38 people and hosted by Oxford Brookes University. The aim of the workshop was to further refine the vision and to develop four work streams of activity covering urban environment and design, digital innovations, health care service remodelling, and community infrastructure and support. Further information is provided in the case study.

Oxford was one of nine shortlisted cities in the European capital of innovation competition for 2016 – http://oxfordicapital16.com. The results were announced on the 8th April. Oxford did not come into the top three cities although feedback from the European Commission on the Oxford bid was positive.

The Wealth Creation team has provided input and support into the Oxfordshire LEP's Strategic Economic Plan and Innovation Strategy. Further information can be found on http://www.oxfordshirelep.org.uk/sites/default/files/Final-v3-website_0.pdf.

The Wealth Creation team continues to contribute to Smart Oxford, in particular on the health and social care aspects of digital technology. Further information can be found on http://oxfordsmartcity.uk/cgi-bin/index.pl

Final preparations are underway for the Isis Innovation, Oxford Biomedical Research Centre and Oxford AHSN Technology Showcase on *Big Healthcare Challenges in chronic diseases*, which will be held on July 6th. Professor Tony Young, National Clinical Lead for Innovation NHS England will be a keynote speaker.

The launch of the Oxfordshire Innovation Engine Update has been set for the 8th July.

NHS Culture

The third Entrepreneur Programme was run at Henley Business School during the quarter. A total of 16 delegates attended the course.

The 'Hill', which aims to support NHS based innovations into care pathways and mobilise NHS innovators launched its first event at the John Radcliffe Hospital, Oxford.

It has been agreed with Health Education England Thames Valley that Challenge 2023 will not go ahead in the coming year.

Partnerships

The collaboration with J&J/Janssen continues to make strong progress across a number of areas.

The Sustainability Working Group held one meeting during the quarter where progress on the feasibility studies across the carbon energy projects were reviewed. The Group has also explored areas where other savings could be made, including travel, food and waste.

Conferences / Events / Publications

Events sponsored and supported by the Wealth Creation team during the quarter were:

- **BioTrinity 2016** was held between 25 - 27 April in London and was attended by over 1,020 delegates. The Oxford AHSN was a cornerstone sponsor of the event. The Wealth Creation team hosted a seminar on "Open innovation and the translation of university research into new companies" which discussed different approaches to open innovation and whether there is scope for enlarging the scope of precompetitive partnering along development pathway.
- The **IDEAL Conference 2016** was held on the 7th – 8th April and was sponsored by the AHSN. The conference was attended by over 110 delegates, many from overseas, and focused on the effective scientific evaluation of modern surgery and other invasive therapeutic interventions based on technology.
- The Oxford AHSN attended the **5th UK Diagnostics Forum**, which was organised by the Oxford Diagnostic Evidence Co-operative and held on the 26-27 May 2016. The team provided a talk on innovation adoption and the importance in diagnostics.
- The Wealth Creation team gave a presentation at the **British In-Vitro Diagnostics Association (BIVDA) AGM** and the **BIVDA Funding Forum** on the Wealth Creation diagnostics programme.
- One of the Oxford **AHSN Roadshows** was held at Milton Park, and included a panel discussion on "Building Mid-Cap Life Science Companies" was held with senior executives from Circassia, Immunocore, Owen Mumford and Oxford BioMedica.
- The Wealth Creation team was actively involved at **VentureFest 2016** on the 29th June and took part in a panel discussion on the "What is the Internet of Things and how can we use it?"
- The Wealth Creation team chaired a session on "Health & wellbeing pitches" at the **Chemistry Means Business 2016**, which was organised by the Royal Society of Chemistry.

Publications

An updated **Oxford AHSN and industry** brochure was published during the quarter.

Supporting activity

The Wealth Creation Oversight Group met once during the quarter. The Group has been expanded to include a representative from MedCity, and discussed opportunities in digital health and inward investment.

The Wealth Creation team has continued to support the Oxford AHSC Theme on Novel Partnerships, including the quarterly strategy meeting and in the preparation of the AHSC Annual Report.

The team continues to engage with other key stakeholders in the region including the BRC, the CLAHRC and Oxford University Innovations (formerly Isis Innovations).

Informatics Theme

Team Update – James Brannan, Head of Informatics, has joined the team on a permanent basis this quarter. The team is now at full capacity and has been performing well. In order to develop our in-house skills, one of the data analysts has been on an in-depth training course to enhance his database administration and querying skills which will allow us to be more self-sufficient and not have to rely on 3rd party support, and expense. This knowledge will be employed in our Data Warehouse and shared across the team.

Data Sharing – The Informatics Team hosted a session between the Health and Social Care Information Centre (HSCIC) and the Programme and Theme managers regarding the data sets HSCIC holds and the process of gaining access to that data and support services available within the HSCIC

CIO network – building on good engagement with the Oxford Health CIO through the CIO Forum, opportunities for collaborate working have been explored in April focused on the visualisation ambitions of both teams.

Oversight Group – The group met at the end of this quarter. Katie James presented the year-end report and updated on the Information Governance activity. Mike Denis spoke to the Informatics Strategy and Digital Integration.

Information Governance (IG) Framework

Over the last quarter the Information Governance Framework has been signed by South Central Ambulance Service, Oxford University Hospitals, Oxford Health, Royal Berkshire Hospitals, Berkshire Healthcare, Buckinghamshire Healthcare, Milton Keynes University Hospital, Frimley Health and Southern Health. Work has started to operationalise the Framework.

Informatics has been supporting programmes to use the protocols to support the safe sharing of information. Time has been taken to complete protocols with project managers to enable self-completion going forward. Best Care's Imaging and Maternity clinical networks have been supported to complete protocol documents for the safe sharing of Prostate MRI data and view only access to pregnancy scans via a secure N3 portal for networks respectively. Delays with protocol sign off have caused hold ups to delivery for these networks which has resulted in an escalation to the programme board. This issue is being addressed by exploring realistic response times, with heads of IG, for the protocols to be returned. In addition, protocol documents have been utilised to set up information sharing for Patient Safety for the AWOL and Pressure Ulcers projects and for CIA projects; Falls and IOFM.

Operational Hybrid Analytics Service

During this quarter the Informatics Team has worked through the data requests from the programmes whilst developing the sustainable model to allow older queries to be recycled with slight adjustments to the selection criteria, to deliver efficiently on new requests.

There has been regular engagement with each of the programmes and themes to update on data requirements. These sessions are led by the workstack tracker which allows us to agree priorities and RAG status in an Agile model, both within each Programme and across the Oxford AHSN. The Workstack Tracker is also shared with the Programmes, so that they are able to view on demand.

Employing the Hybrid model, we have engaged external partners to deliver on requirements where we are unable to comply e.g. where patient identifiable data is required.

Visualisation Platform

To further enhance the service that the Informatics team delivers, we are investigating several visualisation capabilities over and above Excel. Our preferred solution is Tableau and to this end, we are in negotiation with Oxford University Hospitals to utilise their Tableau implementation. This has many advantages, not least of which are cost, time and infrastructure savings. If this solution is not viable there are two alternatives which can be rapidly deployed and will fulfil our requirements.

Informatics Strategy

The Strategy has been shared with partner organisations through the CIO Forum and was presented to the Informatics Oversight Group at the end of this quarter.

Digital Maturity Model

Following on from discussions at the CIO meeting in March 2016, the Informatics Team conducted an in-depth analysis of the results of the assessments, detailing digital maturity footprints of each of the Oxford AHSN partner trusts. This highlighted the variation across the region in respect to trust-on-trust, but also against the national footprint.

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

Berkshire Healthcare has completed their project initiation stage of deployment, updating their local PID and project plan, making available the required resources for implementation and establishing their project board. The board is meeting on a six weekly basis at the moment.

Information governance presentation provided along with Privacy Impact Assessment. The Trust also attended the IG workshop and raised no objection to the fundamental basis that data is processed to build the CRIS repositories and that following de-identification the data is no longer personal data.

Technical discussions on whether to host the extract utility locally or whether to have Servelec host the solution have been ongoing.

Programme and Theme Support

Best Care

Maternity – Informatics has had continued communications with IT teams regarding extension and management of view only software for foetal scans. Frustrations continue with the lack of response from IM&T, a plan of escalation has now been put in place.

Dementia – Informatics delivered data outputs to the network which presented at GP practice level the percentage of over 65s and under 65s diagnosed with Dementia, proportionate to the practice list size of over and under 65s.

