Oxford Academic Health Science Network

Oxford AHSN Year 4 Q3 Report

For the quarter ending 31 December 2016

Professor Gary A Ford CBE FMedSci

Leading Together Programme

"What you've been doing here is the way to go: professionals and citizens working together to make health and wellbeing better. Just being in the room the patient or lay person changes the conversation."

Jeremy Taylor, Chief Executive, National Voices

Contents

Chief Executive's Review

The last quarter has seen a great deal of activity by our partners in developing Sustainability and Transformation Plans (STPs). We work with partners located in four STPs but only one - the Berkshire West, Oxfordshire and Buckinghamshire STP which I chair - sits entirely inside our geography. The creation of another layer of 44 NHS footprints which do not align with existing partnerships and secondary care networks has created challenges, but provides a framework to support more collaborative working by partners within STPs. At a recent meeting the AHSN convened of provider Trust Chairs and Chief Executives it was clear that most collaborative work, related to specialised services and adoption of digital and diagnostic innovation was more appropriately undertaken across multiple STP footprints. We seek to align our work programmes with STP goals but continue to work across the AHSN footprint with our clinical networks and innovation adoption projects.

Our case studies this quarter continue to demonstrate the breadth of engagement with a wide range of NHS, academic and industry stakeholders.

The case study on promoting workforce health and wellbeing brought public and private sector employers together with a combined workforce of about 120,000 from across the region. Hosted by Johnson & Johnson in Buckinghamshire, Vodafone in Berkshire and BMW/Unipart in Oxfordshire, the three events attracted more than 200 managers from NHS, other public sector and private sector organisations. We have significant variation in workforce health and wellbeing strategies and practice in the region but we also have world-leading organisations that are willing to share best practice. Every £1 invested by an organisation in physical activity pays back £3-£4.

Our gastrointestinal team has been working with the International Consortium for Health Outcomes Measurement to develop a standard set of clinical outcomes to measure inflammatory bowel disease which can be applied in any healthcare setting. This includes a simple patient reported outcome tool.

The first case study is an update on the Clinical Innovation Adoption atrial fibrillation (AF) programme to introduce improvements and innovations to detect and better manage AF, thereby reducing the number of strokes in the region due to AF. Investment by the NHS in the prevention and effective acute treatment of stroke is highly cost effective and reduces overall health and social care costs.

In an interview I gave on the BBC Radio 4 Today programme at the end of November I commented that the NHS needs to create headroom to introduce disruptive innovations such as mechanical thrombectomy that dramatically changes the outcome of people with stroke due to blocked arteries, currently treated with clot- busting drugs that are effective in only a third of patients.

The acute hospital provider Trusts in the Oxford AHSN region use different data collection systems. This makes it difficult to share information, particularly on patients referred between trusts, causing inconvenience to patients and clinicians as well as potential risks. The Oxford AHSN Maternity Clinical Network has focused on improving the connectivity of ultrasound systems working with most partner trusts in the region. Initiatives such as this are vital to improving efficiency and effectiveness of delivering healthcare.

I was very pleased to see that the Leading Together Programme had a successful closing meeting. This novel training programme developed by our Patient and Public Involvement, Engagement and Experience team has increased the capacity and capability of patient leaders and healthcare professionals to co-develop projects to improve NHS services.

NHS England has confirmed that it wishes to maintain national coverage of AHSNs and that AHSNs will be relicensed. NHS England staff have said that the four licence objectives will remain largely unchanged but there will be more emphasis on delivering the goals of the Accelerated Access Review (AAR). Oxford AHSN is in a strong position to support the aims of the AAR as we have the largest cluster of life science companies in the UK supported by world leading universities, supported by our Clinical Innovation

Adoption and Wealth Creation (Industry Partnerships) programmes – almost 100 projects between them, across different care settings and technologies (medical devices, diagnostics, digital and medicines). There is also a drive from the centre for more rapid national spread. Again, we are in a strong position - we are leading national spread of research findings and service improvement through, for example, our three mental health networks.

NHS Improvement has confirmed it will continue to fund Patient Safety to 2019 but funding has been reduced. The Office for Life Sciences is considering provide some funding for AHSNs to deliver AAR and we will learn more in the New Year. In 2017 we will need to ensure we focus more on innovation adoption, a key role of AHSNs emphasised in the AAR, and supporting the growth of life science companies in our region through partnership working with NHS partners.

Finally, I would like to wish our partners and my team a very happy Christmas and a successful 2017.

Professor Gary A Ford CBE FMedSci

Chief Executive, Oxford Academic Health Science Network

Oxford AHSN case study

Date: Q3 2016/17

Programme/Theme: Clinical Innovation Adoption

Title: Improving detection and management of atrial fibrillation (AF)

Overview summary

The Oxford AHSN is working with regional partners to introduce improvements and innovations in the detection and management of Atrial Fibrillation (AF), leading to a reduction in AF-related stroke.

Challenge identified

Atrial Fibrillation (AF) is the most common sustained cardiac arrhythmia and is estimated to affect 70,000 people within the Oxford AHSN region. About 25,000 of these people (36%) are unaware they have the condition. AF is a major cause of stroke - the risk of stroke for a patient with AF is around five times that for a person with normal heart rhythm. In addition to the higher risk of strokes, strokes caused by AF tend to be more severe with higher mortality and resulting in greater disability. Oral anticoagulation therapy with warfarin or a direct oral anticoagulant (DOAC) can reduce the risk of stroke in patients with AF by up to 65%. However, not all people who are at risk of an AF stroke are receiving the appropriate anticoagulation therapy.

Actions taken

The Oxford AHSN AF workstream, part of the Clinical Innovation Adoption programme, supports CCGs, GPs and others to deliver innovations in AF care under the themes of:

1) Detect – increasing diagnosis of AF
2) Protect – ensuring that patients who are at risk of an A- related stroke are anticoagulated
3) Perfect – optimising anticoagulation therapy

See more on our AF workstreams in the diagram below.
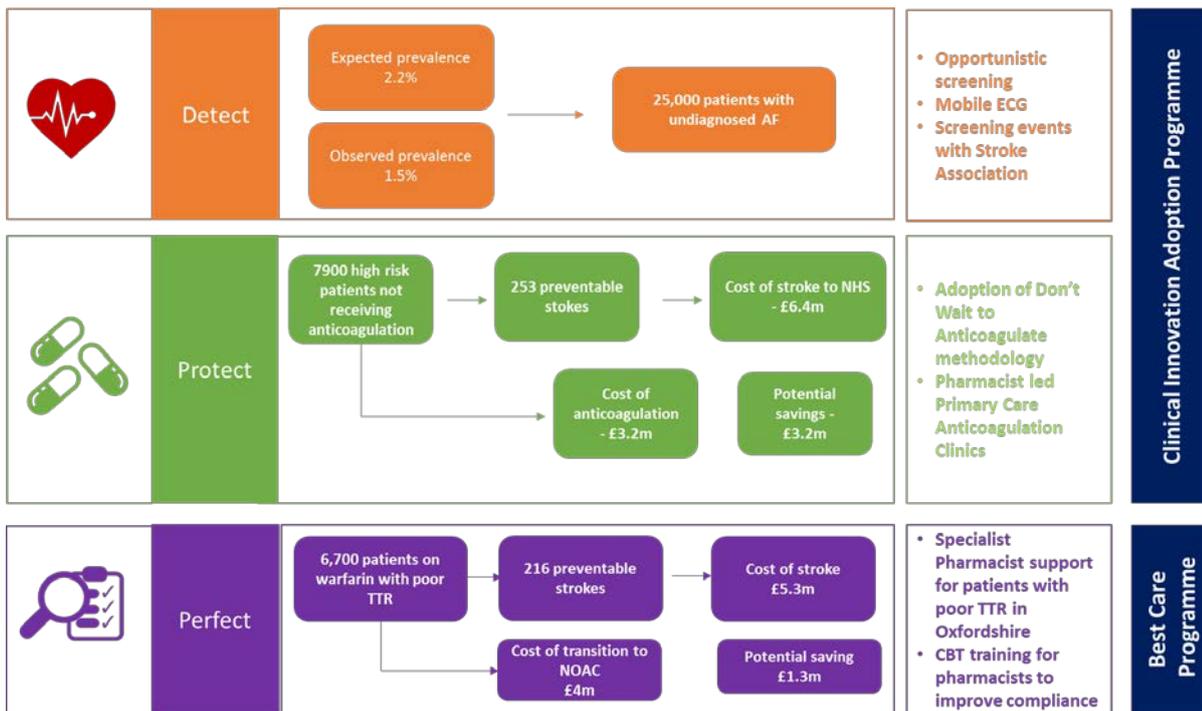
Impacts/outcomes

Pharmacist-led primary care anticoagulation initiation service

The Oxford AHSN was successful in securing funding from Pfizer and Bristol-Myers Squibb to run a proof of concept (pilot) of a pharmacist-led anticoagulation initiation service, based in general practice. Counselling patients on the risks and benefits of anticoagulation and the various options available is a complex and time-consuming process. Currently this burden sits with GPs who have to navigate themselves and the patient through a complex area of pharmacology within a ten-minute appointment slot. Recognising the pressures on primary care capacity and the impact that a high quality consultation has on medicines adherence (and therefore stroke risk), the Oxford AHSN wishes to evaluate the feasibility of providing a pharmacist-led service, based in the GP practice. To deliver the project, the AHSN is partnering with Buckinghamshire Healthcare NHS Trust which has successfully set up a secondary care-based anticoagulation initiation service led by a consultant pharmacist.

The service will commence in April 2017 serving a population of 500,000. The aim is to improve the quality and consistency of anticoagulation prescribing and also medicines adherence. The project will be evaluated in terms of anticoagulation rates as well as patient and GP acceptability.

Buckinghamshire stroke prevention in AF project

The Oxford AHSN is working with the Buckinghamshire CCGs to deliver a project based on the 'Don't Wait to Anticoagulate' project methodology developed by the West of England AHSN. The project is a collaboration between the CCGs, the Oxford AHSN, Interface Clinical Services (ICS) and Buckinghamshire Healthcare NHS Trust. The project will identify those patients with AF who have a high stroke risk but are not currently receiving anticoagulation and offer them a review with a specialist pharmacist or GP with a view to providing anticoagulation where appropriate. The project will be run as a quality improvement project to ensure that change can be sustained. The first wave of the project goes live in January 2017 with 15 practices and a second cohort before the end of 2016/17. It is hoped that 20 strokes can be prevented as a result of this project.

National AHSN Network priorities addressed

- Focusing on the needs of patients and populations
- Speeding up adoption of innovation into practice to improve clinical outcomes and patient experience
- Building a culture of partnership and collaboration

Future plans

- Evaluate project delivery and facilitate spread to other CCGs
- Support CCGs in accessing NHS England funding for mobile ECG

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Oxford AHSN case study

Date: Q3 2016/17

Programme/Theme: Corporate

Title: Promoting workforce health and wellbeing through our Get Physical initiative

Supportive quotes

"Physical activity reaches the very foundation of illness and helps prevent 23 diseases including depression, diabetes and dementia. An active workforce results in 27% fewer days lost to sickness with productivity increasing by up to 15%" Dr William Bird, Intelligent Health

"There was a good balance of different types of presentations. I find the willingness of different stakeholders to share resources and experiences very encouraging"

"My key take home point was: give energy to get energy"

"The CEO was engaging and clearly enthused by the subject. Great to see someone clearly leading by example"

"No effort is too small. Start wherever you can and keep going"

Overview summary

Over 200 people – representing more than 120,000 employees - attended a series of 'workplace wellbeing roadshows' in Berkshire, Buckinghamshire and Oxfordshire in November 2016 to promote health and wellbeing initiatives and strategies among NHS staff and patients and the wider public and private sector workforce. These were organised by a unique partnership of public and private sector organisations and coordinated by the Oxford AHSN.

Challenge identified

Employers and employees are bearing the burden of sickness absence costs, recruiting and retaining skilled staff, as well as maintaining productivity. These are challenges that are facing organisations of all sizes that want to improve the health and wellbeing of their workplaces.

Actions taken

In December 2015 an initial event called 'Get Physical' brought together over 150 people largely drawn from healthcare, sports and public health fields in Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire. It was organised by the Oxford AHSN with Public Health England, the County Sports Partnerships of Oxfordshire, Berkshire and Buckinghamshire, Health Education England Thames Valley and Occupational Health teams from Oxford University Hospitals and Oxford Health.

Since then the scope of Get Physical has broadened with significant commercial employers based in the Oxford AHSN region coming on board including Johnson & Johnson, Vodafone UK, BMW and Unipart.

These employers were the hosts for a series of roadshows in November 2016 which reaffirmed the importance of health and wellbeing in ensuring organisations are competitive and sustainable. They also provided an opportunity to share ideas and best practice.

The three events were held at: Janssen/Johnson & Johnson (Buckinghamshire), Vodafone UK (Berkshire), and BMW (Oxfordshire). They attracted more than 220 people, many of them managers in the private and public sectors. Together they represented more than 120,000 employees.

Delegates heard presentations on the importance of health and wellbeing in preventing disease and in improving productivity in the workplace. They also heard how many private and public sector organisations in Berkshire, Buckinghamshire and Oxfordshire were successfully promoting health and wellbeing in their workplaces.

Some of the presenters and organisers from the BMW roadshow in Oxford, above

Delegates take part in action planning workshops at the BMW roadshow in Oxford, above

Key messages

- Science proves a direct link between lifelong inactivity and the diseases that cause premature death
- Health and wellbeing should be part of an organisation's business plan
- Mental and spiritual wellbeing is as important as physical activity
- Helping employees to be healthy is helping them to be their best
- Every £1 invested by an organisation in physical activity pays back £3-£4
- Those at the top of an organisation should lead by example
- Find your enthusiastic health and wellbeing champions in the workforce
- Ask your employees what would make them happier at work
- Take a case management approach to sickness absence
- There is lots of information and help to get you started
- Introduce healthier food options and encourage participation in physical activity
- No effort is too small – just make a start

National AHSN priorities addressed

Building a culture of partnership and collaboration

Future plans

- Create LinkedIn accounts (county-based and an umbrella Get Physical site) which will acts as platforms for information-sharing and networking
- Hold a regional marketplace-style event in 2017

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Oxford AHSN case study

Date: Q3 2016/17

Programme/Theme: Wealth Creation

Title: New standard measures to improve care for patients with Inflammatory Bowel Disease (IBD) developed by international collaboration

Overview summary

New standard measures aimed at improving care for thousands of patients living with a long-term condition have been developed by an international collaboration including the Oxford Academic Health Science Network.

Challenge identified

IBD includes ulcerative colitis and Crohn's disease – long-term chronic conditions that involve inflammation of the gut. IBD affects about one person in 250 – approximately 12,000 in the Oxford AHSN region and 250,000 in the UK. 'Standard Sets' are standardised collections of measures aimed at improving patient care relating to specific medical conditions by enabling quick and easy comparisons. The Standard Set approach aims to shift clinical practice towards a system based on outcomes rather than simply processes. IBD was identified as one area where patients could benefit from this approach.

Actions taken

Since 2015 the Oxford AHSN has been working with the International Consortium for Health Outcomes Measurement (ICHOM) to develop a 'Standard Set' of clinical outcomes measures for IBD. The Oxford AHSN commercial team secured grant funding from AbbVie in the United States for $100,000 to support some of the work in developing the IBD Standard Set. ICHOM brings together patient representatives, clinical leaders and registry leaders from all over the world to develop these Standard Sets, of which 21 have been developed since 2012.

For the IBD Standard Set a truly international panel of clinical experts and patient representatives was established – they were drawn from 12 countries: Australia, Belgium, Brazil, Canada, China, France, Germany, India, the Netherlands, South Korea, the United Kingdom and the United States. The panel was led by Professor Simon Travis, Professor of Clinical Gastroenterology at the University of Oxford. They spent a year generating a series of standardised outcome measures – including patient-reported outcome measures (PROMs) – relating to the things that really matter to people with IBD. The group systematically reviewed existing literature, registry data and practices for assessing outcomes of patients with IBD and their therapies, including surgery.

Impacts/outcomes

The final agreed IBD Standard Set was published on 12 December 2016. Details can be found here: http://www.ichom.org/medical-conditions/inflammatory-bowel-disease/

It provides a template for meaningful, comparable, and easy-to-interpret measures that can be implemented in any healthcare setting, anywhere in the world. It includes a simple patient-reported outcome tool that takes, on average, just 30 seconds to complete, as well as data on anaemia, steroid use and other measures, with a timeline for regular completion.
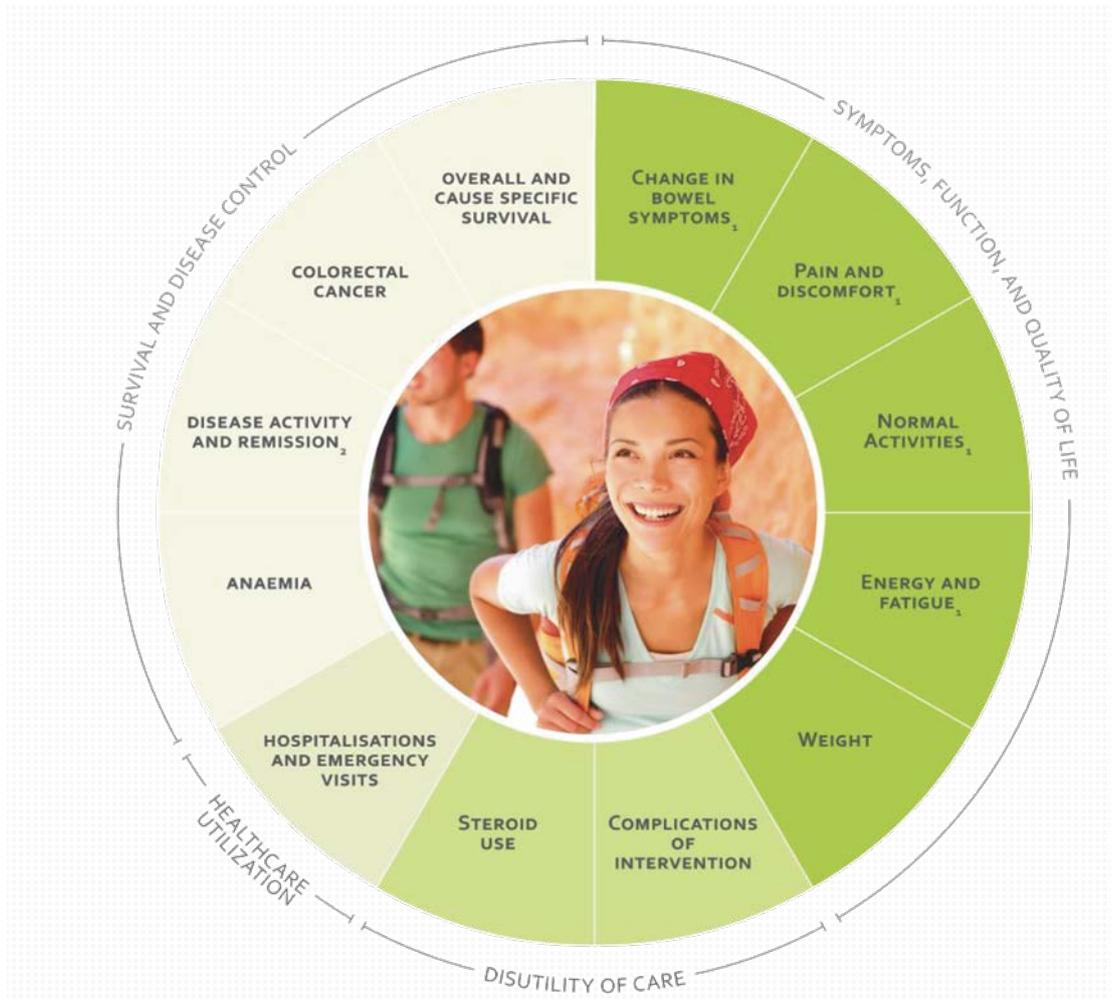
National AHSN priorities addressed

- Focusing on the needs of patients and populations
- Speeding up adoption of innovation into practice to improve clinical outcomes and patient experience
- Building a culture of partnership and collaboration
- Creating wealth through co-development, testing, evaluation and early adoption and spread of new products and services

Future plans

Planning is now underway with ICHOM to disseminate the IBD Standard Set across the Oxford AHSN region. The Oxford AHSN hopes to work with ICHOM on other Standard Sets in the future.

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Oxford AHSN case study

Date: Q3 2016/17

Programme/Theme: PPIEE

Title: Leading together – patients and professionals take a collaborative approach to solve health issues

Supportive quotes

"It was exhausting but worthwhile – never underestimate the power of a group to help you!" Veronica Corben, lay partner

"I had an idea to solve a problem around the mental wellbeing of some of our personnel. We have managed to do something that is making a difference to their lives and their wellbeing." Steve Kilbey, Head of RAF Medical Services

"What you've been doing here is the way to go: professionals and citizens working together to make health and wellbeing better. Just being in the room the patient or lay person changes the conversation." Jeremy Taylor, Chief Executive, National Voices

"It's fantastic!" Dr Nigel Acheson, Medical Director, NHS England South

Overview summary

Over 100 people have completed The Leading Together Programme - an innovative leadership development course co-created and co-delivered by patients, carers, professionals and the public. This is the only course for professionals and lay people that has been evaluated and spread. The programme is an innovative approach to changing culture - bringing together patients, carers and the public with professionals to reflect and learn from each other. It consists of three one-day workshops, spread over three months, for equal numbers of lay people and professionals from the same geographical area. This, in conjunction with a joint project, aims to develop local sustainable relationships.

Challenge identified

Working in partnership with patients, carers and the public is embedded in national policy; supportive policy is important. However, actually doing it can prove challenging, for individuals and for organisations - it requires a different way of working. The Leading Together Programme supports the development of new ways of working. In addition, the voice of people in society is unequal; this is true in healthcare involvement. The Leading Together Programme consciously tries to redress this imbalance, through targeting seldom-heard groups during recruitment.

Actions taken

NHS England South, Oxford AHSN and NHS Thames Valley and Wessex Leadership Academy jointly ran a pilot programme with 20 professionals and lay people. Following a positive independent evaluation and 18-month follow-up of participants, a formal tender process was launched to appoint a partner to roll out the programme across the south of England. In 2016, over 100 people took part in the Programme at six different venues from Crawley in the east to Bristol in the west.

The programme covers:

- developing knowledge and understanding of the benefits of working collaboratively
- sharing expertise and experiences to support learning
- building collaborative networks
- learning to appreciate different perspectives

The participants work in pairs – one professional with one lay partner – to co-produce solutions to current challenges.

Impacts/outcomes

Thanks to the Leading Together Programme, local health systems across the south of England are developing a cohort of lay people and professionals who really get co-production. They have learnt together and worked together on a project and can take this relationship forward into local strategic work, for example as part of the development of Strategic and Transformation Plans. This helps to develop sustainable relationships and people able to advocate for and implement co-production more widely. This critical mass is essential to create culture change for person-centred care.

Nationally, the programme is contributing to the expanding evidence base for the benefits of co-production, describing participants' experiences and their projects as case studies to support spread locally and nationally. The co-produced projects are works in progress with some already delivering results – from new ways to get information to patients to strengthening workforce resilience.

This is what some participants have said:

> "I learnt the value of looking at my leadership style, about how to engage partners effectively and to understand they might be on a different journey to me."

> "I personally learned a lot – useful approaches way beyond my usual what/why/how/get stuck in."

Many of the Leading Together 2016 'graduates' came together last month to share what they have learned and to showcase their projects (see image above). Speakers included Jeremy Taylor, Chief Executive, National Voices, and Dr Nigel Acheson, Medical Director, NHS England South.

An independent evaluation is due to be published in January 2017.

National AHSN priorities addressed

Building a culture of partnership and collaboration

Future plans

The co-produced projects are continuing to have an impact locally, regionally, nationally and – potentially – internationally. We are planning next year's Leading Together Programme, including co-designing and delivering a programme specifically for people with learning disabilities.

Tips for adoption

Genuinely working together isn't easy and can't be rushed – but once it is established the result are stronger and relationships deeper and more likely to last. It requires commitment of time and energy. Running the course requires expert facilitation.

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Oxford AHSN case study

Date: Q3 2016/17

Programme/Theme: Best Care - Maternity

Title: Better network-wide data sharing improves patient care

Supportive quote

"Access to the system has proved invaluable. Access has enabled us to view appointment details and also to view and print reports once the patient has been seen. This has reduced the amount of time we historically had to spend chasing appointment and report information enabling us to provide an improved service to our patients and making more efficient and effective use of time. It has made a real and significant difference for us and our patients and improved the service we offer." – Susan Tunnacliffe, Antenatal Screening Co-ordinator, Frimley Health

Overview summary

Continuity of patient care has improved with maternity units establishing links for sharing obstetric ultrasound scans between hospitals across the Oxford AHSN region where there are 30,000 births each year.

Challenge identified

The acute hospital provider trusts in the Oxford AHSN region use different data collection systems. This makes it difficult to share information, particularly on patients referred between trusts, causing inconvenience to patients and clinicians as well as potential risks.

Actions taken

The Oxford AHSN Maternity Clinical Network has focused on improving the connectivity of ultrasound systems working with most partner trusts in the region.

Impacts/outcomes

Improvements achieved include:

- Clinicians better able to offer advice remotely, reducing unnecessary hospital visits for patients and improved continuity of care
- Better access to up-to-date information at patient consultations
- Fewer missing records
- Improved use of data to support service audit
- Identified areas needing improvement

National AHSN priorities addressed

- Promoting health equality and best practice
- Speeding up adoption of innovation into practice to improve clinical outcomes
- Building a culture of partnership and collaboration
- Positive experience of treatment and care
- Treating people in a safe environment and protecting them from avoidable harm

Future plans

- A region-wide maternity dashboard will be developed allowing comparison of key performance outcome measures, led by the Thames Valley Strategic Clinical Network Maternity Network.
- As additional trusts acquire suitable ultrasound scanning software, they will be added to the connected system. Complete area-wide connection is anticipated in 2017.

Tips for adoption

Ensure leadership from lead clinicians at each trust to support the case for change, and the involvement of local IT helpdesk staff for post-implementation support.

Contact

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Operational Review

Building the Network

Oxford AHSN is supporting 150+ projects across the region – they are all collaborations of local partners including NHS providers and commissioners, industry, the universities and local patients. Through the programmes and themes, events, governance and communications, engagement grows and the network strengthens at all levels amongst healthcare and life science professionals throughout our region. The evidence for this can be seen in the steady growth of subscribers to the monthly newsletter which is now at more than 2,000, the growth in Twitter followers which is now 4,414 (3,660 at the end of September).

A few examples of communications activity in the last quarter include:

1. "Get Physical". Workforce health and wellbeing - over 200 people – representing more than 120,000 employees - attended a series of 'workplace wellbeing roadshows' in Berkshire, Buckinghamshire and Oxfordshire in November 2016 to promote health and wellbeing initiatives and strategies among NHS staff and patients and the wider workforce. These were organised by a unique partnership of public and private sector organisations and coordinated by the Oxford AHSN – see case study.
2. Best Care launched the new Respiratory Clinical Network in Reading.
3. Clinical Innovation Adoption celebrated the innovations and improvement projects developed by 28 frontline clinicians at Bucks New University. Supported by Health Education England Thames Valley the next cohort of 23 innovators starts in February 2017. The course which was co-developed by the CIA Team and Bucks New University is being adopted by Imperial.
4. The publication of a report by Wealth Creation entitled Digital Health in Oxford and the wider Oxford Thames Valley.
5. The publication of the work undertaken by the Oxford AHSN Sustainability Network entitled Making Sustainability Happen. Delivery of almost £9m in savings opportunities by local Trusts is well underway.
6. The Leading Together programme celebrated success – see case study
7. Professor Gary Ford appeared on the BBC Radio 4 Today programme and BBC TV Breakfast discussing the impact of thrombectomy in treating stroke
8. Views to our website are up by 27% and visits are up by 18% compared to Q1 (see KPIs)

Governance

The AHSN Board met in December to discuss and plan for the r-licensing and funding of the AHSN from 2017/18. We will review options at the January Board meeting.

Progress, KPIs, top level milestones and national AHSN metrics

The programmes and themes are largely on track. We also on track to deliver the key milestones (see table below and details on page 21).

Selection of highlights from the programme and theme reports:

1. Best Care – annual reviews of all 8 clinical networks and the 44 projects.
2. Best Care – Children's, Maternity, and Imaging clinical networks have been supporting the development of STP plans.
3. Best Care Imaging Network working with PACS managers, IT managers and Insignia Medical has supported sharing radiology images between the 7 acute Trusts.

4. CIA – a second cohort of 23 innovators from the region's providers have signed up for the next Practical Innovators course. The first course supported 28 clinical innovators in developing their ideas – some of these are very scalable across the region.

5. CIA – the biosimilars project in Early Inflammatory Arthritis has delivered £0.8m in savings for local partners this year. A proposal has been put to partner Trusts to create an Oxford AHSN wide biosimilars programme. This would manage a pipeline of biosimilars, bring together clinical leaders, pharmacists and CCG medicine leads and has the potential to generate multi-million-pound savings.

6. Wealth Creation – £0.3m has been awarded by the Oxford Martin School for collaboration with the Structural Genomics Consortium (university of Oxford), Oxford AHSN and Office of Health Economics on affordable medicines for future generations. This is important given the resistance to uptake of new medicines due to cost pressures across all developed health economies.

7. Wealth Creation – submission by the Oxfordshire Technology Transformation Alliance to BEIS under the Science and Innovation Audit programme was successful and announced in the Autumn statement by the Chancellor. The Oxford AHSN is taking the lead on Digital Health.

8. Wealth Creation - Physiomics plc has been awarded a grant by Innovate UK for "Decision Support Systems for Stratified Cancer Treatment" under the 2016 Biomedical Catalyst 2016 Feasibility Study. The Oxford AHSN will be a delivery partner under the grant.

9. Informatics – after a protracted process and an audit the agreement with NHS Digital is signed and we have data access.

10. Informatics - Bedford Hospital is the latest Trust to sign up to the Data Sharing Agreement. This will be an important tool for STPs. Engagement with Primary Care through CCGs starts next year.

11. PPIEE – Leading Together programme is attracting a great deal of national interest – see case study above.

12. Patient Safety – widespread engagement across secondary care, primary care and in several local care homes across AKI, Sepsis, Safety in Mental Health and Paediatric Gastrostomy – see Table in Patient Safety Report.

Impact and return on investment

We have developed a Return on Investment (ROI) model which is showing a projected 3 x return on investment in savings vs AHSN costs over the first 5 years of the AHSN licence. This includes year 1 when the AHSN was funded but had not recruited the team and had no programmes running. The run rate in 2017/18 is projected to be a 5 x ROI. More importantly the collaborative work has accelerated uptake of innovation and service improvement in the region and has had a positive impact on 50,000 local patients and saved 250 lives. In terms of cost saving the biggest areas are Sustainability (carbon energy reduction), biosimilars, preventing Sepsis and Fragility Fractures and Early Intervention in Psychosis.

Funding and Re-licensing

We have undertaken a thorough reforecast of income, expenditure, balance sheet and cash. Total income is forecast to be £3.6m, £1.1m lower than last year and £0.5m lower than budget. Income from NHS England (and NHS Improvement for Patient Safety Collaborative) has fallen by £0.5m from last year to £2.9m. Expenditure is forecast to be £4.3m, £0.8m lower than budget. We have reduced the reliance on programme funding previously committed by almost £0.3m to £0.7m. With the action we have taken, the AHSN was getting close to breakeven on an annual basis had NHS England not further reduced funding. We keep the AHSN's finances under careful review ensuring that the programmes and themes have the resources they need but also with an eye on next year and the future licence period and not exposing the host Trust to financial risk.

The relicensing process is expected to commence before the end of the financial year. AHSNs have a key role in delivering the Accelerated Access Review and we are optimistic that the Office of Life Sciences will offer funding to AHSNs.

We will produce a detailed operating budget for 17/18 in January and we will be reviewing all of our costs and revenue streams. Once the relicencing process is complete and we are more certain of funding we will develop a 2-year business plan for 17/18 to 18/19.

Risks and issues

NHS England has indicated it will invite applications from the existing AHSNs for a new licence and wish to maintain national coverage. NHS England has also signalled a further 25% cut in funding. The AHSN Board met in December and is considering options and we will take appropriate action to mitigate the risk through seeking alternative source of funding and shaping our costs – we will review options with the Board in January.