Respiratory –we had an introductory meeting with the network to give an overview of informatics support and to discuss data needs of the network. HES data required over the coming months was scoped to understand requirements across emergency, outpatient and inpatient datasets focusing on Asthma and COPD patients and this HES Inpatient Data has been extracted and analysed. Emergency and outpatient datasets have been requested from HSCIC focusing on Asthma and COPD patients.

EIP – The Informatics Team had an introductory meeting with the new network manager to give an overview of informatics support and to discuss data needs of the network. We explored data available from the Southern EIP work for the Oxford AHSN trusts to understand the variation in the number of EIP service users not in education or employment and how informatics could visualise this.

Clinical Innovation Adoption:

Home IV – Informatics provided GP prescribing data per GP practice and by CCG to highlight the number of furosemide prescriptions broken by the form the drug was provided in.

IPC – extraction of HES inpatient data to explore patients across all Oxford AHSN partner trusts diagnosed with stroke who were secondly diagnosed with DVT, PE, VTE based on a list of codes provided by the CIA team.

CAUTI – We provided HES data on inpatient recorded primary and secondary UTIs at hospital level broken down for the team to explore variation in gender, age and comorbidities (excluding maternity patients). In addition GP prescribing data was extracted on the numbers of catheters prescribed by GPs to explore the number of catheters being fitted in community settings.

IOFM – Informatics explored the best way to identify post-surgical complications within the HES inpatient dataset with the OUH coding team to understand the methodology of recording such events in hospital and to inform extracting data.

Patient Public Involvement Engagement and Experience

Informatics continued working with Health Experience Institute fellows to support a project aiming to understand variation in patient experience across the trusts in the region. PPIEE hosted a workshop that we attended, giving guidance on how data might best be collected, analysed and presented.

Patient Safety

Pressure Ulcers – following a meeting with the coding team to understand coding methodology, a query was designed and run to extract data on the five pressure ulcer diagnoses codes which differentiate the severity of the skin damage to understand the number of patients coded and key demographics. This data pull benefitted from the full set of secondary codes now available. A query was designed and run to extract data on the five pressure ulcer diagnoses codes which differentiate the severity of the skin damage to understand number of patients coded and key demographics. Patient Safety Thermometer (PST) Data was also extracted and analysed for Stoke Mandeville Hospital.

Informatics supported a data review of datasets available to quantify pressures ulcers, highlighting collection methods and limitations to support the measurement decisions going forward.

Sepsis – Informatics has continued supporting the project with additional iterations of the data. The team attended the sepsis stakeholders meeting to support data discussions particularly around the building of individual data extracts so that each representative can see a data overview for their trust within a regional context. An example of this has been built and can be replicated for individual trusts.

AKI – the AKI data query was ran by our new data analyst to extract data to allow the project team to explore inpatients diagnosed with AKI and related renal complications in addition to the demographic variation that exists. We have been working with Katie Lean and Ed Sharples to understand how we can help to merge datasets. As part of the Hybrid data model, this work has subsequently been passed to Oxford University Hospitals Informatics as the data was patient identifiable.

AWOL – we have had good engagement with Oxford Health to discuss an update to the dataset exploring the AWOL incidences recorded and to help assess the effect of interventions put in place on incident reporting. A request was sent to Oxford Health to provide an update to the dataset exploring the AWOL incidences recorded and to help assess the effect of interventions put in place on incident reporting.

Patient and Public Involvement, Engagement & Experience (PPIEE)

Our lay leaders

With sadness we say goodbye to Carol Munt with whom we have worked closely over the last three years. We have appointed a new lay partner Douglas Fairburn to co-chair our Operational Group and will be appointing a second lay partner to work with us.

Governance

Our joint work with NHS England South (Central) and Thames Valley Strategic Clinical Networks (SCNs) continues and we held the first meeting of our joint Oversight Group that will provide valuable advice into our programmes of work.

Training and development

Collaborative Leadership: the Leading Together Programme

We are halfway through running our programme of leadership development for lay partners and professionals, having run courses in Oxford, High Wycombe and Bristol. Courses in Crawley, Aylesbury and Reading will be completed by October.

Each course has been undertaken by a very varied group of people from medical and nursing directors to people from the voluntary and community sector, people with lived experience of ill health and members of the public. Recruiting this range of people has been challenging but rewarding as we start to see people coming through their course having developed relationships and projects together.

We received regular participant feedback at the end of each workshop day and are using this to develop the course as we deliver it. In addition, we have just appointed an independent team to fully evaluate the process and impact of the Programme.

We held an initial meeting with a local advocacy group to explore the possibility for co-designing and co-delivering a course for people with learning disabilities and professionals.

Other training

We are in the process of tendering for one day participation training with NHS England South (Central), the Oxford Collaboration for Leadership in Applied Healthcare Research and Care (CLAHRC) and the Thames Valley and South Midlands Clinical Research Network (CRN).

Public Engagement

Living Well - our joint initiative across the AHSN, Science Oxford, the Cochrane Collaboration, the University of Oxford and Brookes University has started to shape with our initial Steering Group meeting having taken place.

We have successfully run a number of events as part of the Oxfordshire Science Festival:

- A storytelling event with a focus on stroke at the Oxford Story Museum;
- A series of lunchtime talks 'A short introduction to mental health with Oxford University Press and Blackwell's'
- A panel debate on genomics and data privacy with the British Science Association and the Wellcome Centre for Human Genomics

Measuring impact

As the result of the joint event with research, education and service delivery colleagues we ran last year, we are exploring tools and other methods to trial for recording and measuring impact. We are also carrying out a survey to find out how people would like to be kept informed about involvement work across the Thames Valley.

Developing metrics

We are interested in developing a way of using routine data to show how organisations are delivering person-centred care. We have put together a long list of possible metrics and ran an initial workshop with Knowledge Exchange fellows from CQC and NHS England to explore this idea. We will be further refining this list over coming months and working with local providers and commissioners to see if we can produce a way of presenting this data that would be useful to them.

Patient Safety Collaborative

Progress in Quarter One

In Quarter 1 at national level, the main issue affecting the Oxford PSC has been the ongoing delay from NHSI in our funding agreement for the coming year. Work continues across all PSCs on the development of reporting progress by applying the PSC logic model. Charles Vincent, Clinical Lead continues to represent the Oxford AHSN at the development of the Central Measurement Unit. The PCS is preparing for their participation on the PSC stand at Patient Safety Congress on 5-6th July where the work of the PSCs will be displayed. PSC representatives also have the opportunity to meet Mike Durkin to explore current issues. The Patient Safety Leads Group is to commence work on the spread plan for successful programmes across the AHSN landscape.

At a local level, we received news that Jean O'Callaghan, CEO Berkshire Healthcare NHS Foundation Trust and Chair of the Patient Safety Oversight group is to resign from November. Jean is a great loss to the PSC because her enthusiasm for the improvement of patient safety across the region has provided a real impetus to drive forward. One new patient safety project has been formally approved by the Programme Board. Dr. Alex Lee will work as the Clinical Lead with Geri Briggs, Patient Safety Manager, to develop a project to improve the safety of children and young people with gastrostomy.

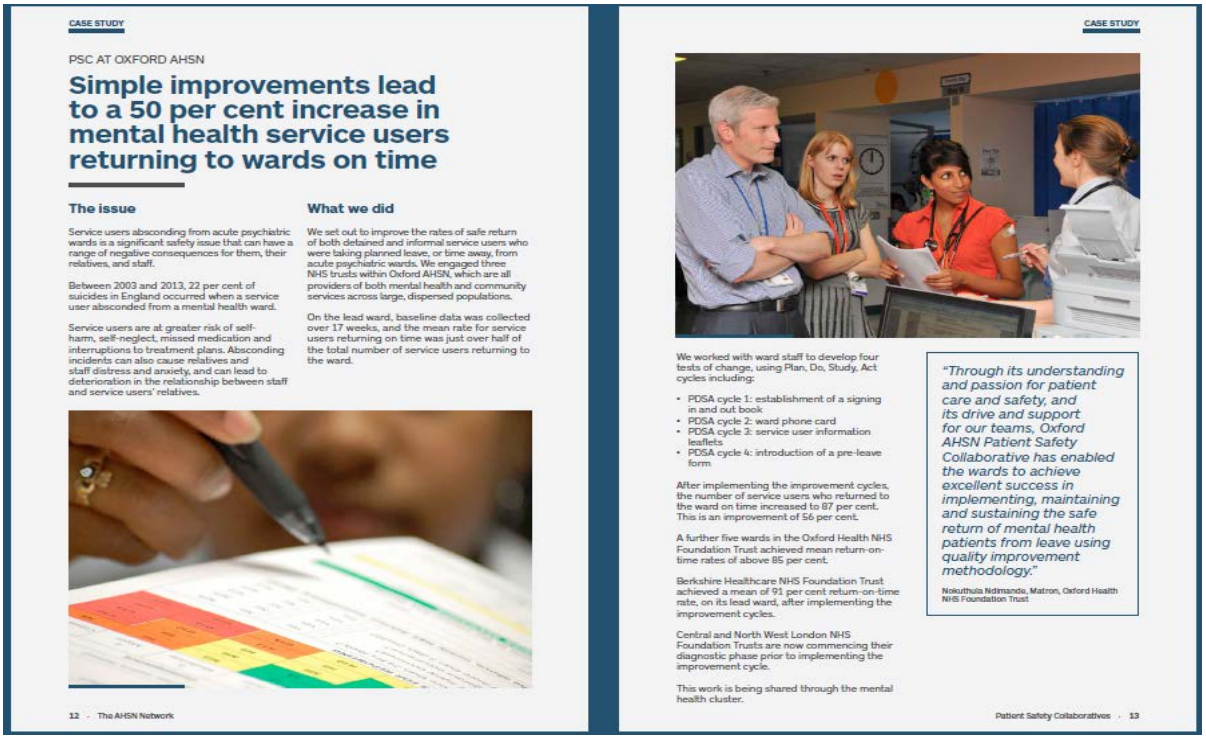
Clinical Programmes

Safety in Mental Health: Absence without leave project

Clinical Lead: Dr. Jill Bailey, Head of Patient Safety

The project continues to sustain the achieved aim in 6/7 participating acute wards at Oxford Health NHS Foundation Trust. Ward 7 is now better engaged in taking the project forward. The Director of Nursing has requested that the work is now spread across the forensic services. Berkshire Healthcare NHS Foundation Trust has achieved and sustained their aim on their pilot ward, Bluebell. Once the raw data is supplied to the Oxford AHSN, the work on the aggregation of data across the region can commence. For the outcome data, the Information Governance agreement is yet to be signed. Central and North West London NHS Foundation Trust is now well engaged. The Central and North West London project development will be jointly managed by Jill Bailey and Cindy Whitbread in collaboration with Michele Draper and Jack Pooler. Jill Bailey and Cindy Whitbread have joined the clinical teams in Milton Keynes twice to launch the work there. Jill Bailey will present the project to a meeting with the Consultant Psychiatrists at the Gordon Hospital on 28th June 2016 during project preface.

The work on the AWOL project has been recognised by the AHSN Network and presented in a case study in our Impact Report 2015-2016.



CASE STUDY

PSC AT OXFORD AHSN

Simple improvements lead to a 50 per cent increase in mental health service users returning to wards on time

The issue

Service users absconding from acute psychiatric wards is a significant safety issue that can have a range of negative consequences for them, their relatives, and staff.

Between 2003 and 2013, 22 per cent of suicides in England occurred when a service user absconded from a mental health ward.

Service users are at greater risk of self-harm, self-neglect, missed medication and interruptions to treatment plans. Absconding incidents can also cause relatives and staff distress and anxiety, and can lead to deterioration in the relationship between staff and service users' relatives.

What we did

We set out to improve the rates of safe return of both detained and informal service users who were taking planned leave, or time away, from acute psychiatric wards. We engaged three NHS trusts within Oxford AHSN, which are all providers of both mental health and community services across large, dispersed populations.

On the lead ward, baseline data was collected over 17 weeks, and the mean rate for service users returning on time was just over half of the total number of service users returning to the ward.

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CASE STUDY

We worked with ward staff to develop four tests of change, using Plan, Do, Study, Act cycles including:

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

After implementing the improvement cycles, the number of service users who returned to the ward on time increased to 87 per cent. This is an improvement of 56 per cent.

A further five wards in the Oxford Health NHS Foundation Trust achieved mean return-on-time rates of above 85 per cent.

Berkshire Healthcare NHS Foundation Trust achieved a mean of 91 per cent return-on-time rate, on its lead ward, after implementing the improvement cycles.

Central and North West London NHS Foundation Trusts are now commencing their diagnostic phase prior to implementing the improvement cycle.

This work is being shared through the mental health cluster.

"Through its understanding and passion for patient care and safety, and its drive and support for our teams, Oxford AHSN Patient Safety Collaborative has enabled the wards to achieve excellent success in implementing, maintaining and sustaining the safe return of mental health patients from leave using quality improvement methodology."

Nokuthula Ndimande, Matron, Oxford Health NHS Foundation Trust

Patient Safety Collaboratives · 13

Acute Kidney Injury (AKI)
Clinical Lead: Emma Vaux; Patient Safety Manager: Katie Lean

There have now been four stakeholder meetings with good representation from across the region. The work streams are divided into prevention, recognition and management to allow for focused project work. The prevention work stream has engaged 3 residential care homes and one nursing home in Windsor, Ascot and Maidenhead to take part in a hydration project. The aim of the project is to reduce admission to hospital for UTIs by 5% decrease compared to the same months in previous year's data. Baseline data is being gathered on safety crosses and the test of change will start on 1st July 2016. Training days for care home staff are to take place on the 28th and 30th June 2016.

Application for funding is underway for a patient focus group to formally evaluate the sick day rules. This would take in the Bracknell and Ascot CCG region and would seek to engage a cohort of patients with long term conditions who have attended a polypharmacy clinic.

The recognition work stream is being led by our partners at the Great Western Hospital NHS FT, Swindon and aims to reduce the incidence of mortality by 3% from AKI by ensuring the implementation of the AKI care bundle within 24 hours of alert. A team has now been appointed locally to lead on sepsis and AKI. The management group have designed and implemented an electronic care bundle at the Oxford University Hospitals NHS FT which is linked to the AKI alert on creatinine testing. This was released on the 18th April 2016. The aim is to identify if the introduction of an electronic AKI care bundle reduces the progression of the disease during the inpatient stay. Baseline data of 14,000 alerts and outcomes is being analysed at present.

A separate part of the project is looking at introducing an electronic medications review tool which will be linked to the AKI alert. It is being tested at present and hoped that this will be released over the summer.

An AKI care bundle has been developed by Oxfordshire Primary Care Services and is being tested at present. Training is being arranged for community prior to its use in the autumn when the AKI alerts are being released into the community setting.

Sepsis
Clinical Lead: Andrew Brent; Patient Safety Manager: Katie Lean

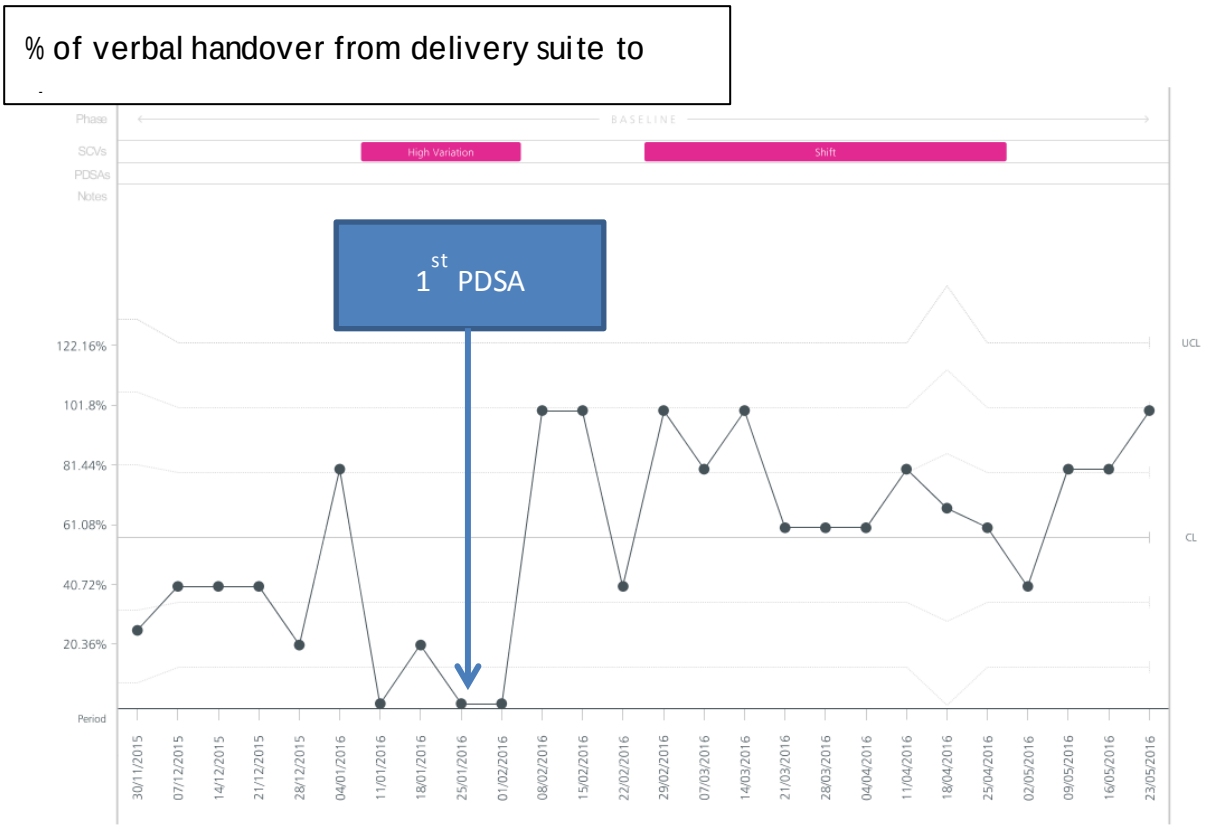
The role of clinical lead was taken over by Andrew Brent, Consultant in Infectious Disease, Oxford University Hospitals in June 2016. The group has been focused around many changes within Sepsis – the release of the international definition of sepsis in February 2016, changes in the national CQUIN March 2016 and the expected release of the NICE guidance on the 13th July 2016.