We already undertake a number of projects which can be regarded as national – we participate in several AHSN Network programmes (eg AF and SBRI) and our three mental health networks have influenced practice at a national level. There is risk more work will be dictated from the centre which is counter to the way AHSNs were designed for as we work for and on behalf of our local partners. Without local adoption of innovation there is no national spread and we need to carefully balance the emphasis of the AHSN to meet local needs whilst paying attention to the national agenda.

Dr Paul Durrands ACA CMILT

Chief Operating Officer, Oxford Academic Health Science Network

Oxford Academic Health Science Network

Key Milestones – progress to date

Programme/Theme	Key milestones	Q3 Progress
Corporate	Oxford AHSN 5 Year Strategy	Developing our 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 all 5 acute trusts in network. Imaging network delayed in making first link of data systems between OUH and RBH was due October. Expected Jan.
Clinical Innovation Adoption	5 more innovation adoption projects in final stage of deployment	2 projects closed (Nalmefene and Dementia), 2 are in the measure & monitor phase (Gestational Diabetes and Intermittent Pneumatic Compression Sleeves). Nationwide, there is renewed interest in BHFT's SHaRON system.
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. 6 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	Complete
Patient Safety	Six themes showing safety improvement	Largely on track but pressure ulcers under review
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	AHSN commissioned Survey responses from 563 respondents (26% of those approached). Overall very positive feedback – 80% saying that the AHSN is essential Roadshows for May 2017 in planning - "A Year in Patient Stories"

Key Performance Indicators (KPIs)

Programme	High level KPI (measured annually unless otherwise stated)	As at Q3
Best Care	Further improve the recovery rate of patients suffering from anxiety and depression	Recovery rate 53.8% (October 16), performance remains stable and consistently higher than the national average of 46.3% (March 16) and the national target of 50%.
Best Care	Improve access, including waiting time standards for Early Intervention in Psychoses	National A&W standards have been implemented in Q1. 2nd annual audit now complete, with results due to be discussed at closed session on 16th Dec and published in Jan 17.
Best Care	Improve medicines reconciliation rates across network	Data is incomplete: 4 of 7 Trusts inputting with varying accuracy/sample sizes. Project to be closed.
Best Care	Reduce admissions and length of stay for childhood pneumonia	Admission rate: 126/100,000 Av. Length stay: 5.47 days No data has been available to update the KPI. This will be resolved for the Q4 report.
Clinical Innovation Adoption	Average number of Community/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 (1) Planning to implement (2) Implemented (3) Participating	60% 35% 76%
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	Programme under review
Patient Safety	Increase adoption of AWOL project in Berkshire Healthcare and CNWL to increase return rates by 50% on all acute wards	On track, progressing well

Stakeholder engagement	Number of subscribers to the Oxford AHSN Newsletter and Twitter followers per quarter	Newsletter subscribers: 2,003 Twitter Followers: 4,414 (3,660 Q2)
Stakeholder engagement	Number of visits to Oxford AHSN website per month	Views: 371,201 (356,185, Q2) (279,373, Q1) Visits: 87,164 (85,950, Q2) (72,904, Q1) Hits: 659,452 (641,434, Q2) (557,273 Q1)
Stakeholder engagement	Number of attendees at all AHSN events per quarter	1,120 (1,026, Q2) (635, Q1)

Best Care

Quarter 3 has seen the Clinical Networks undergoing an annual review (by the AHSN Executive) of their impact to date. This process has been welcomed as an opportunity to reflect on strengths and weaknesses of the networks, and their opportunities and challenges looking forward to the final licence year and beyond. The AHSN executive is extremely positive about these reviews, both in terms of work achieved to date, and also the scope for continued growth and impact.

Quarter 3 has also seen the completion of the Masters qualification in Evidence Based Healthcare by our first cohort of NHS staff. Delivered by the University of Oxford, this qualification has been funded by Health Education England (Thames Valley), and managed by the Best Care programme within the AHSN. With all students having passed their final examination, the AHSN is now working closely with these students and the University of Oxford to develop the findings of their studies into change projects which they will implement in their host trusts. Throughout their two year courses the students have received teaching and coaching in leadership from the NHS Leadership Academy, with an aim to prepare them for this final year.

Anxiety and Depression Clinical Network

The network is maintaining a recovery rate of 53.8% (October 2016). Overall performance remains stable and consistently higher than the national average of 46.3% (March 2016) and the national target of 50%. On top of this the network maintains a month on month increase in numbers of patients who completed a course of treatment: the three months of July, August and September totalled 7,268 patients completing treatment which represents a 544 increase on the previous 3 months, also 237 more patients were recorded as "Moving to Recovery". We do not have verified data beyond September but are confident the current trend of a steady increase in activity and in numbers of patients moving to recovery will also continue in Q3.

The network continues to disseminate good practice on regional and national stages; members of the network have delivered four regional 'enhancing recovery workshops' on IAPT. The workshops focused on the work undertaken by the Anxiety and Depression Network on ways to enhance recovery rates, and have had very positive feedback from the attendees. In addition, the network has presented at three national workshops for the wave 1 Early Implementer Integrated IAPT sites.

Children's Clinical Network

The antibiotic prescribing guidelines have now been adopted at all hospitals in the region. The network will be auditing compliance with the new guidelines in every Trust in 2017. Adherence to common prescribing across the region will help reduce the build-up of antimicrobial resistance.

There remains good engagement with the region's STP leads and the network's plans have been incorporated into the West Berks, Oxon and Bucks STP. It is expected that this will add additional impetus to the network's programme which already has good regional engagement from clinicians, and has also more recently gained an increased profile with commissioners.

The e-learning package on Community Acquired Pneumonia has been distributed to all Trusts in the network. Work has begun on a training package for oesophageal reflux, feeding difficulties and cow's milk protein allergy.

The network has completed a pilot trial into the efficacy of a point of care testing device for C-Reactive Protein (CRP) and full blood count in three hospitals in the region. Data have been collected and the results and analysis will be presented in Q4. As a result of the trial, the device is likely to be adopted in at least one trust with expected savings in waiting times for children undergoing blood tests.

The network is working with two CCGs to provide GP training in outlying referral areas. There has been an initial meeting with the CCGs and the session will take place during protected learning sessions in January and May 2017.

The network continues to maintain the flu information webpages which received over one thousand visits per month and are a recognised source of flu and vaccine information for children, parents and health professionals. The excellent engagement with CCGs, local and national Public Health staff, acute providers and Health Education England continues in spite of a key gap in the AHSN team for a network nurse who will be joining in February 2017. The network contributed to, and was credited in, the Public Health England Best Practice Guidance to General Practice. The network is working closely with Milton Keynes Hospital on a pilot project offering the nasal flu vaccine to children that are attending outpatient clinics. This is one of only two hospitals in England offering the children's flu vaccine and the network will be assessing the viability of this method of delivery with a view to extending this more widely in 2017/18.

The network has added 3 members to its Network Board: a GP with a paediatric interest, a children's specialist commissioner and a paediatric fellow and clinical lecturer.

The Network's latest newsletter was distributed in December 2016.

Dementia Clinical Network

The webinar series continues as the backbone of the network's activities. The network has now run a total of 32 webinars, with a total of over 700 live attendees. The series continues to build a culture of collaboration across the Oxford AHSN area with the aim of reducing variation in diagnostic and prescribing practices in memory services. Respondents to a recent survey (June 2016) reported over half of webinar attendances resulting in a change in practice. A report of the first two years of the webinar programme was published in June.

The network funded the Young People with Dementia (YPWD) service in East Berkshire for its initial year, building on the experience of the charity's services in West Berkshire. YPWD has published an analytical review quantifying the patient outcomes for the service; also a paper on the YPWD service has been published in the Journal of Dementia Care. The work was presented at the RCPsych Memory Service Accreditation Programme (MSNAP) annual conference on 3rd October with very positive feedback from the chair.

Support for MSNAP memory service accreditation continues. The services that the network supported last year have been undergoing their interim accreditation and so far all of these have passed (with one service still outstanding.) The collaborative approach, with clinics working together in a network to achieve accreditation, was presented at the RCPsych Memory Service Accreditation Programme annual conference. Also an article has been published in International Psychogeriatrics that described the benefits of producing a patient/carer video that was developed as part of the project.

A standardised pathway for fronto-temporal dementia is in development and it is expected that this will be rolled out across the AHSN geography. This was developed in consultation with a team of psychiatrists, neurologists, psychologists and the third sector. The aim of this is to reduce variation in care and reducing the time to diagnosis.

The network is hosting a Driving and Cognitive Impairment Event on 25th January 2017. This has drawn immense interest principally from clinicians involved in assessing whether a person with dementia needs to be advised to stop driving or undergo and on-road assessment. Part of this work involves a feasibility study into an in-car device that can record driving behaviour and support the clinical assessment of driving ability.

Early Intervention in Psychosis (EIP) Clinical Network

Oxford AHSN continues to host the NHS England (South) EIP preparedness and assurance function for the national access and waiting time standards. This work has successfully brought together teams from across the NHS England (South) Region. The updated regional audit will be published in January 2017.

A paper by Professor Belinda Lennox, Co-Clinical Lead, and colleagues on the Economic impact of EIP services in England has been published in BMJ Open. The paper suggests better health and social care outcomes for patients treated in EIP services, and a mean cost saving to the NHS of £4031 per patient.

The NHS Innovation Accelerator Patient Knows Best service has been rolled out in Oxfordshire and Buckinghamshire from November 2016 as part of a year-long trial to evaluate the impact of the technology

on missed appointments, travel time and paper forms etc. Psychological staff within the Early Intervention services across these counties have been trained and will be delivering the pilot through contact with their clients. There is also an online pilot being developed in Berkshire using the SilverCloud app, and using Skype to conduct consultations with patients who are coming to the end of their treatment; reducing the need for them to take time away from work or study, and reducing the number of appointments they have within mental health settings.

Issues around consistent data collection for the Common Assessment Framework (CAF) are progressing. The CAF has been implemented in Berkshire. Milton Keynes added the CAF to their electronic health record system (System One) in October 2016. The network is working closely with trust IT teams to establish the equivalent function for the Oxford and Buckinghamshire teams.

The network supported Milton Keynes Early Intervention Team to celebrate 10 years of an Early Intervention service. The event included clinicians and users of the service, both past and present, and their carers. As part of this event they produced a short film that highlights the impact of EIP services on patients.

The AHSN Team is now at full strength with a Patient and Public Involvement (PPI) Coordinator joining the Early Intervention in Psychosis Network in November.

Imaging Clinical Network

Following the supply of lung cancer audit data in Q2, the network clinical lead has analysed the information and produced a discussion paper. The findings of the paper were ratified by the network, and agreed that the quality of data available for decision making needs to improve, and that a common, standardised PET-CT pathway is needed across the network, with timelines and audit protocols to improve access for all lung cancer patients. The network meets in January to design this pathway, timelines and protocols. A similar piece of work has progressed around Interstitial Lung Disease (ILD), where reporting has been inconsistent, leading to variable treatment. A network of reporters from all seven hospitals in the region has now agreed a standardised template and timetable for ILD. The first review of this new standardised data is due in February. Parallel to this work, the network has been working closely with IT managers, PACS managers, a third-party provider (Insignia Medical Systems) and the local STP owners to progress the system interoperability project. This project aims to provide a real-time link for clinical data between all seven hospital trusts in the network, beginning with radiology and maternity data and images. It is hoped that a successful pilot, linking just two sites, will be carried out before Christmas, although January may be more realistic. This work has featured in STP plans in the region as it will enable an 'intra-trust' teleradiology solution at a fraction of the current cost of outsourced (third party) reporting.

Maternity Clinical Network

This network continues to deliver its Small for Gestational Age (SGA) babies project, offering a third scan as standard to detect these babies, but restricting the availability of other, non-standard scans. Anecdotally the project is proceeding well, and a first analysis of initial data is due in Q4. An audit of existing practice and variability in SGA detection has been completed by the network and can be found here. It stridently highlights the need for a better approach, and the project aims to deliver: structured and equitable use of resources; improved detection of SGA babies; improved detection of growth restricted, non-SGA babies; restricted, structured intervention for babies most at risk. Read more here.

The network has also been working closely with STP owners in the region to articulate an offer which addresses key regional issues, and it will continue to develop this offer over Q4. It has also been investigating the possibility of a collaboration with Roche over a pre-eclampsia predictive test.

The guideline harmonisation work continues, and audits will be undertaken in Q4 to show adherence to the new standards. This can then be married to existing routinely reported measures to identify quality improvements. The network continues to work with the Imaging network towards the implementation of an image and data sharing system, also aiming to be live in Q4.

Medicines Optimisation Clinical Network

This network has followed the success of Q2 with more in Q3. It presented to a packed audience at the 2016 Patient First conference in the ExCel centre in London, describing the CBT training for community pharmacists programme which it has itself developed, evaluated and refined. The larger roll-out of the training programme is due to begin in January 2017, having been delayed awaiting HRA approval for all of Q3. This approval has been necessary in order for the training to be properly evaluated and its value to the health economy analysed. This evaluation has been the focus of a substantial additional piece of planning work for the network, collaborating closely with a Health Economist team at the University of Oxford and Rob Horne at UCL.

The 'Open Up' public and primary care engagement initiative launched in August, targeting 180 GP practices, and has now moved into the evaluation phase, with 75 patient responses being submitted in the first 72 hours from the participating GP surgeries. The network is optimistic that this level of engagement will be sustained, and will allow them to work with GPs and CCGs to continue to understand reasons for non-adherence, and to reduce medicines waste.

A paper outlining the success of the network's falsified medicines project (automating the identification of counterfeit medicines) was published in the BMJ Open in this quarter, whilst the findings are currently being applied to an enlarged, pilot to further test their strength. When complete, this system will represent the first viable system in the world for detecting falsified medicines in a secondary care pharmacy setting, and will enable the UK to meet incoming (Feb 2019) legislation requirements.

Respiratory Clinical Network

This network held a very successful launch event on 6th October, with 55 attendees from a broad spectrum of roles and organisations such as ED and secondary care, commissioning, third sector, academia and industry. The launch focused on the findings in the network's first variation report (released at the launch), and was accompanied by presentations from Prof. Mike Morgan (National Clinical Director for Respiratory Services) and the British Lung Foundation. A facilitated workshop formed the second half of the event and agreed the mandate for the network to prioritise the management of respiratory illness (COPD and asthma) in primary care. This will be followed by COPD and asthma in EDs, once regional HES data becomes available from NHS Digital. A follow-up meeting of the network steering group took place in November, and ideal pathway proposals (for primary care, secondary care and EDs) were discussed and refined. Formal approval is anticipated in Q4, with implementation and audit following on in 2017.

Clinical Innovation Adoption (CIA)

The Clinical Innovation Adoption Programme has 43 projects running across its portfolio. During our second year of activity our NHS partners requested that we continue with the original projects as not all had the opportunity to participate in year 1. We are now in our third year of the programme. 12 of the projects have moved into the measure and monitor stage and this has created opportunities for new projects to be taken on board during Q3. See Table below showing status.

CIA Project	Medicines	Device	Service	Partners	Status
Early Inflammatory Arthritis	Biologics/Biosimilars	---	Early Arthritis Pathway	RBH, OUH,FHFT,GWH,BHT Trusts	Implementing
Alcohol Misuse	Nalmefene	---	Hospital-based Alcohol Care Team	Slough Borough Council, Public Health England, Ambulance Service, HWP Hospital, Alcohol Services	Completed Nalmefene & Sign posting/Start Implementation Alcohol Teams
Fragility Fracture	---	---	Fracture Liaison Services	RBH, BHT, MK, GWH, FHFY, OUH Trusts	Starting- Business case developed
AF Management	NOACs & Warfarin, ECG Devices	---	Primary Care Stroke Pathway/Pharmacists led new model/DWAC	Berks West CCG, Berks East CCG, Aylesbury Vale & Chiltern CCGs	Implementing
Stroke	---	IPC sleeves	Thrombectomy/NSTEMI	All stroke Units in the region	Measure & Monitor
CAUTI	---	Bladder Scan Ultrasound	UTI & Continence Management Pathways	Oxford Health, OUH and GWH Trusts	Implementing
IV Diuretics in ambulatory care setting	---	BNP Diagnostic device	Primary Care Setting	Berkshire West CCG and RBH	Starting-interested Trusts signed up
Gestational Diabetes	---	Oxford GDm-health management system	Gestational Diabetes Pathway	RBH,OUH,MK,FHFT Trusts	Measure & Monitor
Anaesthesia	---	Intra Operative Fluid Management (IOFM) Monitor	---	FHFT, BHT, GWH	Implementing
Falls	---	---	Acute & Community Pathways (FallSafe Bundles & Falls Innovation)	Oxford Health, OUH, BHT, BHFT, FHFT	Implementing
Respiratory	---	Circassia	---	Primary Care	Starting- Project initiation November 2016
Patient Monitoring	---	TBA	---	BHT, OUH	Ending December 2016
Eating Disorders	---	---	SHaRON Programme	CNWL, Oxford Health, Berkshire Healthcare	Supporting
WireSafe	---	Central line kit	---	OUH	Starting- Project initiation November 2016
Non-injectable Arterial Connectors		Eliminates confusion of arterial & venous lines		TBA	Starting- Project initiation November 2016
Ventilator Associated Pneumonia	---	Tracheal Tube without leakage		TBA	Starting- Project initiation November 2016
Innovating in Healthcare Settings Programme	Overarching Training Programme		RBH, BHFT, GWH, MK, OUH, Oxford Health		2nd Cohort of Students started
EIT Health	EIT Health		Working with Netherlands and Sweden to produce pathway to outcomes for innovators in Europe		Starting January 2017
Fluid Review	Innovation management system		Working with CIMIT and Manchester AHSN		Ready to Launch

The programme also aims to ensure that frontline staff know how to implement innovations within their organisation. With support from HEETV, we have created the Practical Innovation Course co-produced and co-delivered with Bucks New University. This course has now been taken up by Imperial College Health Partners (AHSN) and is also assisting NHS frontline staff in London. The course requires frontline staff to implement an innovation within their organisation and gives students 70 credits towards an MSc. To date we have had 50 students which means 50 additional innovations are being delivered with our support.

We have also applied for and won a number of bids valued at over £0.5m to support the innovation projects. This includes a bid to support Atrial Fibrillation from Pfizer, £275k from the European Innovation Technology Funding for development of a market accelerator module for Innovators, development of an e-learning package on Early Inflammatory Arthritis and further funding for the Practical Innovation Course from HEETV. We are having funding conversations with the Precision Medicines Catapult. This is being led

by our Wealth Creation team and will involve working with our Respiratory Network, to implement a new diagnostic device for Asthma and COPD (see below).

New Projects Scoped in Q3 in preparation for implementation Q4 onwards

1. Fractional Exhaled Nitric Oxide (FeNO) and Blood Eosinophil (BE) testing to improve diagnosis and management of airways diseases such as Asthma and COPD will be deployed within primary care settings.

Three medical devices linked to patient safety:

2. PneuX for preventing ventilator-associated pneumonia in intensive care.
3. "WireSafe" within ICU and operating theatre environments, to prevent guide wires being left in situ during central venous catheter insertion.
4. Non-Injectable Arterial Connector (NIC): this project will support the introduction of a non-injectable arterial connector within critical care areas and operating theatres. The device prevents medication being incorrectly injected into arterial or venous lines.

Project	Catheter Associated Urinary Tract Infection (CAUTI)
Innovation category	Medical Device and e-learning package
Project status	Open, implementation continues during 2017/18

E-learning package

Oxford 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). Following review by the National E-learning committee HEETV have agreed to contribute £5k of funding towards this package. The AHSN will fund the remainder. It is anticipated that development work on the package will commence towards the end of January with the package being delivered in April 2017.

Great Western Hospital

GWH has launched a pilot project on one of their elderly care wards – incorporating new protocols and procedures, enhanced training, trial of a new bladder scanner and recording on the EPR system that a patient had a catheter in situ.

Data from the pilot ward will be compared against baseline data after one month. Metrics will include:

· Number of catheterisations

· Number of CAUTI

· Number of samples sent to the lab

· Length of catheterisation

Following the bladder scanner trial, the Trust will make a decision on the model of bladder scanner and submit a business case.

Oxford Health NHS FT

All documentation has been launched, baring the catheter passport which will launch jointly with OUH in December 2016.

Documentation has been shared with Oxfordshire CCG so that practice nurses and GPs can follow the same best practice guidance as other clinical staff across Oxfordshire.

A business case for 12 additional bladder scanners has been submitted to Oxford Health Capital Group – outcome is awaited. The business case requests £180k investment and will deliver a recurring saving of £210k per annum through preventing CAUTI.

Activities next quarter

- Seek RCN accreditation for e-learning package and confirm supplier
- Ascertain number of bladder scanners across region to refine opportunity for full adoption
- Engage Buckinghamshire Healthcare Trust and Berkshire Health Economy in project

Project	Intra-operative Fluid Management
Innovation category	Medical Device
Project status	Open, due to enter measure & monitor Mar 17

Engaged Partners	
- Frimley Health (Wexham Park Hospital) - Royal Berks Hospital	- Great Western Hospital - Milton Keynes Hospital - Bucks Healthcare (Stoke Mandeville Hospital)

Overview of Project

Intra-operative Fluid Management Technologies support anaesthetists in optimising fluid levels in patients undergoing high risk surgeries. The objectives are to standardise the use of the technology in all surgical cases of emergency laparotomies, major elective colorectal surgeries, free flaps and hip revisions.

Activity in Last Quarter

IOFM Training and Education	*IOFM Utilisation*
Facilitated a number of IOFM roadshows at Great Western; Wexham Park; Milton Keynes. Further events scheduled at Bucks in December.	The project target is to see anaesthetists use IOFM in excess of 80% of cases of emergency laparotomies across all trusts in the region (as well as free flaps, revision hips and elective colorectal surgeries at agreed trusts depending on case mix)
Roadshows typically included AHSN presentations on regional usage and project plans; talks from	Data sourced from the national emergency laparotomy audit data collected and submitted

clinical advocates of IOFM and talks and presentations from suppliers of the technology	locally shows that 3 of the 5 trust engaged in this project reached 80% target in 2015/2016 (see Fig 1)
Surveys to identify training needs conducted at 3/5 trusts engaged – AHSN working with suppliers to address training needs of anaesthetists across the region	The Oxford AHSN IOFM project Phase II was initiated in Nov 2015
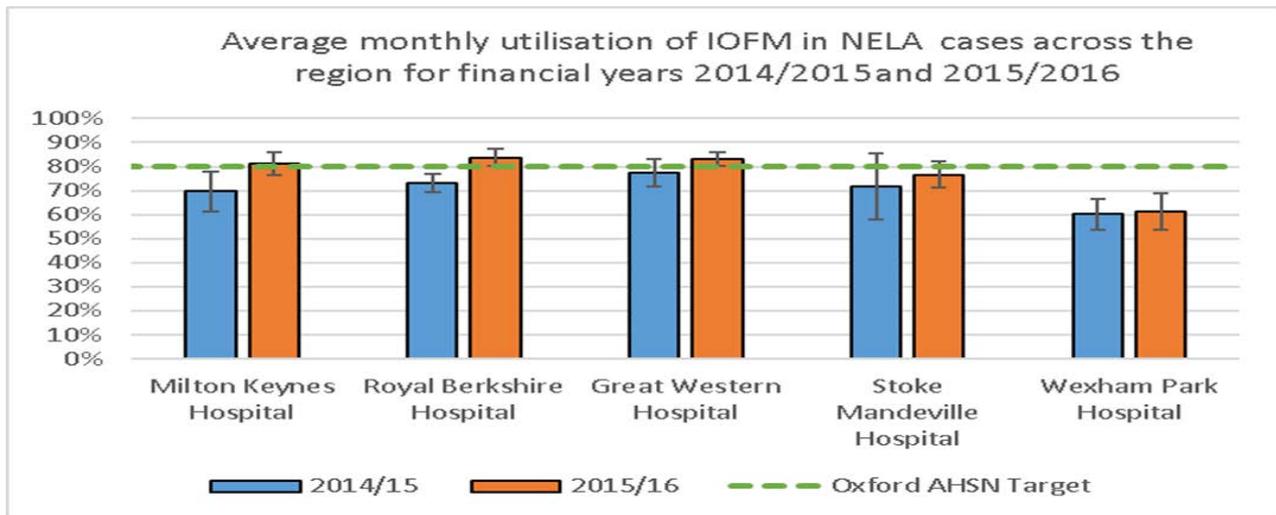
Figure 1 IOFM utilisation across the AHSN region in emergency laparotomies.

Data captured from NELA and includes all locked cases and looks at specific responses to audit question "How did you provide goal directed fluid therapy?" Error bars demonstrate variation (standard error) in the utilisation month to month each year.

- Data collection for 2016/2017 is currently ongoing and will be helpful in further understanding the impact of the IOFM roadshows across the region

Project	Intermittent Pneumatic Compression Sleeves
Innovation category	Medical Device
Project status	Open, in the measure and monitor phase – close March 2017

Update since last oversight quarter

IPC Utilisation across the region
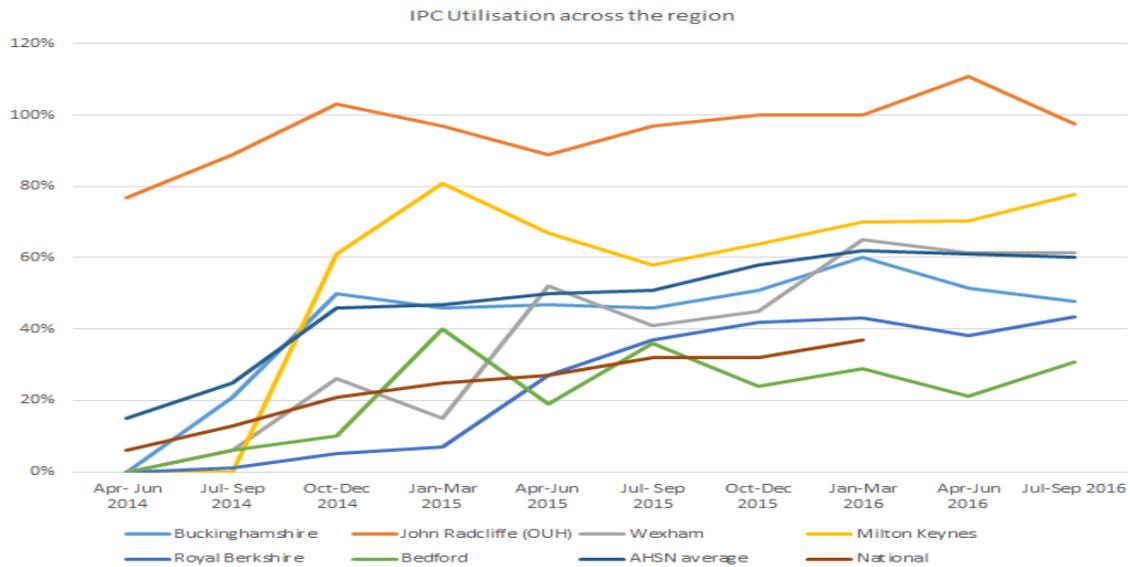
Performance across the region has remained steady at an average of 60%. The revised NICE VTE guidance published in 2015 is not prescriptive as to the use of IPC. In the light of revised guidance, it is felt by the CIA team that achieving the planned 80% utilisation in the immobile patient cohort is unlikely. From project commencement to the end of November 2016 over 1500 patients across the region have received IPC sleeves. Extrapolating from the CLOTS 3 trial this represents the potential for 75 fewer DVTS, 45 fewer deaths and 8 fewer Pulmonary Embolism (PE).

Assuming utilisation remains constant it is anticipated that by the end of the licence a total of 2500 patients across the region will have received IPC sleeves. This represents the potential for 125 fewer DVTs, 75 fewer deaths and 13 fewer PEs over the lifetime of the project.

Next steps

· Continue to measure and monitor

· Write up project closure and impact report for March 2017

Project	Biosimilars
Innovation category	Drugs
Project status	Open, scoping plans for next phase, due to end March 2018

Engaged Partners	
• Frimley Health (Wexham Park Hospital) • Royal Berks Hospital	• Great Western Hospital • Oxford University Hospitals • Bucks Healthcare (Stoke Mandeville Hospital)

Overview of Project

The emergence of biosimilars for both infliximab and etanercept, two high cost drugs in Rheumatology has offered partner trusts in the region a significant opportunity to make reduce the costs of treating inflammatory arthritis. This project aims to facilitate trusts and rheumatology teams to share, learning, best practice and resources to drive the adoption of biosimilars at pace and scale across the region.

Activity in last quarter

Gain Share Agreements

All engaged partners have now either confirmed that a gain share, financial incentive or mandate for switching to biosimilar etanercept (Benepali) is now in place and that all the rheumatology departments in the region are committed to making the switch to biosimilar etanercept in a controlled way, engaging and consulting patients and making sure that the relevant and clear information is available.

Local Switching

- Each trust has developed its own switch programme, based around the resources, information and time available.
- Patient engagement was a key concern for Rheumatologists. CIA developed a patient letter template which has been used successfully by a number of trusts in their switch programme receiving excellent feedback

Proportions of purchases of originator etanercept 4 x 50mg vs biosimilar (Enbrel/Benepali) Enbrel ○ Benepali ●

	201603	201604	201605	201606	201607	201608	201609	201610
RBH	412/8	408/32	436/28	488/60	448/80	392/140	312/164	384/228
FH-FPH	360/0	404/0	452/4	456/24	380/16	408/92	0/0	224/212
FH-HWP	66/0	85/0	101/0	94/0	102/16	46/0	62/0	66/32
OUHFT	231/3	218/16	217/17	212/22	202/32	308/53	244/0	616/0
BUCKS	432/0	536/0	644/0	656/0	228/0	396/0	600/28	456/28
MKUH	24/0	36/0	40/0	44/0	36/0	36/0	36/0	48/0

Figure 1 Data demonstrating proportion of biosimilar vs etanercept purchased in 8 months since biosimilar (BS) launch. Data shown as ration. Data highlighted in yellow is missing

Savings Realised from Etanercept Biosimilar

- Based on estimates around annual spend, and ratio of biosimilar vs originator purchases and product pricing the AHSN estimates that in the first 8 months since biosimilar etanercept was available the region would have saved over £800k
- Note: a contributor to these savings was the originator price drop after trusts regionally, and nationally, initiated plans to switch to biosimilar see below

TRUST	Average Monthly Spend on Etanercept (Prior to BS launch)	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Total savings realised over first 8 months
					Savings made each month					
BEDFORD HOSPITAL NHS TRUST	£62,703	£0	£0	£0	£15,676	£15,676	£15,676	£15,676	£15,676	£78,379
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	£92,992	£0	£0	£0	£23,248	£23,248	£23,248	£24,116	£24,390	£118,250
FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST	£74,390	£0	£0	£0	£18,597	£19,648	£18,597	£18,597	£25,811	£101,251
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	£50,000	£0	£0	£0	£12,500	£12,500	£12,500	£12,500	£12,500	£62,500
MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST	£50,000	£0	£0	£0	£12,500	£12,500	£12,500	£12,500	£12,500	£62,500
OXFORD UNIVERSITY HOSPITALS NHS TRUST	£167,143	£738	£4,171	£8,703	£43,347	£44,169	£47,538	£41,786	£41,786	£232,237
ROYAL BERKSHIRE NHS FOUNDATION TRUST	£91,285	£603	£2,434	£7,354	£23,831	£24,288	£29,342	£32,418	£33,661	£153,932
OXFORD AHSN REGIONAL TOTALS	£588,513	£1,341	£6,605	£16,057	£149,699	£152,029	£159,401	£157,593	£166,324	£809,049

Next Steps

- Currently CIA team are working with Rheumatology (EIA Network) and Pharmacist (Meds Optimisation programme) to continue to support etanercept switch programme
- CIA are developing with Sandoz and the EIA network a biosimilars patient education video to be used as a resource by local trusts
- CIA are developing plans for next wave of biosimilars emerging in haematology and oncology

Project	Early Inflammatory Arthritis Project
Innovation category	Medical Device and digital
Project status	Open, due to enter measure & monitor Mar 17

Engaged Partners	
• Frimley Health (Wexham Park Hospital) • Royal Berks Hospital	• Great Western Hospital • Oxford University Hospitals • Bucks Healthcare (Stoke Mandeville Hospital)

Overview of Project

The Oxford AHSN EIA network led by Professor Taylor has been meeting now for 18 months on a regular basis. The group has raised and addressed as a group a number of important issues over this time. Recently the network published a video promoting the work being done across the region https://www.youtube.com/watch?v=cTJUOh-3DVc

	Deliverables	Task	Achievement	Complete
1	Local EIA pathway designs at partner trusts	Mapped all and benchmarked performance against NICE Quality Standards	-Baseline position established - Variation in practice highlighted - Identified need for Patient and GP education	✓
2	Implement agreed best practice pathways	Supporting partner trusts to move to "best practice tariffs"	- OUH and RBH implemented Best Practice Tariff - Bucks being supported to implement	✓
3	Understanding variation in workforce across the region	Local Rheumatology service workforce levels audited	- Bucks have recruited nurses to 3 new posts	✓
4	Adoption of biosimilars in Rheumatology	Supporting local partner trusts in switch program for etanercept	- See biosimilars report for impact	✓
5	Exploring synergies blood monitoring	Understanding how partners manage blood and DMARD monitoring	- Collating information on use of DAWN system and local shared care monitoring agreements	Underway
6	Patient and GP Education Video Series	Develop Video series to address the need for awareness and education around EIA and biosimilars	- Entering Joint Working Agreement with Sandoz to develop videos - Held Patient Focus group to understand what patients want	Underway

Achievements to date:

The network now is focussed on developing a video series targeting Patient and Primary Care Physicians about the importance of recognising, diagnosing and treating EIA in a time-critical manner.