There have been 2 stakeholders meetings with around 30 attendees from the community and acute settings. HES data has been gathered and released to clinicians to review their current data in line with other Trusts in the Oxford AHSN region. The clinicians within the acute sector have agreed in principle to share their CQUIN data which will give a baseline for improvement work.

South Central Ambulance Service is working towards the introduction of National Early Warning Score within their EPR system. We are liaising with GPs about the introduction of this within surgeries. This in turn will standardise the language of sickness as most acute sectors within the region use the NEWS score. Further projects will be defined throughout the year. Data is being captured for the region with the aim of identifying a more robust picture of the burden of sepsis, and to measure patient outcomes from our improvements in managing septic patients. A sepsis sharing event is scheduled for the 19th September 2016.

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

This project aims to reduce the never events of swab retention to zero by November 2018 within the Maternity Department at Oxford University Hospitals NHS FT. The test of change of improving handover from delivery suite to theatres was implemented on the 1st February 2016. Data has been reviewed on a regular basis and improvement noted. The improvement is yet to be sustained but staff are more aware of the updated policy and the data reflects this.



The team are planning a 2nd test of change "Standardising the process of handover of swabs/packs in situ from Theatre to OA/DS".

Pressure Ulcers

Clinical Lead: Ria Betteridge, Patient Safety Manager: Cindy Whitbread

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

Paediatric Gastrostomy

Clinical Lead: Dr. Alex Lee, Patient Safety Manager: Geri Briggs

A new project is being implemented to improve pathway safety for patients receiving certain types of gastrostomies. It will be led by the surgical team at OUH, with a steering group anticipated to involve community nursing teams and patients/carers. Full scoping will take place in Q2.

Improving Capability

Lead: Dr. Jill Bailey, Head of Patient Safety

Improving serious incident investigation processes in mental health integrated trusts across the Oxford AHSN

Clinical Lead: Dr. Jill Bailey, Head of Patient Safety in collaboration with Dr. Jane Carthey, Clinical Human Factors expert.

Our three integrated partner Trusts are now each engaged in this project including Berkshire Healthcare NHSFT, Central and North West London NHSFT and Oxford Health NHSFT. Oxford Health NHSFT commences their analysis phase on June 30th 2016 with Dr Jane Carthey. Once the analysis phase is completed across all three partner organisations, the findings will be provided to the organisations and a collaborative training plan devised.

LIFE system

Steering Group Lead: Dr. Jill Bailey, Head of Patient Safety

Working Group Lead: Cindy Whitbread, Patient Safety Manager

The number of users of the LIFE system is growing in line with our clinical programme development. Following a meeting with Jacqueline Fairburn Platt and Juliet Thorogood regarding the interaction between the PSC and the advanced practitioner programmes at HEETV, the links have now been sent to share with course participants to support project development. The PSCs are forming a separate LIFE Steering Group and LIFE Users Group to address the usability and functionality issues, as well as the contracting issues.

Developing capability and capacity

Lead: Jill Bailey Head of Patient Safety
Developing a coaching approach to implementing quality improvement projects

Quality improvement coaching arrangements are now well established with our partners in the safety in mental health, pressure ulcers and maternity programmes. The PSC coaches provide coaching on a regular basis to support the successful implementation of QI methodology.

We are currently developing our project between HEETV and Jonkoping, Sweden, to develop a programme for quality improvement coaches across the region. The initiative draws upon the outcome of our senior leaders event in April that suggested the good quality QI work is embedded within our partner organisations.

Following proposed cuts in AHSN budgets for the coming year, a review of spending in the PSC determined that the current funding to the Oxford Patient Safety Academy for a Band 8a Improvement Coach will cease in November 2016, one year earlier than originally planned. This decision coincides with the current postholder leaving post at the Patient Safety Academy to pursue doctoral training in April, 2016, although

the funding agreement remains in place until November 2016 to support the PSA to deliver their programme.

Supporting Oxford Universities NHSFT QI Team

The PSC team has engaged with Oxford University Hospitals NHSFT Quality Improvement Team to support their QI Day on 22nd June 2016 at Tingewick Hall. The event will provide an opportunity to share ideas and consider joint opportunities.

The South of England Mental Health Quality and Safety Collaborative

The AHSN PSC continues to support the development of capability in our region with our partners through the South of England Mental Health Quality and Safety by direct funding. The collaborative is based upon the IHI Breakthrough series model. Each of our Mental Health integrated trusts is supported to facilitate 10 people to join the three two-day learning sets each year. The South of England Mental Health Collaborative has now also joined the National group MHImprove which was established to link all mental health quality improvement collaboratives/programs globally.

The South West AHSN, who manage the day-today activity of the collaborative, has successfully recruited a program co-ordinator. Heather Pritchard commenced at the end of February. The third learning session (LS) of 2015/16 was held (LS9) with 73 delegates, but unfortunately AWP, Solent, Southern, Plymouth, Somerset and Kent were unable to send delegates. LS9 evaluated well with 143 innovations taken away for testing by delegates. A driver diagram for reduction of Violence and aggression was developed with members at LS9 to enable this work to be developed more widely.

The dates of the learning sessions for 2016/17 have been booked and shared with the Collaborative members, LS 10 is themed on measurement and data. Dr Matt Hill is presenting the SCORE survey at LS10. Kate Dale, a mental health nurse and physical health project lead for Bradford District Care Trust is booked to present at LS11 on the Bradford Tool.

A Programme Managers (PM) development day was held in May, 2016. PMs from 12 of the member organisations attended. The PMs have agreed a plan for the migration of existing and new QI projects onto the Life system. The next PM development day is booked for September; the day is focusing on the development of their coaching skills as QI leaders. PM's are being supported individually to complete the evidence scan in each of their organisations

Presentation and meetings about engagement with the collaborative have been delivered and attended by the program lead with executive teams/members, in Cornwall, Somerset, Surrey and Borders, Sussex, Berkshire, Southern, Oxford, DPT, Avon and Wiltshire, Plymouth to the CEO's across the South West.

QI capability development sessions have been delivered in Somerset, Cornwall, IOW, Plymouth and coaching and Action learning provided to PM via the PM development day and via Webex. QI WebEx's and coaching WebEx's have been implemented for all participants. There has been limited attendance on each, but those that attend report value from doing so.

The South of England Mental Health Collaborative Website site has been constructed and is being hosted on a platform in the mental health Mindset Website. The Collaborative website is due to go live in July.

The revised measurement strategy is completed in draft and is to be reviewed by faculty members and agreed by the commissioning PSCs. An evidence scan has commenced on the work to date achieved by all participating organisations. The findings will be submitted for publishing and presentation at events. A proposal for presenting at the IHI in Singapore has been submitted, the content and findings from the evidence scan will be the focus of the presentation

The capability framework the 3 L's (Learn, Lead, Live) has been co designed with patients, members and faculty. It is currently being tested before design work is added. Once designed, participants will be encouraged to attend and progress through the competency framework to the third stage to increase the capability at an advanced level.