Currently working with patients and GPs to understand the key areas of importance and how best to develop the content for the education.

AHSN has assembled a patient panel of 8 patients who have agreed to support in reviewing documentation. Engagement commenced in December with a patient focus group.

EIA network of Rheumatologists agreed to support data collection around the volume and accuracy of referrals from primary care to measure the success of the video series on local services.

Patient Engagement

- AHSN team have recruited a patient champion, a Wexham Park RA patient whom experienced significant delay in diagnosis and suffered loss of joint mobility as a consequence
- Patient champion has shared patient story, which will be developed into a patient case study

	Patient Monitoring
	Medical Device
	Open, project scoped, but decision made not to formalise project initiation

Engaged Partners	
- Great Western Hospital - Buckinghamshire Healthcare Trust - Oxford University Hospitals and Oxford University Team	

Overview of Project

Call from CIA Oversight Group members was made to explore options for a project focussing on digitally enabled observation solutions for deteriorating patients. This came from a need for trusts to integrate National Early Warning Score (NEWS) systems into routine patient monitoring. Digitally enabled solutions ranged from observation systems linked to complete integrated workflow programmes to some that were small scale and involved disposable sensors measuring only a few clinical measures.

Understanding Partners Needs

CIA team have been actively engaging partner trusts to identify plans to digitise early warning score observations and understand specific needs

Understanding Marketed Solutions

CIA team have met with numerous suppliers to discuss the functionality, ease of use and transferability of product offerings.

Opportunity for co-ordinated procurement

- In investigating marketed digitally enabled observation solutions, the CIA team has met with a number of suppliers to discuss product and service offerings and how each product is differentiated
- From this a number of providers suggested offering partner trusts in the Thames Valley a regional price based on volume and breadth of procurement.
- If this is feasible and is of value to partners the AHSN will look to make relevant connections

Project Closure

The CIA programme are not planning to conduct any further work in this area

Project	Atrial Fibrillation
Innovation category	Devices and service redesign
Project status	Open, due to close March 2018

Opportunity

The diagram below shows the AF improvement opportunity across the AHSN, based on 2015/16 Quality Outcomes Framework data.

Detect
- Expected prevalence 2.2%
- Observed prevalence 1.5%
- → 25,000 patients with undiagnosed AF

Protect
- 7900 high risk patients not receiving anticoagulation
- → 253 preventable stokes → Cost of stroke to NHS - £6.4m
- Cost of anticoagulation - £3.2m
- Potential savings - £3.2m

Perfect
- 6,700 patients on warfarin with poor TTR
- → 216 preventable strokes → Cost of stroke £5.3m
- Cost of transition to NOAC £4m
- Potential saving £1.3m

Buckinghamshire Stroke Protection in AF project

The Buckinghamshire CCGs are adapting the ***Don't Wait to Anticoagulate*** methodology to deliver improvements in anticoagulation rates and to improve clinical knowledge and awareness. This project will be collaboratively delivered by the CCGs, Buckinghamshire Healthcare Trust, Oxford AHSN, Interface Clinical Services and Bayer Healthcare. The AHSN has developed a joint working agreement with Bayer which will provide the AHSN with additional Quality Improvement resource to assist the GP practices in project delivery.

The expected outcomes of the project are:

- Up to 1500 patients will receive a clinical review (desk top or face to face)
- 600 additional patients will be prescribed an anticoagulant
- 20 strokes per annum will be prevented
- Sufficient information will be gained on the number of patient with poor TTR to enable targeted improvement activities to be planned

GP engagement in the project commenced in December 2016. The first practice will complete a QI cycle in January 2017. Each practice QI cycle is expected to take up to 16 weeks.

Pharmacist led anticoagulation initiation service in primary care

Oxford AHSN has been successful in securing £99k of funding from Pfizer through a competitive bid process. The funding will be used to run a proof of concept project of a Specialist Pharmacist Led Primary Care Anticoagulation Service. The concept is based on the Buckinghamshire Healthcare model and BHT will be the AHSN delivery partners for the bid.

CCG engagement has commenced with Berkshire East and Berkshire West CCG Federations both expressing interest in the project. An initial list of shortlist of practices within each CCG has been drawn up with CCG medicines optimisation teams and these will be finalised in January 2017. The service will 'go live' in April 2017. The project will close in April 2018 by which point sufficient evidence will have been gained to enable commissioners to make a decision on substantive commissioning.

The expected outcomes of the project are:

- An increase in anticoagulation rates in participating localities resulting in a reduction in strokes
- Greater GP and patient satisfaction

Berkshire West AF Strategy

Oxford AHSN is working with the Berkshire West CCGs to develop a 3 year AF strategy based around the detect, protect and perfect workstreams. A steering group has been formed.

Activities next quarter

- Work with CCGs to develop a framework for adoption of mobile ECGs though NHS England Innovation Funding
- Continue to progress Buckinghamshire "Don't Wait to Anticoagulate" project
- Continue to progress Primary Care Anticoagulation Initiation project (Pfizer)
- Re-engage Oxfordshire CCG

Project	Heart Failure
Innovation category	Service redesign and diagnostic device
Project status	Open, due to close March 2017

Milton Keynes

Oxford AHSN has supported Milton Keynes NHS FT in reviewing their current heart failure pathway and making recommendations for service development in line with best practice, specifically:

- Implementation of an IV furosemide day lounge on the cardiology ward
- Implementation of point of care BNP testing as part of a heart failure hub
- Development of a community heart failure nursing service (this currently does not exist in MK)

The projected return on investment for implementing the IV furosemide lounge at Milton Keynes Hospital would be 1300 bed days and £350k savings per annum.

Berkshire East

Oxford AHSN has supported Berkshire East CCGs in developing their commissioning plans for heart failure. This included presenting national and regional best practice at their recent cardiology engagement forum.

The projected return on investments for implementing the IV furosemide lounge at Wexham Park hospital would be 2,200 bed days and £600k savings per annum.

NT-proBNP point of care testing

Point of care testing is a relatively new innovation for NT-proBNP but the traditional laboratory test has formed part of the NICE guidelines since 2010. Despite this, uptake across the region is understood to be variable. The initial phase of the project will involve assessing the uptake of the laboratory test across the region and identifying barriers to adoption to date. This initial work will establish whether a point of care test will address some of the barriers to adoption.

The CIA team is working with the Wealth Creation team to identify sites for potential pilot of the point of care test. One primary care and one secondary care site have been identified thus far.

Metrics that will be measured include:

- Current uptake of NT-proBNP or BNP testing (traditional laboratory test)
- Number of POC tests carried out following initiation of project
- Length of stay for patients admitted with heart failure from 1) adopter practices 2) adopter trusts
- Admission rates for heart failure for adopter practices/adopter trusts

If fully adopted, it is estimated that this technology will deliver significant patient benefits as well as a modest cost saving of £200k. Implementing this test will lead to earlier diagnosis and therefore greater prescribing costs and increased secondary care outpatient referrals – however these costs are offset and outweighed by the reduction in admissions, readmissions and length of stay anticipated.

Activities next quarter

- Detailed planning for Milton Keynes
- Audit of NT-proBNP usage across region and identification of pilot sites
- Develop a commissioning support pack for best practice in heart failure (suggested by commissioners)

Project	Fragility Fractures
Innovation category	Service redesign
Project status	Open, due to close March 2019

This project is working with a number of Trusts to implement new or expand current Fracture Liaison Services (FLS). These services ensure eligible patients are assessed after fragility fracture and offered treatment. By doing so the potential for secondary or recurrent fractures is reduced. In turn this reduces the number of cost and cost of unplanned hospital admissions and makes a significant reduction in morbidity and mortality in older people.

There is variation across the region, ranging from no service to full service provision. Table 1 below highlights the current staff in place and the staff required to provide a full service.

Table 1: Current FLS provision and increase required to provide a full service

Area	Current FLS nurse in place (wte)	Staffing required (wte) to provide a full service
Bedford	0	2.3
Buckinghamshire	1	1.9
East Berkshire	0	1.9
Milton Keynes	0	1.2
Oxford	5.5	0

West Berkshire	1	1.4

As well as the patient benefits, FLS has the potential to generate significant financial savings across health and social care. Across the Oxford AHSN region, over 5 years, these services could generate nearly £13 million savings. Table 2 below outlines the potential 5-year savings by CCG if full services were in place, alongside the savings that will be realised with the current level of service.

Table 2: Potential 5-year savings by CCG (health and social care)

CCG & Social Care	Total Fractures Saved	Total Financial Savings (£)	% Current Service Provision	Benefits Realisation Based on Current FLS Provision (£)
Aylesbury Vale	122	961,278	35	912,037
Chiltern	206	1,644,542		
Bedfordshire	262	2,084,115	0	0
Berkshire East	216	1,740,930	0	0
Berkshire West	267	2,117,811	40	847,124
Milton Keynes	122	965,120	0	0
Oxfordshire	403	3,201,375	100	3,201,375
TOTAL	**1,598**	**12,715,171**		**4,960,536**

Progress across region and next steps

- West Berkshire CCG is currently reviewing the outcomes from the current service provision, and until the review is completed there will be no expansion of the service
- Wexham Park Hospital is keen to develop a service and we are working with the team to develop the case
- We are engaging with Milton Keynes and Buckinghamshire to understand the support they require

Project	Alcohol Misuse
Innovation category	Service redesign and digital
Project status	Open, scoping and implementation during 2017/18

East Berkshire, West Berkshire and Buckinghamshire have expressed an interest in developing projects relating to alcohol misuse, with the overall aim to review the current pathway and service provision across health and social care.

Three separate work streams have been proposed:

- Development of a directory of services
- Implementation of a hospital based team
- Increased screening provision within primary care

Although work within the three areas have progressed at different speeds, we are working closely with relevant partners to ensure engagement is maintained.

Updates / Next Steps

East Berkshire

- A directory of services has been drafted and Slough DAAT is currently considering the dissemination plan
- Wexham Park Hospital is arranging a meeting with relevant stakeholders in December 2016 / early 2017 to agree how the different organisations can work in partnership to review and develop the alcohol pathway

West Berkshire

- We are working with South Reading to review services and to develop a case for coordinated alcohol services, working across health and social care

Buckinghamshire

- We have arranged meeting with Buckinghamshire County Council in early December to discuss future plans for Buckinghamshire
- We are re-engaging with the CCG to understand their commissioning intentions for alcohol services

We will be better placed to understand the potential impact and return on investment once each locality area has agreed the pathways and service provision.

Project	Falls – Acute Hospital and Community Services
Innovation category	Service redesign
Project status	Open, due to end March 2018

FallSafe Care Bundle Project

The FallSafe approach is to complete multifactorial assessment and intervention upon a patients' admission to a care setting to identify and treat the underlying reasons for falls and to ensure preventative steps have been taken to ensure patients do not fall while in the care setting. Many of the care 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. This project is working with Oxford Health, Berkshire Healthcare and Frimley Health trusts to implement the FallSafe Care Bundles and/or improve utilisation rates where FallSafe Care Bundles have already been implemented. Below is a table to show the progress the project

has made during stage one of phase one. During early 2017 the baseline and GAP analysis work will be reviewed to identify elements for implementation and/or improvement during stage two. The project will also start engagement work with phase two trusts.

Trusts engaged in project	Scheduled second phase engagement (2017)
• **Oxford Health NHS Foundation Trust** • **Frimley Health NHS Foundation Trust** • **Berkshire Healthcare NHS Foundation Trust**	• Great Western Hospitals NHS Foundation Trust • Bedford Hospitals NHS Trust • Buckinghamshire Healthcare NHS Trust
Trusts not participating	
• **Milton Keynes University Hospital NHS Foundation Trust: The trust has a comprehensive approach to Falls Prevention that is incorporated into a patient centred 'treating the patient as a whole' programme.** • **Oxford University Hospitals NHS Foundation Trust: The trust has created a local implementation plan for the implementation of FallSafe Care Bundles.**	

Projected Project savings (25% reduction in number of falls)

Buckinghamshire Health NHS Trust Stay in the Bay (SITB) Improvement Project:

The CIA Programme is working with Buckinghamshire Healthcare NHSFT to support the trusts 'stay in a bay' project. 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. A structured conversation will be undertaken with all ward manager and matrons on SITB implementation wards to understand why some wards have been successful with SITB implementation and utilisation, whilst others have been less receptive. The findings of the questionnaire will be used to develop some small improvement projects which will commence early 2017.

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) SITB Evaluative Project

This project will be working with colleagues at Buckinghamshire Healthcare NHS Trust to complete an evaluation on the desk in a bay intervention. The project will evaluate the intervention, look at potential value to the organisation, sustainability and any cost savings achieved from reducing the rate and harm of falls. The data sharing agreement has been signed and agreed by all parties. The first data download has been provided to the project to start the analysis.

Project	Gestational Diabetes m-Health Technology
Innovation category	Medical Device and digital
Project status	Open, due to enter measure and monitor Mar 17

During Q3 a new configuration of the GDm-Health system, called BYOD (bring your own device) has been fully developed and deployed. The new configuration has been deployed to trusts within the region who have implemented the GDm system (with the exception of Milton Keynes Hospital). Go-live of the new configuration started at OUH in July 2016, with RBH and FPH going live at the beginning of Sept 2016. Implementation of the BYOD configuration is now complete and the project again moves into the measure and monitor stage. The project will continue to evaluate the effects of the system and new configuration on clinical, economic and satisfaction outcomes during the measure and monitor stage. To support the new system configuration, the project has developed a range of support materials for trusts using the GDm system, along with supportive user guides and videos for patients using the system.