The collaborative is bringing together a group of suicide prevention specialists from across the South of England to an event hosted at LS10. The group includes leads from East Midlands patient safety collaborative and they will focus on setting up a communication network and supporting the work of improvement across collaboratives.

One of five co-production workshops was delivered in April in the South West. The workshop was fully subscribed and evaluated positively. The next workshop is in Kent in July. The workshop will be made available to the Oxford region in the future.

The current challenges reported by the collaborative Programme Manager are:

1. There is a pressing need for re-engagement with senior executives in the South East and South Central regions to agree full organisational alignment with their quality strategies. More support needed from managers/leaders for the collaborative members in some of the provider organisations.
2. A system is needed for capturing the amount of spread across the region.
3. Not all current improvement activity in our provider organisations is being captured by the collaborative.
4. Membership from each AHSN area is needed on the faculty.
5. More time needed from faculty members to help deliver the programme on a voluntary basis.
6. A more reliable way of sharing information with AHSN's needs to be established

Q Initiative, Health Foundation.

The Health Foundation is now entering phase three of the Q initiative and is formally inviting all AHSN PSCs to apply to become a regional partner for the first of six waves of applications to become a participant in the Q initiative. Following a meeting with Professor Charles Vincent, Sarah Garrett and Jill Bailey, it was agreed that the Oxford PSC will apply to support the second wave of applicants once the teething problems often associated with phase one development are resolved.

Measurement for Improvement

Following the success of the NHSIQ programme in December 2015, the programme participants requested a follow up learning session with Mike Davidge to develop their measurement skills based up their project data. 20 staff from across the clinical programmes joined the event in May 2016. The Day was again evaluated very well and the cohort has agreed to a further day in November to review their project progress over year one.

Informatics

The Patient Safety in Mental health programme is still waiting for the Information Governance agreements to be signed with the integrated trusts. Data for the pressure ulcer, maternity, AKI and sepsis programmes is being delivered against agreed milestones. As the programme develops, work is to be undertaken on the differentiation of data for information and data for research to determine appropriate ethical and storage / access considerations.

Stakeholder Engagement and Communications

Three headlines stand out for this first quarter: engagement, collaboration and impact. These been supported in three major ways in the quarter including a) Partner showcase events b) BioTrinity 2016 and c) our local stakeholder survey.

Partner showcase events

A year ago the Oxford Academic Health Science Network held its annual general meeting at a central location. It was a useful way to meet some of our stakeholders but its impact was limited. We knew we could reach more people so this year we decided to do things differently, teaming up with our partners to co-host a series of showcases during May. Seven meetings were planned in partnership with the local teams.

Oxford AHSN is all about clinicians and managers in the region working together at a local level to improve clinical standards and patient safety and support the uptake of innovation into practice to improve patient outcomes.

It is a 'ground up' approach, evidence-based and clinically-led. Apart from our small full-time team, everyone comes as volunteers to work on real frontline problems and transform the quality and effectiveness of healthcare for our local patients.

The Oxford AHSN is not the small core team, it is a professional network of the 100,000 or so people who deliver, commission, research or develop products and services for healthcare in our region. The work is also supported by about 80 patient leaders.

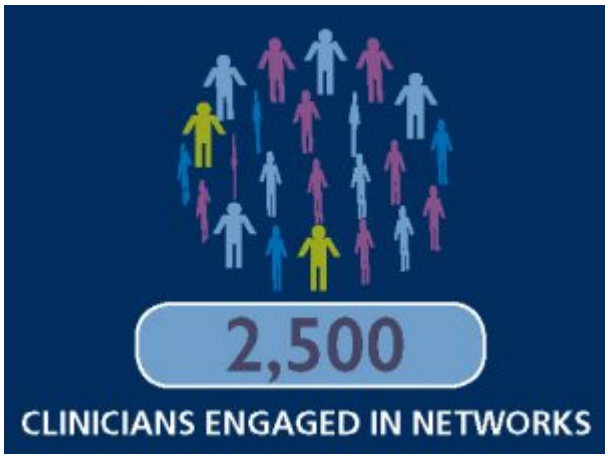
The core team supports collaboration and partnership with evidence, change management and quality improvement skills needed to implement on the ground. In line with this approach, we developed the content of seven partner showcase events with our partners and clinical leaders who talked about the success of some of these locally-led collaborative projects.

Dr Paul Durrands, the COO, who attended all seven events said that they exceeded expectations. One partner told us: "This was great – we don't celebrate our work enough". Here's what a few others had to say:

- *"The work being undertaken by Oxford AHSN is encouraging wider spread and adoption of innovative medicines, diagnostics, devices and digital applications across the whole region that are making a difference to patients and reducing costs,"* Jean O'Callaghan, Chief Executive, Royal Berkshire NHS Foundation Trust
- *"If you have the tiniest idea or spark of innovation, don't think it's too small,"* Dr Tina Kenny, Medical Director, Buckinghamshire Healthcare NHS Trust
- *"What the AHSN has created is a real asset … and there is an impact well beyond the Oxford AHSN area,"* Stuart Bell, Chief Executive, Oxford Health NHS Foundation Trust
- *"We absolutely see the AHSN as a core part of developing networks across the region,"* Prof Joe Harrison, Chief Executive, Milton Keynes University Hospital NHS Foundation Trust
- *"The whole concept of the Academic Health Science Network is a very strong one driving clinical collaboration, making sure clinicians are driving change, adopting innovation across the region and creating successful companies as a consequence,"* Dr Bruno Holthof, Chief Executive, Oxford University Hospitals NHS Foundation Trust
- *"I am very grateful for the leadership the AHSN has provided. The AHSN is acting as a sort of chaperone to take innovators to healthcare systems to demonstrate the utility of innovation so that the value is much*

more apparent to those who might use it across the system. That encourages adoption and much wider diffusion," Prof Sir John Bell, Regius Professor of Medicine, University of Oxford

One of the aims was to highlight our review of 2015/16 which we called 'A year in numbers' – for instance, the number of stakeholders who are members of our clinical networks has doubled in a year to over 2,500 – but these events generated some new numbers of their own!



We reached more than **five** times as many people as attended last year's single event - in total **350+** came to one of the showcases which took place in High Wycombe, Milton Keynes, Milton Park, Oxford, Reading and Wokingham. Describing the impact of the collaborative work on our three million population were:

- **35** different presentations, tailored to the local partners
- **20** partner contributors – from the NHS, the public, academia and industry

The showcases will have a lasting legacy. They generated a wealth of rich content including video and presentations – all available on the Oxford AHSN website – which should convince everyone that collaborating with colleagues from across the region will deliver improvements in clinical practice and for patients.

As usual the informal networking was as valuable as the formal content at these events, with new contacts made, existing ones strengthened and awareness increased for how the AHSN's programmes and networks can improve working lives and patient care.

We are extremely grateful for the support we had in putting the agendas together. That support came from the top with chief executives of our largest NHS partners chairing six of the showcases – with the seventh hosted by industry leaders, emphasising the unique role of AHSNs in fostering economic growth. We were greatly helped by local communications teams. I would also like to thank Megan Turmezei, Martin Leaver, Amy Shearman and many others for organising the events and especially to the presenters who made them relevant, stimulating and valuable.

We are planning to repeat this format in 2017 and look forward to working with our partners to make them even better – with even more people contributing and attending. **Do let us know if you have any ideas.**

BioTrinity and Venturefest

Other activities during Q1 2016/17 included our fourth attendance at BioTrinity on 25/26/27 April and Venturefest Oxford on 29 June at which the Oxford AHSN had a stand which focused on interactions with industry through our wealth creation programme.

BioTrinity had a strong focus on life sciences and developing partnerships with Nick Scott-Ram, our Director of Commercial Development, hosting a workshop on Open Innovation. Once again, the AHSN hosted a poster showcase giving partners and stakeholders a shop window for their activities, innovations and business ideas. The opportunity was also taken to make a number of short videos explaining the work of the AHSN and its links with industry – life sciences, pharma and medical devices. These are available on the AHSN website.

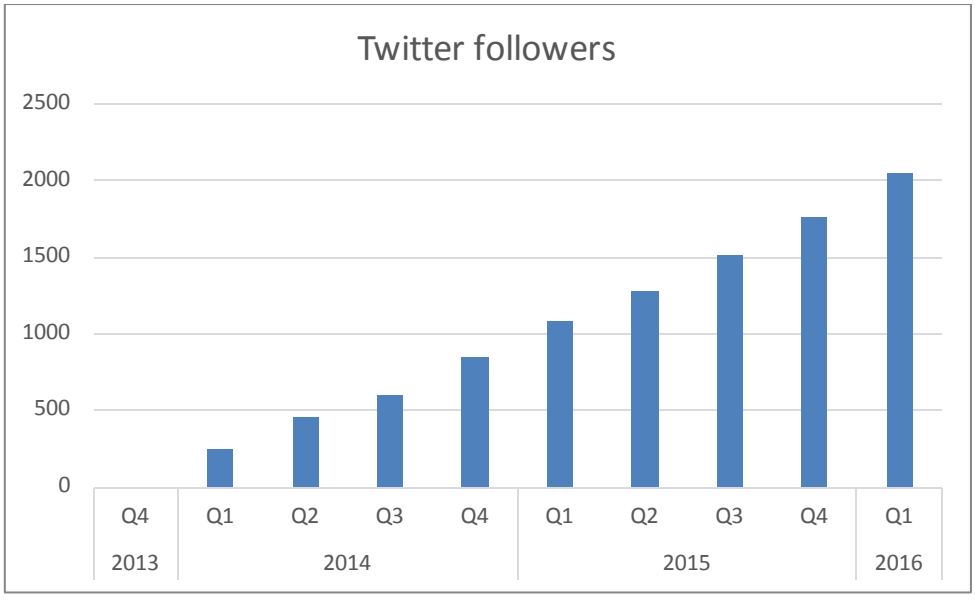
The event prompted the preparation of revised materials for the wealth creation programme. Other major publications this quarter included the *Patient Safety Activities Summary*, the *Annual Review* (see above) and a joint production with Health Education England Thames Valley *Developing Leaders through Partnerships* (all published in May 2016).

Nationally, the Oxford AHSN has worked with the other 14 AHSNs to produce the 2016 *Impact Report: Improving health and promoting economic growth,* which highlights work across the national network of AHSNs. Included were two case studies from our AHSN – relating to improvements in memory clinics for people with dementia and in recovery rates for people with anxiety and depression.

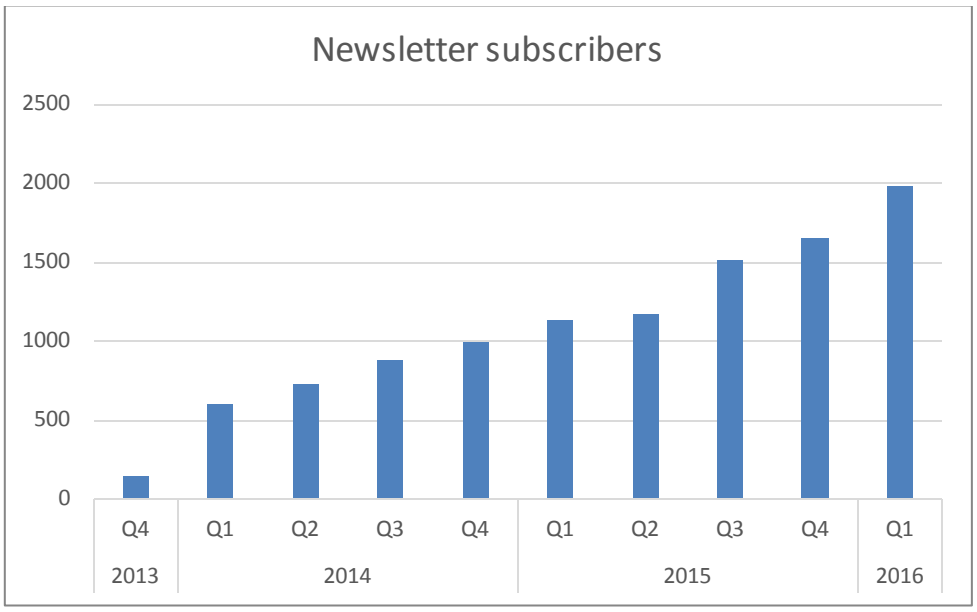
A similar national impact report produced by the Patient Safety Collaboratives (which sit within AHSNs) was published at the end of June and included a case study highlighting the project to reduce the rate of mental health inpatients failing to return from leave which is being developed across mental health trusts in the Oxford AHSN and the South region.

The number of subscribers to our monthly email newsletter continues to grow, hitting 1,990 in June. Similarly, interactive engagement through @OxfordAHSN and other AHSN Twitter accounts including our clinical networks also increased. Numbers following the @OxfordAHSN account reached 2,046 before the end of June.

The graph below shows the number of Twitter followers since the @OxfordAHSN account started in October 2013.



The graph below shows Newsletter subscriptions for the same period.



Local Stakeholder Survey

Collaboration and partnership are the foundations of the Oxford AHSN. To maintain and improve this going forward, the Oxford AHSN Board has commissioned a stakeholder survey to help us understand how we are perceived by our key stakeholders.

563 of our stakeholders (20% of those approached) completed the quantitative phase of the survey, and results were very encouraging.

- 91% of stakeholders report that they know at least a little about Oxford AHSN, and 99% have heard of Oxford AHSN.
- Around two thirds (64%) of those who know at least a little about Oxford AHSN rate it as excellent or good in providing networking opportunities, and 62% say the same of the AHSN holding interesting and engaging events. Around three in five (57%) rate Oxford AHSN as excellent or good in providing engaging communications and 52% rate the AHSN as excellent or good in listening to stakeholders and partners.
- Around three quarters (73%) of those who have had at least some contact with the AHSN feel the team is effective in engaging with them.
- Almost all respondents (95%) agree that collaboration in the region is important. Around three in five (57%) who know at least a little about the AHSN say the AHSN has been effective in facilitating this collaboration.
- 77% of respondents agreed that the region does need an AHSN.
- 90% of those who know at least a little about the AHSN are aware of at least one programme/ theme. The highest level of stakeholder awareness is on the CIA and R&D programmes, which 65% are aware of.
- In terms of value for money, a third (32%) of respondents feel the AHSN represents good value for money. Those who have more knowledge of Oxford AHSN and its work, or have more contact with us, are more likely to say that it delivers good value for money.

The qualitative stage, interviewing 20 of our senior stakeholders across NHS, industry and academia, is now underway, and a full report will be published at the beginning of September.

Get Physical

Following the successful launch event in December, the Get Physical campaign has now published its first newsletter. Some very positive feedback has been received, and we are engaging with local GPs to support our plans to develop a Motivational Interviewing package (building staff confidence to have conversations around health and wellbeing).

Plans are also underway to host three physical health roadshows across the region – Oxfordshire, Berkshire and Buckinghamshire, towards the latter part of the year.

Review against the Business Plan milestones

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	Partnership Council Meetings/roadshows		✓	✓	✓				◆
	Delivery of the Annual Report and Annual Review	✓	✓	✓	✓ ✓				◆
	Oxford AHSN 5 Year Strategy			✓					
Best Care	Open publication of Annual Report for each Clinical Network (1st report due April 2015)			✓			◆		◆
	Annual review of network progress and plans			✓			◆		◆
	Review of network progress and plans. Decisions on future funding for networks			✓					◆
	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							◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Dementia)	MSNAP accreditation - 8 of 13 Trust localities across the network working through the Self-Review Phase of the Royal College of Psychiatry Memory Services National Accreditation Programme. - All Trusts to record BME data for 90% patents accessing memory clinics - 85% of memory clinics to be reaccredited under new MSNAP standards			✓			◆		◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Dementia)	Unwarranted variation - Hold at least 5 webinars across region, aimed at reducing variation in dementia - webinar participation increased - variation reduced in three areas of unwarranted variation - Establish LTC PROMS for dementia patients and carers				✓			◆ ◆	◆
(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							◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Dementia)	Post-diagnostic support – all post-diagnostic services participating in best practice network				✓				
(Early Intervention in Psychosis)	Reduce Variation - 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)	Service Innovation - 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%				→	◆ ◆	◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Imaging)	Standardise prostate cancer diagnosis pathway and demonstrate improved referral to treatment times and reduced biopsies			✓				◆	
(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)	Care & Consistency - Improvement in outcomes/ reduction in variation across network by >5%: 1) Rhesus: assessment of anaemia once antibody titre > accepted threshold *2)* Growth restricted babies: delivery in unit with Level 3 neonatal care 3) No variation in magnesium sulphate regime for eclampsia across the region 4) Increase in use of magnesium sulphate for neuroprotection				✓				