Engaged Partners	
• Frimley Health (Frimley Park site) • Royal Berks Hospital	• Milton Keynes University Hospital • Oxford University Hospitals

Utilisation of equipment

Number of Active GDm App Users per month, split into BYOD and Hospital Phones for: FP

Number of GDm-Health patients using system
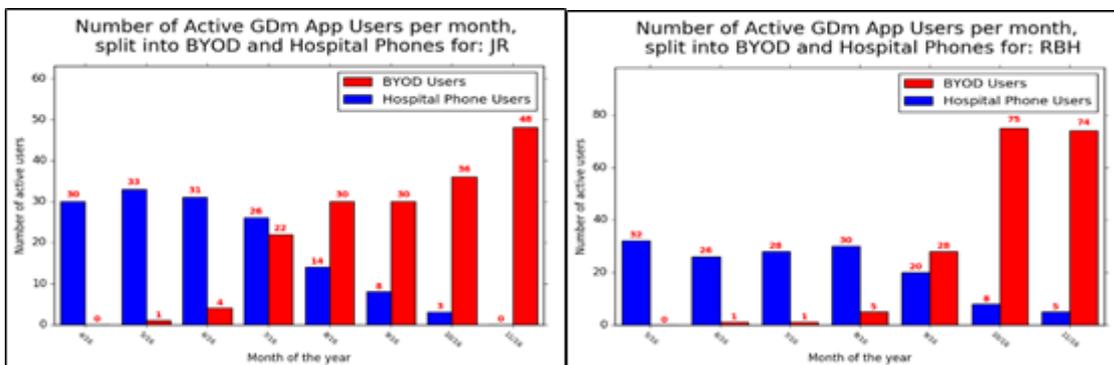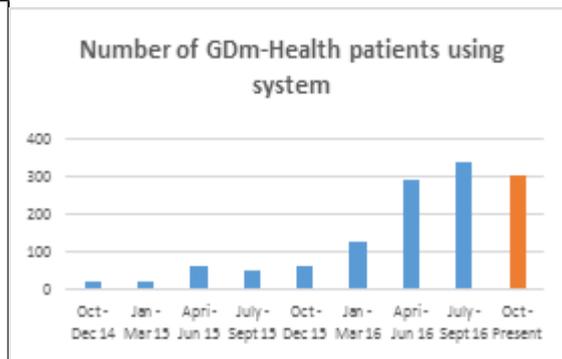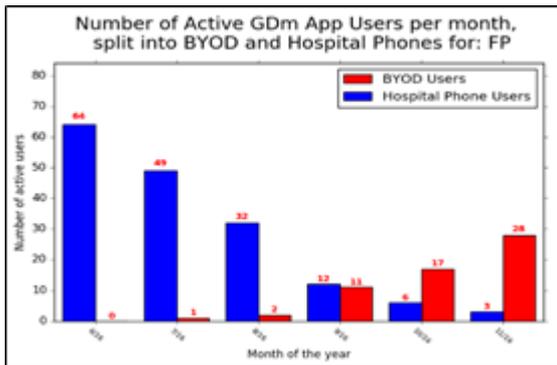
Next steps

- Continue to measure and monitor utilisation rates
- Write up project closure and impact report for end of year - March 2017

Research & Development (R&D)

With a Research and Development Oversight Group taking place on 29th September, at the end of Q2, there was no meeting in Quarter 3, the next being scheduled for 14th February 2017 where updates will be provided by Buckinghamshire New University and Milton Keynes Hospital NHS Foundation Trust.

In conjunction with the Wealth Creation team, work has been carried out developing a Digital Health strategy with a number of the region's partners including University of Reading and the Royal Berkshire Hospital. This has been at both regional, strategic oversight level and local level, developing specific digital health project ideas through newly conceived AHSN member collaborations facilitated through "The Hill".

A collaboration scoping exercise has begun between Buckinghamshire New University and the University of Reading to establish whether there are any opportunities for research collaborations and the development of an innovation pipeline in the area of health and care. The process is in its early stages and will be reported on in due course.

The development of the Thames Valley Clinical Trials Unit, a joint initiative between Royal Berkshire Hospitals, Berkshire Healthcare and University of Reading is progressing well with the appointment of Emily Moore to the role of Executive Director, a Senior Clinical Trials Statistician post advertised and two Trial Manager posts in the pipeline. The CTU has already been involved in application and protocol development along with assisting with ongoing clinical research across the institutions and driving the development of the University of Reading's clinical research support infrastructure.

Wealth Creation

Overview

The third quarter has been very active for the Wealth Creation team. A total of 48 projects are at various stages of progress across all of its key priorities. To date the programme has completed 54 specific projects. The team has engaged with over 40 companies during the quarter.

Achievements in Q3 include:

- The Standard Set of PROMS for IBD was completed and published in December as part of the collaboration between the International Consortium on Health Outcomes Measures (ICHOM) and the Oxford AHSN.
- The Oxford Martin School has awarded a grant of £300,000 for a programme on 'Affordable Medicines for Future Generations'. This is a joint collaboration between the Structural Genomics Consortium (University of Oxford), the Oxford AHSN and the Office of Health Economics.
- The submission by the Oxfordshire Technology Transformation Alliance to BEIS under the Science and Innovation Audit programme was successful and announced in the Autumn statement by the Chancellor. The Oxford AHSN is taking the lead on Digital Health
- The evaluation of PoC testing in the Emergency Multidisciplinary Unit to Out of Hours GP vehicles for use in an at home setting commenced in November.
- Physiomics plc has been awarded a grant by Innovate UK for "Decision Support Systems for Stratified Cancer Treatment" under the 2016 Biomedical Catalyst 2016 Feasibility Study. The Oxford AHSN will be a delivery partner under the grant.
- The publication of a report entitled **Digital Health in Oxford and the wider Oxford Thames Valley**.
- The publication of the work undertaken by the Oxford AHSN Sustainability Network entitled **Making Sustainability Happen**.
- A digital health development and adoption pathway has been developed by the Wealth Creation team and will form part of a robust triaging process for digital health innovations.
- Discussions have been held with the West Midlands AHSN commercial team to develop closer working relationships across a number of areas including diagnostics, medtech and digital health.
- The Wealth Creation Oversight Group met on the 4th October. The Diagnostics and Digital Health programmes were reviewed by the group.

Adoption

The standard set of Patient Reported Outcomes Measures (PROMS) for IBD was published by ICHOM (see http://www.ichom.org/medical-conditions/inflammatory-bowel-disease/). Full details of the work and collaboration are set out in the case study.

The Accelerated Access Review was published in October and the Wealth Creation team has focused on mapping out the different development pathways for selected sectors. The first of these is in digital health where a detailed pathway map from concept through to development and commercialisation has been completed and sits at the heart of a clearly defined triaging process for digital health innovations. The triaging process has been developed for innovations that ultimately would be considered for adoption within the NHS. The team has also used a LEAN methodology to develop business cases for new and existing innovations. A number of innovations have been tested using this approach and further work will be done in refining the approach.

A study to evaluate the use of PoC testing in the Emergency Multidisciplinary Unit to Out of Hours GP vehicles for use in an at home setting commenced in November. The study will assess the benefits of PoC testing around electrolyte chemistry and lactate as indicators to assess out of hours admissions.

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

- The evaluation of the Horiba Microsemi^CRP* haematology testing system in A&E at the Oxford University Hospitals NHS FT has been completed and an initial analysis of the results has been undertaken. The paediatric evaluation involved staff training and a total of 89 patients had CRP and FBC assessed. The aim was to reduce the flow through the paediatric ED. A second evaluation at Stoke Mandeville Hospital is underway for paediatric Point of Care (PoC) testing, and a third site at Wexham Park started on 19th December.
- Evaluation of the Intelligent Ultrasound audit process for ultrasound images at Royal Berkshire Hospitals.
- Now Technologies for the testing and evaluation of Gyroset ☐ in Stoke Mandeville

Planning is underway to establish the following evaluation studies:

- Circassia's NIOX® FeNo testing in the management of asthma and COPD in primary care is in late stage planning. Discussions are also underway with the Precision Medicine Catapult for funding part of the evaluation study and regional roll-out in primary care. This work is being undertaken with the CIA team.
- Following detailed analysis of the SOMAScan™ assay, the system will now be evaluated in GP practices in Buckinghamshire, rather than through the Live Well, Stay Well programme. This shift will facilitate sample collection and provide clinical leadership to the programme. Discussions are ongoing with a number of partners to support the project.
- The Diagnostics Industry Advisory Council met on 5th October. An update of the AHSN's Diagnostics programme was shared with the group, along with a discussion on the implications of Brexit for the diagnostics industry.
- The Wealth Creation team is assessing a number of new diagnostics opportunities including a review of faecal calprotectin (FCP), which is part of the Pacific Programme and Point of Care Testing (NHS Business Services). Julie Hart is a member of the working party which meets bi-monthly.
- In digital health, the team has been providing support in a number of areas, including the commercialisation of the GDM health management system, and with SEND, an electronic vital signs-based early warning and documentation system.
- Discussions are underway with the Imperial DEC for a joint position to undertake LEAN approaches to new industrial IVD opportunities, which include a clinical pathway assessment and health economics evaluation.

Investment

The Oxfordshire Transformative Technologies Alliance was one of eight second wave sites selected to undertake a Science and Innovation Audit. The Chancellor announced the successful sites in the Autumn Statement (see http://www.ox.ac.uk/news/2016-11-23-chancellor-announces-oxfordshire-will-carry-out-science-and-innovation-audit). The programme of work will focus on 4 key themes: Digital health, space-led data applications, autonomous vehicles and technologies underpinning quantum computing. The Oxford AHSN is leading the digital health theme with support from Oxford University Innovations, and with additional industry input from industry (both SMEs and large corporations).

The development of the Digital Health Strategy for the Oxford Thames Valley region is continuing to progress with continued engagement with key stakeholders.

The ERDF Revenue funding bid for the Buckinghamshire Health and Social Care Innovation Hub is undergoing late stage assessment by DCLG. A decision is expected in the New Year.

The Local Growth Fund bid for capital investment for the Buckinghamshire Health and Social Care Innovation Centre is in detailed review and a decision is expected after the New Year.

The consortium bid for ERDF funding in Oxfordshire for 'The Hill' is being reviewed by DCLG and further detail is being provided to support the bid.

Deborah Spencer has been appointed to the position of Life Sciences Business Development Manager. She will take up the position in January 2017. This is a joint post between the Oxfordshire LEP, the Science and Technology Facilities Harwell Campus and the Oxford AHSN.

A number of meetings and events have been held under the Bicester Healthy New Towns programme. These include a workshop with Age UK to assess the role of digital health, a visit to the Satellite Applications Catapult, and the HNT meeting on digital health, which was held in Darlington. The Bicester HNT team also presented to NHS England on 16th December 2016

Work has begun on updating the Map the App guide, which was published in late 2013. A significant amount of change has taken place over the last couple of years in the digital health space and Isis Enterprises has been commissioned to support the team in developing a new practitioner guide. Oxford University Innovations will be providing additional technical support to the proposal. It is anticipated that this work will be completed at the end of Q2 2017.

Physiomics plc has been awarded a grant under the Innovate UK Biomedical Catalyst 2016 Feasibility programme. The project, entitled 'Decision Support Systems for Stratified Cancer Treatment' will include support from the Wealth Creation team.

The Oxford AHSN is a named collaborator in a SBRI Healthcare grant submission led by Perspectum Diagnostics on 'Improving Primary Care Stratification of Fatty Liver Disease with LiverMultiScan'.

NHS Culture

Work has continued on 'The Hill' with a particular focus on governance and strategy.

The second Entrepreneurs Programme that was due to be held at Henley Business School during quarter did not taken place. We were not able to secure the necessary funding to run the course.

Following discussions with Health Education England Thames Valley, it was agreed that Challenge 2023 would be run as a category under the NHS Thames Valley and Wessex Leadership Recognition Awards for 2016/17. As a result of this decision, the team is no longer involved in directly supporting Challenge 2023.

Partnerships

The senior teams from J&J/Janssen and the Oxford AHSN met as part of the bi-annual review on progress.

The Sustainability Working Group held one meeting during the quarter where progress on a number of initiatives were reviewed including sustainable travel and food, and opportunities around energy microgrids.

The Oxford AHSN has held discussions with the commercial team at the West Midlands AHSN. It is clear that there are clear opportunities for closer collaboration across a number of sector pathways including diagnostics, medtech and digital health. More detailed follow up meetings are planned to scope a detailed approach to collaboration.

Conferences / Events / Publications

Members of the Oxford AHSN attended a half-day visit to Harwell. The trip included site visits to the Diamond Light Source and the Central Laser Facility.

During the quarter the Oxford AHSN has sponsored the following:

- The Innovation Forum's Lecture Series on Health and Life Sciences Entrepreneurship.

The following reports were published during the quarter:

- **Digital Health in Oxford and the wider Thames Valley** was published in partnership with the University of Oxford and Oxford University Innovations, see [here](#)
- The Oxford AHSN Sustainability Network published a brochure **Making Sustainability Happen** detailing its activities across a range of projects.
- **Oxford and the Thames Valley – A favoured location for life science inward investment** was updated

Supporting activity

The Wealth Creation team has continued to support the Oxford AHSC Theme on Novel Partnerships, including the quarterly strategy meeting.

Informatics

Operational Hybrid Analytics Service

We continue to have regular engagement with the Programmes and Networks to agree priorities and update on deliveries using the collaborative Workstack Tracker. The Informatics Team continue to leverage the Hybrid Analytics model where required to deliver our best service to the Programmes.

Data Acquisition

The process of acquiring Hospital Episode Statistics (HES) from NHS Digital has continued this quarter. The Informatics team responded to the requests of the DAAG team and made amendments to the application as necessary, which was approved in October.

NHS Digital carried out a pre-release audit in November. The team's operational function was praised, most notably the strong Standard Operating Procedure and Information Governance Framework developed by the team. The audit feedback concluded three areas of minor changes required and 8 observations of how the service could be enhanced further. A formal report was released in December for internal review.

Following the audit a data sharing agreement was signed by NHS digital and the Oxford University Hospitals SIRO and the data was securely transferred in December. The data will now be imported into the warehouse environment ready to query from the start of quarter four.

The delays experienced in acquiring this data from NHS Digital, have impacted the service Informatics have provided over the last six months, with planned reports for the Best Care network in particular have been seriously delayed. The backlog can now be addressed rapidly having prioritised the reporting schedule across the programmes.

Data Warehouse

We have loaded the new datasets from NHS Digital into the Data Warehouse instance hosted locally at the OUH. This data has now been prepared to allow querying and reporting to recommence in the New Year

Developing Analytics - Visualisation Platform

The Informatics team has explored various visualisation platforms to enable project access to interesting and engaging ways to present data, taking into consideration usability, visual effect and cost. Power BI has been selected as the preferred toolset.

In collaboration with informatics professionals from Oxford Health, who have a shared interest in Power BI, the team took part in a Microsoft training course to enable an overview of the BI system providingan introduction to the variety of tools available within the system. The toolset will be deployed once the HES data has been successfully loaded into the warehouse and quality checks have been completed.

The milestones related to training staff to become more involved in organising and presenting their data has been moved to quarter four recognising the delays in acquiring a large dataset to effectively demonstrate the organisation tools and techniques.

The development of the visualisation platform has continued this quarter with additional data added for projects which can provide data over multiple years and a full review taking place with programme managers ahead of a staged release to allow time for thorough internal testing in quarter four.

Chief Information Officers Forum

The CIO Forum met in November and welcomed Frimley Health's CIO for the first time this year. The meeting was the best attended to date, representing all partner trusts with the exception of Bedford Hospital. Group members were given examples of clinical projects involving all Trusts present to highlight the benefits being generated from application of the IG Framework. An update on the informatics strategy was discussed and together the group reviewed the commitments they each made across the priorities list.

A project manager from the Wealth Creation team attended the meeting to provide an overview of the work to date on compiling a digital strategy for the Oxford AHSN and to highlight the Digital Report which was finalised and published in November.

Presentation from the Digital Lead at the Berkshire West, Oxfordshire and Buckinghamshire (BOB) STP to provide an update on the Local Digital Roadmaps. There was an overview of interoperability plans, a vision beyond paperless 2020 and how the NHS Feedback and updating process will continue.

Oversight Group

During the October meeting an update was provided on general activities and the group were presented with an example of the how the IG Framework and Hybrid Analytics Model have enabled key data collection and analysis to support an innovative data linkage project on Acute Kidney Injury.

The Head of Informatics set out a programme to further develop the analytics capability within the team. He outlined plans to increase the digital capabilities, including the introduction of Power BI to satisfy self-service capabilities the Oxford AHSN Network managers require. Director of Informatics provided an update on the operationalisation of the strategy following sign off from the group earlier in the year.

Member, Dr Vaughan Mitchell, Director of the Informatics Research Team at the Henley Business School provided an overview of current work streams. This included a number of healthcare focused projects across areas such as patient safety and human factors, mobile healthcare, telecare and data integration, clinical pathway analysis and big 'health' data.

It was decided at the next meeting a greater amount of time will be allocated to the Informatics strategy recognising the re-licensing activities ahead.

Information Governance

The IG Framework continues to be used to benefit projects across the network, with an AKI protocol being signed off by one partner trust in two days, the record to date. Bedford Hospitals signed up to the Data Sharing Agreement as part of the IG Framework in October.

Caldicott Guardians and Heads of IG were written to this quarter to provide an update on the Framework, ask for any feedback and propose setting up a steering group to oversee and manage the framework going forward. Response to the letter has led to a meeting being arranged next quarter to establish a peer group network to oversee the Framework going forward. The milestone for this has been moved to quarter four, although the meeting has been organised it has not taken place this quarter.

The milestone to engage GPs through CCGs has been moved to Year five, reflecting the time needed to undertake this process properly; this will also provide the opportunity to discuss this process with IG peers at the meeting next quarter.

Informatics Strategy

The strategy has been discussed at the both the Oversight Group and the CIO Forum, this provided guidance on the operationalisation of the strategy in addition to the identification of resource available across organisations to support the delivery. Work has been undertaken to engage with General Practitioners locally in line with interoperability requirements reducing dependency on external data providers.

Informatics took part in an internal strategy day focused on key deliverables of the strategy and re-licensing activities, this will be proceeded twice monthly strategy meetings to monitor the progress of key activities.

Digital Maturity Model

Through the CIO Forum, Trusts have been engaged and enlisted to provide support in developing a Digital Maturity plus programme and are now in agreement to start the process. Discussions have taken place with NHS England around how Informatics can support the delivery of the digital roadmap through a redesign process of the current digital maturity assessment and to make an offer as an AHSN to take the work forward nationally through the network of AHSNs. The milestone to initiate a cross organisational assessment will be moved to 2017/18 following the design activities that need to take place.

UK CRIS

Progress with Oxford has been made during the last quarter; a service agreement has been signed and the governance arrangements have been finalised. Initial testing has been carried out successfully which has initiated the process of loading the full dataset. This will enable federated queries to be run against local CRIS databases.

STP's and Local Digital Roadmap

The Director of Informatics continues to work with the BOB STP to encourage its respective LDR groups to reflect an appropriate degree of ambition towards digital enabled transformation and guard against merely serving the universal challenges.

Programme and Theme Support

Best Care

- Children – details and a plan for the third variation report have been finalised this quarter, covering the inclusion of new diagnosis codes for disease areas. The extraction and organisation of the data has been is now overdue due to the delayed supply of HES data from NHS Digital.
- Early Intervention in Psychosis – Clinical Engagement Lead has spent time with the network to understand the format of datasets they are receiving to identify the support informatics could provide in organising and querying the data. Will aim to set up standard queries that can be applied to data that is regularly collected.

- Respiratory – due to the delayed HES data, Informatics worked with OUH to extract operational hospital data across emergency, outpatient and inpatient datasets. This was organised and analysed to provide content for Respiratory's first report and to support the network launch in October. Next quarter Informatics will work to analyse regional wide data from HES that was required and missing in the report, again due to delayed data supply.

- Imaging – The Mirada data sharing protocol was completed and submitted to the OUH as the data owner for signature this quarter. It was signed off in December, however the signature process was delayed, it has been noted that ways of speeding up the initial signature need to be explored next quarter at the first IG meeting outlined above. Informatics have provided support in the collection of prostate data, following a cancer submission database query to the OUH, to provide clarity around the exact metrics that should be pulled from the databased.

- Dementia – worked with Oxford Health to collect updated figures on the number of patients seen and assessed by memory clinics in Oxfordshire and Buckinghamshire.

Clinical Innovation Adoption

- IOFM – Continuing support in reporting and analysis of National Emergency Laparotomy Data shared under the IG Framework. Data has now been received from Royal Berkshire Hospital, Milton Keynes Hospital, Great Western Hospitals, Wexham Park Hospital and Buckinghamshire Healthcare. The data has been organised to provide an understanding of variation across the trusts; the percentage of procedures using fluid therapy and the most common surgical procedures.

- Falls – following the data sharing protocol sign off, Informatics supported the CIA project manager to design the dataset required with an Informatics manager from Buckinghamshire Healthcare. During the last quarter the initial dataset over a retrospective period was received and subsequent monthly refreshes. The data is now being analysed.

- Heart Failure - scoped a project to collate data from pathology labs across the hospital trusts to understand the number of BNP and Post BNP tests that are carried out both in hospital inpatients and in primary care. All trusts were approached to provide aggregate data in December; numbers have been received from Oxford University Hospitals.

- Prostate – a scoping session has taken place to understand data requirements for HES data documenting the number of prostate procedures in men over 50. Following the receipt of the HES data at the end of this quarter, this is a priority project to be delivered at the start of quarter four.

Patient Public Involvement Engagement and Experience

Informatics have supported PPIEE in their endeavour with other health organisations across the region, such as the BRC and the CLAHRC, to work towards a database of patient and public representatives to support projects. Information Governance considerations have been provided such as the process of notifying citizens, giving people clear options around in involvement and opt out and the security of the platform.

Patient Safety Collaborative

- Sepsis – working collaboratively with the PSC team, the sepsis data has been slightly re-organised in response to requirements set out as part of the paper review process following submission for publication. During the last quarter the lead analyst for the sepsis work has presented alongside the former clinical lead at two events, the first in October at 'Sepsis Unplugged' and second in December at UCLP's patient safety presentation day. The presentation, highlighting suspicion of sepsis among hospital inpatients, was well received on both occasions.

- AKI Inpatients - supported the PSC with IG requirements to replicate pathology and hospital linkage work to understand the burden of AKI among inpatients across the Oxford AHSN region. This will provide additional data to match the biochemical data from the OUH linked to OUH hospital operational data already collated. Linked data has enabled analysis of AKI alerts, the number of deteriorating patients, hospital spell details, demographic and outcomes data. Regional data will support the project's aim of understanding the current position, so AKI can be better managed, resulting in fewer patients deteriorating and improved hospital outcomes.

- AKI Hydration - Analysis has been undertaken on UTI's in care homes across Oxfordshire, as part of the hydration work, looking at days between treatments and hospital admissions. Improved hydration in care homes decreases the likelihood of a UTI leading to AKI, thereby reducing the number of hospital admissions. Analysis has also been undertaken on OUH inpatient admissions and emergency attendances by care home, examining demographic information, mortality rates and length of stay for UTI and cystitis patients.

- Maternity – development of a spreadsheet produced for the maternity project to capture measures concerning retained swabs and to support the consistent collection of swab handover data. Data is being monitored to support the project work towards eliminating these errors, which can lead to serious medical problems for the patient such as infection, fever and haemorrhaging.

- Gastric buttons – Informatics presented at the December steering group meeting as a way of introducing the service that can be provided to the group and to give an overview of the data available for analysis.

Wealth Creation

- Protocol Completion – along with the Wealth Creation project manager, a data sharing protocol has been completed to allow the sharing of data to evaluate the impact of a point of care test done by Out of Hours GPs aiming to ensure better diagnosis and treatment at home, to avoid ambulance call outs, hospital attendance and admission.

Patient and Public Involvement, Engagement & Experience (PPIEE)

The Team

Our lay leaders

We have appointed two new lay partners - Rebecca Day and Raj Aurora. Rebecca will join Douglas Findlay, our existing lay partner, and be part of the PPIEE team, with responsibility to liaise with the Best Care Programme. Raj will become a member of the Best Care Programme Oversight Group.

Training and development

The Leading Together Programme

Over 100 professionals and lay partners, across the South of England, have been through the Programme. Our Celebrating Success event was attended by Jeremy Taylor, Chief Executive of National Voices, Nigel Acheson, Medical Director NHS England South and 50 Programme Graduates. The event showcased the wide diversity of projects they undertook.

Other training

In December, we, in association with Sally Crowe, ran a one-day workshop on outcomes that matter to patients and the public. We covered outcomes from the perspective of research, service delivery, commissioning and education. The event was well attended by a range of professionals and lay partners and we will be publishing a report on January.

Our PPIEE lunchtime seminars will be commencing in the New Year.

Public Engagement

Within the Living Well Project we are currently co-designing our pop-up event on aging and dementia. This Welcome Trust funded project will run for a week to coincide with national dementia awareness activities in May 2017. We have run focus groups with local children from Oxford Academy School and a local older peoples' group to ensure that activities will reflect what local people want. We are also working with local researchers, charities and practitioners to design the event.

Developing Networks and Communications

We are working with the CLAHRC, CRN and NHS England to produce a bulletin – Involvement Matters – on opportunities for involvement across research, service delivery and education. The first issue will be in the New Year.

Developing metrics

We have started to draft a template for recording and evaluating PPI activities. We will trial this in the coming year. In addition, we are working to develop and pilot a set of person-centred care metrics to allow organisations to measure and benchmark their services.

Patient Safety Collaborative

Progress in Quarter Three

In Q3 our clinical projects gained significant traction with improvements in patient safety evident in the Safety in Mental Health programme, the Maternity programme and the Acute Kidney Injury programme. The Absence without Leave programme was published in BMJ Quality and the programme was also presented at the Patient First Conference. For the Sepsis programme a paper has been submitted to BMJ Open and we await reviewer comments. The Maternity programme has a poster accepted at the IHI London conference in April 2017. The Paediatric Gastrostomy programme held its first Steering Board and work is now under way in project diagnostics and design. Our growing programme and the aligned stakeholders are outlined in Table 1.

Table 1. Q3 programme status and stakeholder groups

Patient Safety Programme	Our Aim	Our Measures	Our Partners	Project Status
Acute Kidney Injury	Reduction of UTIs requiring hospital admission or antibiotics in residential and nursing homes	Introduction of a structured drinks round and drinks chart	Windsor, Ascot and Maidenhead CCG	**Active**
	To ascertain the use and benefit of sick day rules cards	Qualitative work with cohort of patients with Long Term Conditions who have attended a polypharmacy clinic Survey monkey with GPs and Pharmacists	Bracknell and Slough CCG Oxfordshire CCG, Berkshire West and East CCGs	**Planned 2017**
	Reduce AKI by improving the management of CKD patients	Reduction in hospital visits by holding Virtual Nephrology Clinics	Royal Berkshire Hospital	**Active**
	Reduce mortality from AKI	Ensure that the AKI care bundle is completed within 24 hours of the AKI alert	Great Western Hospital	**Active**
	Reduce regional mortality, length of stay and readmission from AKI	The introduce the National Patient Safety Alert algorithm into laboratories and release with training into community and secondary care settings	Oxford University Hospitals, Great Western Hospital Buckinghamshire Healthcare, Milton Keynes University Hospital, Royal Berkshire Hospital, Frimley Health (Wexham Park), Oxford Health, Berkshire Healthcare	**Active**
	To reduce the incidence of AKI in the community setting	Introduce care bundles into primary care with training for GPs	Oxfordshire, Milton Keynes, Wiltshire, Swindon, West and East Berkshire CCGs	**Active**
	To reduce the disease progression of in patients	Introduction of an electronic AKI care bundle linked to the AKI alerts.	Oxford University Hospitals	**Active**
		To introduce a medicines review electronically	Oxford University Hospitals	**Set up**
Reducing Pressure Ulcers	We aim to reduce the number and severity of pressure ulcers across the Oxford AHSN region over	Multiple projects [18] underway using a variety of measures Process measures: % completion scores of risk assessment tools	Oxford Health, Oxford University Hospitals, Berkshire Healthcare, Royal Berkshire Hospital,	**Active**

Patient Safety Programme	Our Aim	Our Measures	Our Partners	Project Status
	the next five years. In particular, we aim to reduce the number of the most severe pressure ulcers (grades 3 & 4)	and prevention/care bundles, % compliance with required reporting reaction times Outcome measures: Numbers of new PUs developed, days between new PUs developed, grade progression of existing Pus	Buckinghamshire Healthcare	
Safety in Mental Health	For each ward to reduce failure to return from Section 17 leave or agreed time away from the wards by 50% within 12 months of the start of their project	% inpatients, detained or informal, who fails to return to the ward later than 10 minutes over the leave period that was agreed and documented by ward staff, and who have not made contact with the ward to agree a later return time	Oxford Health, Central and North West London, Berkshire Healthcare	**Active**
Safety in Maternity	To reduce the incidence of retained swab 'never' events to zero within 36 months of the start of the project	% of handover of swabs between clinicians when moving from delivery suite to theatre and theatre to observation area.	Oxford University Hospitals	**Active**
Sepsis	To reduce mortality by using a regional sepsis pathway	Review of aspects of the sepsis 6 bundle including IV antibiotics within the hour and review within 72 hours	Oxford University Hospitals, Great Western Hospital, Buckinghamshire Healthcare, Milton Keynes University Hospital, Royal Berkshire Hospital, Frimley Health (Wexham Park)	**Active**
	Ensure septic patients seen promptly in ED	Introduce a clinician led pre-alert	SCAS Frimley Health (Wexham Park)	**Pilot**
	Identify deteriorating patients in care homes	Introduction of a tool to assist carers to identify the deteriorating patient	Oxfordshire Care Home Services	**Planning**
	To ensure the prompt recognition of the septic patient	The use of the sepsis pathway for deteriorating patients	Royal Berkshire Hospital	**Planning**
Paediatric Gastrostomy	To improve patient safety along the pathway for children receiving gastrostomies.	Programme in set up phase, measures yet to be defined	Oxford University Hospitals, Royal Berkshire Hospital, Berkshire Healthcare, Frimley Health, Milton Keynes University Hospital, Great Western Hospital, Helen & Douglas House	**Set up**

Following our review of programmes at the Programme Board and the Oversight Group in Q3, the pressure ulcer programme is now under review. The programme is very large with 18 individual testing sites, some of which are progressing well and some that are facing a range of challenges. At the Oversight Group, it was agreed that the review will be undertaken with Professor Jackson (Chair), Professor Vincent, Jill Bailey and Geri Briggs. A recent lecture at OBU by Professor Bill Padula provided some helpful insights into the costs of pressure damage and the use of big data. This work may help to inform future progress.

The PSC invited the Best Care Network to meet jointly with Tony Kelly, Obstetrician and National Director for the new Maternity Collaborative. The PSC and the Best Care Network have active maternity programmes and each will engage in supporting the new collaborative.

Capability building continues through the embedded coaching approach to QI from the PSC. 2 training days have also been offered to the HEETV Consultant Practitioner programme.

Two new Patient Safety Managers have been successfully appointed and they commence post in Q4.

Clinical Programmes

Safety in Mental Health: Absence without leave project

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

The project continues to sustain at Oxford Health. Aggregated data for all wards shows that the baseline mean return on time rate was 51.6% and this has now increased post-intervention to a mean return on time rate to 88.2%

Berkshire Healthcare reported that Bluebell Ward achieved its aim and they continue to work on adoption. The PSC is awaiting the raw process data from BHNHSFT acute ward project for aggregation. Central and North West London is now showing 80% completeness in their baseline data collection at Milton Keynes. Training with the improvement lead, Michele Draper, and the PSC is planned for 22nd December with ward teams.

The project has now been successfully published in BMJ Quality.

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

There are 3 work streams within the AKI programme. The work streams are divided into prevention, recognition and management to allow for focused project work. This has been encapsulated on a driver diagram. The group link with the national AKI cluster.

The prevention work stream continues a hydration project in 3 residential care homes and one nursing home in Windsor, Ascot and Maidenhead. The outcome of the project is to reduce the number of urinary tract infections (UTI) requiring antibiotics +/-admitted to hospital. The first process measure is introducing a structured drinks round (example below) where care homes offer a variety of drinks at set times ensuring a minimum of 7 drinks rounds are undertaken each day. They are encouraged to theme drinks rounds to keep it special for the residents. Hydration training has been delivered to 50 care home staff. A second test of change was implemented on 14th November introducing a drinks diary for residents who are noted to be more at risk of a UTI. Outcome data is being collected via safety crosses and HES data will also be reviewed. Data is being reviewed for Oxfordshire care homes in the view to adopt this improvement work.

The recognition work stream is being led by our partners at the Great Western Hospital, 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 new sepsis and AKI team is establishing locally to lead this work.

The management group have designed and implemented an electronic care bundle at the Oxford University Hospitals 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 and a small audit of the usage of the bundle being completed. 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 in a testing phase and hoped that this will be released early 2017.

Data sharing agreements are now in place with each Trust to review the burden of AKI throughout the region looking at biochemical markers linked to hospital operational data. Work is underway to extract this data from all Trusts within the Oxford AHSN region.

Oxfordshire's primary care AKI bundles have been developed as guidance for GPs when they receive an AKI alert. These are now uploaded onto OCCGs website for ease of access. The primary care AKI alerts were switched on 7th November 2016. Around 100 GPs and Out of Hours staff have been trained on the alerts and care bundles locally. Work is underway to develop an electronic template which GPs could complete with ease in regards to AKI.

Links are being established with Swindon and Milton Keynes CCGs to adopt this work and release the AKI alerts locally.

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

Stakeholders meetings take place every 3 months where there are around 30 representatives from community and secondary care. The group has been focused around many changes within Sepsis guidance nationally and internationally. The group has divided into 2 work streams to allow for focussed project work; sepsis leads and nurses in secondary care and community care. The group link with the national sepsis cluster.