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Maternity)	Care & Consistency - Improvement in outcomes/ reduction in variation across network in: Syntocinon use, cardiotocograph interpretation, and use of placental histology.						◆		
(Maternity)	Information sharing – all trusts contributing to regional database			✓			◆		
(Maternity)	Launch Small for Gestational Age identification pilot (1) and publish initial findings (2)				✓				◆
(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)			✓	→	◆		◆	

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)	Transfer of Care – interim (1) and full-term(2) report demonstrating improved outcomes			✓		◆		◆	
(Medicines Optimisation)	Implement (1) and show impact of (2) Medicines Authentication System					◆		◆	
(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
	Establish process and governance under CIA Programme Board for the 2013/14 and 2014/15 implementation of 5-10 high impact innovations CIA Oversight Group established and meeting	✓	✓						
	Establish full process for Clinical Innovation Adoption (CIA) Programme and its Oversight Group (Providers, Commissioners) to include PPIEE		✓						
	Update innovation portfolio that will have agreed implementation plans with sign off from the CIA Oversight Group. Horizon scan innovations in industry, NHS, NICE TAs and other sources.	✓	✓	✓	✓				◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3	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)								
	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	**Gestational Diabetes m-Health Project Estimated Completion (commenced 2014/15)**				→	◆			
	Dementia NICE Project Estimated Completion (commenced 2014/15)			✓ Phase 1	→	→	→	◆	
	Early Inflammatory Arthritis NICE Project Estimated Completion (commenced 2014/15)			✓ Phase 1&2	→	→	→	◆	
	Biosimilars						◆		
	Home IV Project Estimated Completion (commencing 2015/16)								◆
	Alcohol Services Project Estimated Completion (commencing 2015/16)							◆	
	NIC Nalmafene Project				✓				

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Fragility Fracture Prevention Service Estimated Completion (commencing 2015/16)							◆	
	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)								◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	National AHSN Innovation Project to be agreed- Estimated Completion (Commencing 2016/17)								◆
Research & Development	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							◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
Wealth Creation	Establish pipeline of innovations for commercialisation • ensure industry and academics can access the NHS clinicians they need to work on concepts and pilots of new products and services • work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective			✓	✓				◆
Wealth Creation Objective 1 Supporting companies along the adoption pathway	Establish a regional evaluation and adoption programme in diagnostics				✓				
	Establish a regional evaluation adoption programme in digital health						◆		
	Provide on-going support for existing pilot projects across 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
	Work with the Oxford Biomedical Research Centres, 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				✓				
Wealth Creation Objective 2 Supporting investment into the region	Support industry group to improve infrastructure across Oxfordshire			✓	→	◆			◆
	Support plans with key partners for a science park at Milton Keynes			✓	CLOSED				
	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				✓		◆		

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 Academic Health Science Centre, in particular on the theme of building novel partnerships				✓	◆	◆	◆	
	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 programme events for healthcare workers			✓	✓		◆		
	Deliver the Challenge 2023 Competition across the Oxford AHSN region with Health Education England Thames Valley and the Thames Valley and Wessex Leadership Academy						◆		

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 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	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	✓	✓	✓	✓				◆
	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				✓	◆	◆	◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Identify a further project within sustainability and energy				✓				
Informatics Informatics Strategy	Final draft for approval by AHSN Board				✓				
Informatics Local Digital Maturity	Review CCG assessment and roadmap					◆			
	CIO forum to initiate local maturity model for the region						◆		
	Initiate a cross organisation assessment and visualisation						◆		
Informatics Research Informatics Focused on the deployment of Clinical Records Interaction Search (CRIS).	Partner engagement			✓					

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Federation – enabling federated queries to be run against local CRIS databases (Oxford)					◆			
	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.	Developing local capability through training Heads of IG and establishing peer group network					◆			
	Engaging CCGs to extend coverage to GPs						◆		

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	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	Develop case for change as basis for consultation, now as part of the interoperability work			✓					
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	PPI/PPE reported on in each network annual report and reviewed by patient/public panel				✓				

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Framework for supporting organisational and system–based patient centred care developed and implemented across all partner organisations								◆
	Broadening public and patient involvement 1st mtg of lay partners from across Thames Valley				→	◆			
	Strategic direction Strategy and work plans presented at Oxford AHSN Partnership Board (Jan 2015)		✓						
	Communications and broadening PPIEE activity across the Oxford AHSN region Involvement newsletter up and running, including publicising PPIEE events and case studies				✓				

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	PPIEE Network development Visits to partner organisations completed and case studies of good practice publicised, and at least two events held to address concerns/issues highlighted by partners				✓	◆	◆		◆
	Patient stories evaluation completed and case study written							◆	
	Leading Together – full roll out				→		◆		
	Informatics Agreed set of measures and data collection developed				✓				
	Three case studies across networks and CIA written up and disseminated								◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Development of lay involvement in strategic priority setting for networks and CIA, built into process for AHSN strategic work going forwards			✓	✓	◆	◆	◆	◆
Living well Oxford	Public involvement Pilot events run and additional funding secured							◆	
	Research Joint statement on PPI in research with links into work plans for individual organisations. Research included in Patient Leadership Programme				✓				
	Continued education Links with PPI in Universities to be developed over the year		✓	✓	✓	◆	◆	◆	◆
Patient Safety	Patient Safety Collaborative Establish data sources and analytic requirements					◆			

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 baseline metrics					◆			
	Patient Safety Collaborative Consolidate and review requirements					◆			
	Patient Safety Collaborative Produce report on safety in Oxford AHSN region						◆		
	Patient Safety Collaborative Clinical programmes Consolidate and review interventions				✓				
	Patient Safety Collaborative Clinical programmes Initial review and evaluations				✓				
Stakeholder engagement and communications	Quarterly and annual reports	✓	✓	✓	✓	◆	◆	◆	◆

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

Finance

NHS England cut our funding for a second year by 20%. The Oxford AHSN Partnership Board agreed to seek partnership contributions at the same level as for 15/16. Oversight and funding of Patient Safety moved from NHS England to NHS Improvement on 1st April and the funding for patient safety has not been confirmed so far – the commitment from NHS England was for 5 years funding ending in March 2019. Health Education England Thames Valley is undergoing reorganisation and has had its workforce development budget halved which without funding from other local partners we may not be able to sustain further workforce development initiatives beyond this year. We have re-forecast our budget, stripped out all but essential spending (£400k) to deliver all seven programmes and themes this year.

OXFORD AHSN FINANCE PLAN			
Model Period Beginning	01-Apr-15	01-Apr-16	01-Apr-16
Model Period Ending	31-Mar-16	31-Mar-17	31-Mar-17
Financial Year Ending	**2016**	**2017**	**2017**
Year of the 5 Year Licence Agreement	**3**	**4**	**4**
INCOME (REVENUE)	Outturn	Budget	Fcast
NHS England funding	2,716,843	2,625,843	2,419,650
Partner contributions	444,957	539,809	444,957
Other partner income	0	150,000	150,000
HEETV income for continuous learning	504,365	200,000	130,000
Other income	438,000	0	0
NHS England funding - PSC income	648,032	616,032	648,032
Total income	**4,752,197**	**4,131,684**	**3,792,639**
AHSN FUNDING OF ACTIVITIES			
Best Care Programme	118,664	1,189,809	1,164,991
EIP Preparedness	250,000		
Clinical Innovation Adoption Programme	555,294	532,038	507,575
Research and Development Programme		70,000	20,000
Wealth Creation Programme	753,195	621,427	521,236
Informatics Theme	459,648	376,462	376,462
PPIEE Theme	54,064	111,185	111,185
Patient Safety Collaborative & Patient Safety Academy Theme	805,850	686,032	648,032
Contingency for programmes		151,000	
Programmes and themes	**2,996,716**	**3,737,953**	**3,349,481**
CORE TEAM AND OVERHEAD			
Pay costs	548,594	561,626	518,567
Non-pay costs	514,568	544,400	544,400
Communications, events and sponsorship	351,797	264,348	264,348
Total core team and overhead costs	**1,414,960**	**1,370,374**	**1,327,315**
Total expenditure	4,411,675	5,108,326	4,676,796
Programme funding previously committed	341,000	-980,000	-890,000
Surplus/(deficit)	**-479**	**3,358**	**5,843**

Appendix A- Matrix of Metrics

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)	Best Care Programme (Clinical Networks) The Best Care Programme is designed to deliver AHSN licence objective one: focus on the needs of patients and the local populations.	Further improve the recovery rate of patients suffering from Anxiety and Depression Improving access, including waiting time standards for Early Intervention in Psychoses Improve medicines reconciliation rates across network Reduce admissions and length of stay for childhood pneumonia	Imaging and Maternity clinical networks collecting high quality data from across the region through interoperability	1,2,3,4,5	£1,164,991	
2	Speed up innovation	Clinical Innovation	Average number of	5 more projects in final	1,2,3,4,5	£507,575	

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
	in to practice (B)	Adoption Programme The Clinical Innovation Adoption (CIA) Programme aims to improve significantly the speed at which quality clinical innovation is adopted and in the process of adoption - improve clinical pathways and outcomes for patients. The goals of the programme are to; Support adoption of innovations at scale across the region to improve patient outcomes, safety experience and cost effectiveness	Trusts adopting each innovation Acute trusts to date: Implemented relevant innovations = 29% Plan to implement relevant innovations = 48% Mental Health trusts to date: Implemented relevant innovations = 33% Plan to implement relevant innovations = 40%	stage of deployment Measuring and monitoring phase			
3	Build a culture of partnership and	To promote inclusivity, partnership and	All of the AHSN's seven programmes		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
	collaboration (C)	collaboration to consider and address local, regional and national priorities.	and themes are a collaborative effort by all the partners in the region, and address local and national priorities.				
		R&D The R&D Programmes aims are to improve R&D in the NHS through closer collaboration between the Universities, NHS and Industry.	Commercial R&D income increase	Trust R&D plans developed and progress made on Nursing/AHP strategy		£20,000	
		Informatics The informatics business plan for 2016/17 represents programme of capacity building and delivery to support the key aims of the Oxford AHSN.		Develop a comprehensive IG training programme for our partners		£376,462	

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
		PPIEE **Patient and Public Engagement and Experience (PPIEE) is a crosscutting theme, working across the programmes of the AHSN, relevant work is cross-referenced to other sections of the business plan.**		**Leading Together programme**		**£111,185**	
		Team, overhead, communications, events and sponsorship	**Number of subscribers to the Oxford AHSN Newsletter and Twitter followers per quarter** **Number of visits to Oxford AHSN website per month** **Number of**	**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**		**£1,327,315**	

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
			attendees at all AHSN events per annum				
4	Create wealth (D)	The Wealth Creation Strategy is to help the region become the favoured location for inward life science investment, life science business creation and growth, whilst helping the NHS to accelerate the adoption of medical innovations of significant benefit to patients. The aims of the programme are to: Support companies along the adoption pathway, and provide a continuum with the Clinical Innovation Adoption Programme Support investment into	Number of health and life science companies in region Number of people employed in life science industry	Work with partners to develop 3 exemplar projects for Precision Medicine Catapult	1,2,3,4,5	£521,236	

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
		the region **Build a culture of innovation in the NHS** **Form and sustain long-term partnerships with businesses.**					

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 4)	Milestone activities (Year 4)	Outcome Framework Domain	Associated Funding	Current Status
5	Patient Safety	The principal aims of the collaborative will be to: Develop safety from its present narrow focus on hospital medicine to embrace the entire patient pathway Develop and sustain clinical safety improvement programmes within the AHSN Develop initiatives to build safer clinical systems across the Oxford AHSN	Progress work in pressure ulcer reduction programme towards zero harm in project areas Increase adoption of AWOL project in Berkshire Healthcare and CNWL to increase return rates by 50% on all acute wards	Six themes showing improvement		£648,032	
						£4,676,796	

Appendix B- Risk Register and Issues Log

Risk Register

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of partnership and collaboration across the region	Insufficient engagement of clinicians, commissioners, universities and industry will prevent the AHSN from achieving its license objectives 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	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
							groups have been established with each of the each of the LEPs. Celebrate early successes through Case Studies & Events Regular monthly newsletter. Quarterly review of breadth and depth of engagement by Clinical Networks and all programmes and events. CIA analysis of strategic priorities of commissioners and providers as highlighted priority areas for AHSN programmes and themes. Designation as Precision Medicine Centre of Excellence drawn on resources across the Network 7 Roadshow events held across the region – 350 attendees, 35 different presentations tailored to the local partner, and 20 partner contributions – NHS, academia and industry. New contacts made, existing ones					

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
							strengthened and awareness increased for how the AHSN's programmes and networks can improve working lives and patient care. Oxford AHSN has commissioned a stakeholder survey to canvas opinion on the network and its impact. 563 stakeholders have completed the quantitative phase, results are very encouraging – 77% of respondents agree that the region does need an AHSN. Full results, including the qualitative phase (interviewing 20 key stakeholders) will be published early Sept'16. YouGov Stakeholder Survey undertaken (all AHSNs) in July.					
6	Oxford AHSN Corporate	Failure to sustain the AHSN should NHS England not renew	Programme activities cease	Med	Med	> 6 / 12	Successful delivery of all Programmes against the AHSN license objectives as per the Business Plan will strengthen Partner support. Establishment of collaborative	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
		license					working across, and between, Partners as the 'normal' way of working Leadership team preparing material for the re-licensing process, eg stakeholder survey, options, analysis of added value workshop					

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	Significant	Financial	Partner contributions remain the same. Reappraisal of budget allocations to Networks, Programmes and Themes completed in anticipation of this second cut of 20% in 2 years. Actual cut 21% central NHS England funding for 16/17. Patient Safety funding from NHS I	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28/11/2013	Action – 50% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					not as yet confirmed. Year 4 delivery secure, decision to be made later in the year to decide priorities and delivery beyond this period aligned to re-licensing which is expected to be completed by March 2017.					
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. Regular meetings by Best Care with SCN to ensure alignment	AHSN Chief Executive	Best Care SRO	03/06/2014	Action - 90% Complete	
25	Oxford AHSN Corporate	Lack of awareness by local partners	Minor	Culture	Each clinical network and programme developing a comms plan.	AHSN Chief Operating Officer	Head of Communications	19/01/15	90% complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		and national stakeholders of progress and achievements of the AHSN			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. Roadshows with all partners. Level of engagement closely monitored across all programme and themes (see KPIs). Oxford AHSN survey has been commissioned by the Board.					

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					Stakeholder participation in AHSN growing each quarter					
	Best Care	Delays in obtaining required data have delayed project delivery and eroded reputation of core AHSN	Significant	Organisation	Network to work directly with local data owners to obtain data and automate flow. AHSN Board to consider root causes.	AHSN Chief Operating Officer	Imaging Lead Parwaez Khan	29-Jun-16	Action - 20% Complete	
	Best Care	Delays in delivering a functioning data sharing system have delayed project delivery and eroded reputation of core AHSN	Significant	Organisation	Network to work directly with local data owners to obtain data and automate flow. AHSN Board to consider root causes.	AHSN Chief Operating Officer	Maternity Lead Katherine Edwards	29-Jun-16	Planning	

Appendix C– Oxford AHSN Core Team

Chair
Nigel Keen

CEO
Professor
Gary Ford CBE

Executive
Assistant
Jo-Anne
Harrison

AHSN Programmes and Themes

Programme and Corporate office

COO
Dr Paul Durrands

Head of Communications
Martin Leaver
Corporate Affairs Manager
Amy Shearman
Special Projects Lead
Megan Turmezei
Communications Administrator
Rochelle Nelson
Finance Paul Foster (Emma Fairman from August 2016)

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 James Rose Hannah Oatley		Commercial & Strategy Development Managers Nicki Bromwich Julie Hart	Head of Informatics James Brannan		Head of Patient Safety Jill Bailey
						Patient Safety Managers Katie Lean, Cindy Whitbread and Geri Briggs
Deputy Programme Manager Claire Fernandez		Dr Ben Thompson (with RBH and UoR)			Mildred Foster Emma Robinson	
	Project Manager Lauren Davis		Project Managers Ashley Smith & Geraldine Murphy	Clinical Engagement Manager Katie James Data Analysts Imran Maqsood Helen Norman		
Administrator Rachel Robson	Administrator Ferdinand Manansala			Administrator Rochelle Nelson		Executive Assistant Amanda Garner

A full list of our events can be found on our website www.oxfordahsn.org in the events section.