There has been a scoping exercise of existing work (including QI) already undertaken for acute settings. Following on from publication of new NICE Sepsis Guidelines in July 2016 a regional pathway based on this and the UK Sepsis Trust toolkit has been designed and agreed by all stakeholders within the group. An agreement has also been made in conjunction with the AHSN Paediatrics Best Care network to use the Paediatric critical care operational delivery network's sepsis screening tool for paediatric sepsis regionally. This has so far been adopted by Buckinghamshire, Berkshire, Milton Keynes, Oxfordshire and Wexham Park.

Agreement has been sought from 5/6 Trusts to share their CQUIN data. This will be analysed over the next quarter. 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 powerful 8 minute film on the story of a sepsis survivor and the importance of prompt recognition and treatment now uploaded onto PSC website for regions to use in training.

A paper on the suspicion of sepsis is in the final stages for publication.

The Community Group have chosen to commence their regional work with a focus on 4 community areas – Urgent Out of Hours, District Nursing, SCAS and care homes. This is in scoping and development stage.

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

Programme Aim: To reduce never events of swab retention to zero by November 2018 within the Maternity Department at Oxford University Hospitals.

Meetings take place monthly to monitor progress and discuss any further action that could improve outcomes. The project uses QI methodology and has been uploaded in to the LIFE system and the SPC charts updated within this. An approved driver diagram maps the work within this group.

The first test of change was implemented on the 1st February 2016 to improve handover of swabs from delivery suite to the operating theatres. This test introduced an updated swab counting policy, adding a paper bag for swabs into delivery packs, and informing staff through various mediums.

Since the project has been collecting data maternity has been incident free of "never events swab retention" for 502 days. There are 4 SPC charts looking at: The completion of the first and second signature of handover, verbal handover and whether or not the 3 aspects of the policy were followed when a swab is in situ and handed over. Since the 16th May when a methodology was emailed out to delivery suite and theatre staff to clarify again exactly what is supposed to happen at handover there has been a shift from 0% compliance to 90% from the start of the project. The 2 cases that didn't follow all 3 steps have not taken the swabs to theatre in the paper bag and have been followed up individually by the perinatal risk co-ordinator. This is a dramatic improvement as the 5 incidents prior to May have all been categorised as near misses.

Although the process remains unstable there has been marked improvement. Verbal handover of swabs from delivery suite to theatre has gone from 25% to 64%; 1st signature to denote handover has gone from 2% to 48% and the 2nd signature to denote handover has gone from 2% to 43%.

This project was presented at the maternity best care network event in July on a regional focus on retained swab never events. It is planned to inform other maternity units of the learning points from the project via the maternity best care newsletter.

A second test of change is planned to commence the beginning of December looking at handover of a known vaginal pack from delivery suite to observation area.

Pressure Damage Prevention

Clinical Leads: Ria Betteridge, Sarah Gardner. Patient Safety Manager: Geri Briggs

The pressure ulcer programme aims to reduce acquired pressure damage across the boundaries of community and acute care throughout the region. The initial objective of improving the reliability of pressure ulcer baseline assessments is on-going, with tests of change being implemented at multiple sites. Knowledge and experiences associated with harm reduction strategies are being shared which is influencing clinical practice. National, regional and local data is being reviewed alongside the outcomes of quality improvement projects.

The programme currently consists of 18 individual projects, some of which are proving more viable than others for a variety of reasons. Following a review at Programme Board and the Oversight Group, a programme review of the feasibility of continuing with all the projects is underway.

Paediatric Gastrostomy

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

The Paediatric Gastrostomy project is in the launch phase; the inaugural Steering Group meeting took place on 20/10/16 with excellent attendance from an engaged multi-professional group comprising representatives from both acute and community sectors, and multiple partner Trusts across the region.

Scoping of potential workstreams for the group is underway, with QI training being planned to include additional stakeholders.

Developing Capability and Capacity

Improving serious incident investigation processes in mental health integrated trusts across the Oxford AHSN. Lead: Dr Jane Carthey, Clinical Human Factors expert and Dr. Jill Bailey, Head of Patient Safety

Dr Carthey has completed her assessment of 60 (20 per Trust) serious incident investigations across our three integrated partner Trusts (Berkshire Healthcare NHSFT, Central and North West London NHSFT and Oxford Health NHSFT). The report to each trust details the areas where we can support teams to improve their investigations and action plans through enhanced understanding of human factors. The report also highlights the areas of good practice where a systematic investigation has been undertaken and includes the influence of systems factors in the overall synthesis of the incident.

Following Dr Carthey's assessment of CHF integration into Learning from Incident reports and learning processes, a workshop was delivered with three integrated trusts on 18th October to reflect upon the findings, share learning and develop their understanding of clinical human factors. The workshop facilitated team ideas about how to further embed CHF into Learning from Incident processes in the future. A further day will be planned once the findings from the workshop are reported. There was a shared desire to invite commissioning partners to the next event.

LIFE Platform. Lead: Dr. Jill Bailey, Head of Patient Safety

The annual contract with Seedate is currently under review. A number of issues with the way in which the contract is set up have been raised, including costs comparative with other AHSNs of different population sizes, PSC boundary issues, and the way in which the contract is costed by page view in the platform. Seedata have been working to improve their response to the feedback from the PSC and their stakeholders. A meeting has been arranged with Jason Williams from Seedata on 12th December to discuss the Oxford PSC position. James Brennan from out Informatics Team will join to provide software system expertise.

Developing our approach to implementing quality improvement projects. Leads: Charles Vincent, Clinical Lead & Jill Bailey, Head of Patient Safety

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

Our application to HEETV for a small grant to develop our understanding of the most effective framework / model to support the development of capability and to describe the necessary capacity for organisational improvement has now been approved. The project will be developed with Sarah Garrett and Eleanor Chatburn.

The South of England Mental Health Quality and Safety Collaborative. Lead: Jill Bailey, Head of Patient Safety

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 re-stated purpose of the Collaborative defines the aim is to ***make care safer by improving quality in mental healthcare***. The collaborative aims to achieve this by:

- Supporting organisations to develop a safety culture and to become a system for learning
- Build the quality improvement capability in members, supporting them from being learners of quality improvement to becoming leaders of quality improvement
- Develop the capacity and capability for co-production in quality improvement work of participating organisations

- Use the IHI Break through Series Methodology learning system
- Reduce variation in clinical practices and aim for 95% reliability in care processes
- Create a network that uses measurement only for improvement and learning, and uses the model for improvement to develop test and spread new or existing, alongside local and national innovation.

Learning set 11 (LS11) ran in November. 17 delegates attended from Oxford, 5 from Berkshire and 9 from CNWL. The fourth of the five co-production workshops have now been delivered. 7 members attended from Berkshire and CNWL. The Programme Manager reports that Oxford has 15 improvement projects, CNWL 4 and Berkshire has 2. The collaborative is now employing the LIFE system, also funded directly by the PSC.

The Collaborative Programme Manager reports the following risks and concerns to successful outcomes for patients:

- There is a need for greater engagement between senior executives and the collaborative in the South East and South Central regions
- There is a need for alignment of the collaborative work with member organisation's quality strategies. The collaborative has concerns regarding Berkshire Healthcare's future plans and alignment.
- There is a need for a system for capturing spread.
- Not all current improvement activity is being recorded.
- Evaluation plan for future work needs to be established.
- A central measurement support team not available.
- Support is needed from managers/leaders for the collaborative members in the provider organisations.
- An agreement is needed for Faculty members to dedicate additional support to the collaborative

The coming half yearly meeting of the PSLs and the collaborative brings an opportunity to re-visit the costs of the collaborative each year (£50K) to the PSC, the issues raised as ongoing concerns in year four of delivery, and value for money. Following discussion at the PSC Oversight Group, views will be sought from our participating Trusts.

Q Initiative, Health Foundation. Lead: Jill Bailey, Head of Patient Safety

The Health Foundation is piloting the Q initiative and has received 200 applications to participate. Work continues with the Health Foundation to agree which part of phase three the Oxford PSC will join. The joint decision of the Oxford PSC leads is to observe the progress of the initiative over the first two cohorts to develop the narrative regarding the product to share with our partners. Once greater clarity is gained about the benefit of participation for our partners, we will commit to a wave of recruitment from across our region.

The report to the Health Foundation on our asset mapping project has now been submitted and the information from potential interested Q participants shared with the Health foundation (with consent). Our

asset mapping exercise has now been extended to follow up on information about local courses in quality improvement.

Sign up to Safety. Beneath the Surface – the implementation gap. Lead: Jill Bailey, Head of Patient Safety

Following participation in the first SU2S Beneath the Surface event in London, the Oxford AHSN PSC, is collaborating with the SU2S campaign again to work with experienced improvement staff to understand in detail the implementation gap. The work was initiated between the Head of Patient Safety, Su2S, and the Q initiative. following a conversation about the experience of improvers, and the need to develop greater understanding of the phenomenon. However, the anticipated event in October was cancelled because most of the clinicians who planned to attend cancelled due to clinical demands.

Measurement for Improvement: Lead: Jill Bailey, Head of Patient Safety

The AHSN continues to support the provision of measurement for improvement surgeries with Mike Davidge for all project leads across the PSC and the AHSN.

Informatics. Leads: Charles Vincent, Clinical Lead & Jill Bailey, Head of Patient Safety

The Informatics provision of data requests is on schedule with no outstanding issues.

Stakeholder Engagement and Communications

The Quarter has been active with a number of events taking place across the AHSN's geography. More than 425 people attended events during the Quarter. These included the Celebrating Success event at Newbury Racecourse highlighting the work of all the cohorts in the Leading Together programme led by the AHSN, NHS England South and the Thames Valley and Wessex Leadership Academy. The events presented the work of lay partners and healthcare professionals in co-developing and delivering a project. The event was attended by Creative Connection who produced a stunning visual minute of the event some 10ft high (see case study above and report cover)!

The Story So Far document, with accompanying poster, was launched at this event, showcasing the work of the AHSN since 2012 to the end of the Quarter. The document can be accessed here
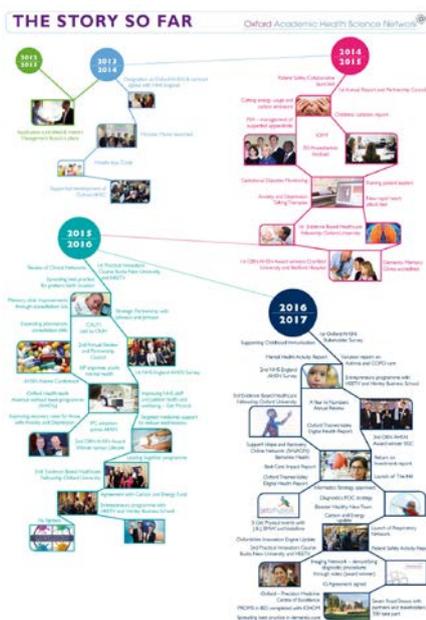
On the same day, the CIA team showcased the outputs from the Innovating in Healthcare Settings programme developed and delivered by the AHSN and Bucks New University. A further module is starting in February 2017.

The OBN Award for Public-Private Collaboration was awarded on 6 October to the Structural Genomics Consortium – an organisation seeking to generate high quality reagents to accelerate the discovery of new medicines and place them into the public domain without restriction.

The most significant stakeholder events during the quarter took place at Johnson & Johnson, Vodafone and BMW in November. 223 senior managers in the private and public sectors attended three Get Physical events across the region, to share experiences and ideas on the importance and practice of health and wellbeing in the workplace. A final report has been published, and can be found here.

Documents currently being planned include a more detailed brochure on the AHSN's work in the field of mental health. This work covered a wide range of stakeholders, the three clinical network, PPIEE, patient safety and clinical innovation adoption.

In addition, a document called Innovation is being developed with the intention of supporting the relicensing process and the AAR as well as demonstrating impact.

Planning is now underway for the 2017 Roadshows with NHS hosts – a number of dates have already been booked and planning focusing on patient stories is already underway. The agenda for the events will be developed in collaboration with the NHS Trusts.

Communications

The AHSN's monthly electronic newsletter is an effective way of giving stakeholders regular updates on the work of the AHSN and its partners. The number of subscribers who have signed up to receive it has reached 2,005 (up from 1,685 in April 2016).

Twitter is another effective means of reaching a wide audience. Hundreds of extra followers have been added to the main AHSN account (@OxfordAHSN) during 2016. The total had reached 2,585 on 22 December. The number of followers was given a boost this quarter from interest in Professor Ford's collaborative work on mechanical thrombectomy treatment following stroke. He did a number of interviews including BBC Radio 4 Today and BBC TV Breakfast. All the Best Care Clinical Networks have their

own Twitter accounts as does the Patient Safety Collaborative (@PS_Oxford) and the Get Physical initiative (@GetPhys). Collectively these add over 1,800 more followers to the total.

New content is continually added to the AHSN website which is another valuable and increasingly used communications resource.

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					Closed			
(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**			✓		**Closed**			◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Dementia)	**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			✔				◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
(Early Intervention in Psychosis)	Service Innovation - All four EIP services in the Oxford AHSN geography supported to adopt at least one new service innovation - Baseline report detailing examples of EIP service innovations in local and national services - Improved patient experience of people accessing EIP service by 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)					✓ (1)		◆(2)	

74

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

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: (1) Syntocinon use, cardiotocograph interpretation, and use of (2) 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)				✓			◆ (Project to close)	
(Medicines Optimisation)	Roll out CBT training to pharmacists (1) and report improved adherence (2)			✓	————→ ◆(1)			◆(1)	◆(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			✓		✓ (1)		◆(2)	
(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)						✓ (1)		◆(2)
Clinical Innovation Adoption	Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations		✓	✓	✓				◆

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 a Clinical Innovation Adoption Oversight Group and Programme	✔							
	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					→	✔		

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 Wealth Creation to create a plan to grow local focused innovations for adoption				✔				
	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)							◆ ◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	SHaRON (Eating Disorders Social Network) Project Completion (commenced 2014/15)			✓ Phase 1		✓			
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				◆	
Scope impact & agree implementation approach	**Biosimilars**						✓		
	Home IV Project Estimated Completion (commencing 2015/16)								◆

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Alcohol Services Project Estimated Completion (commencing 2015/16)							◆	
	NIC Nalmafene Project				✓				
	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)								◆

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)								◆
	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							◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Develop a nursing and AHP research strategy							◆	
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						✔		

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Provide on-going support for existing pilot projects across the region				✔	✔	✔	◆	
	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				

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Provide support to the partners in establishing Oxford as Centre of Excellence under the Precision Medicine Catapult				✓	✓	✓	◆	
	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				✓			◆	

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Continue to support the development of the Oxford – Thames Valley cluster as a leading national and international region				✔		✔		
	Work with the Academic Health Science Centre, in particular on the theme of building novel partnerships				✔	✔	✔	◆	
	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**			✔	✔		**CLOSED**		

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Deliver the Challenge 2023 Competition across the Oxford AHSN region with Health Education England Thames Valley and the Thames Valley and Wessex Leadership Academy						CLOSED	◆	
	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 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						✔		

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Continue to support the Sustainability and Energy Working Group				✔	✔	✔	◆	
	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						→		◆

90

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
Informatics **Research Informatics** **Focused on the deployment of Clinical Records Interaction Search (CRIS).**	**Partner engagement**			✓					
	Federation – enabling federated queries to be run against local CRIS databases (Oxford)						✓		
	Berkshire Healthcare Install extract utility and validate data dictionary					**CLOSED**			
	Berkshire Healthcare User acceptance testing and tech go live.					**CLOSED**			
	Berkshire Healthcare – CRIS deployment					**CLOSED**			

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
Informatics **Information Governance** **Mobilisation of IG Working Group (Caldicott Guardians and Heads of IG) in order to produce, sign off and implement an IG Framework for the AHSN region.**	**Developing local capability through training Heads of IG and establishing peer group network**					→→→		◆	
	Engaging CCGs to extend coverage to GPs						→→→		◆
	Patient Engagement with PPIEE to develop a consent for contact approach							→→→	◆
Demonstrate IG framework is working	**Enable two region wide projects – Imaging and Maternity**				→→	✓			
Informatics **Personal Health Records Platform development**	**Develop case for change as basis for consultation, now as part of the interoperability work**			✓					

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

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

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Informatics **Agreed set of measures and data collection developed**				✔				
	Three case studies across networks and CIA written up and disseminated								◆
	Development of lay involvement in strategic priority setting for networks and CIA, built into process for AHSN strategic work going forwards			✔	✔	✔	✔	◆	◆
Living well Oxford	**Public involvement** **Pilot events run and additional funding secured**							◆	
	Research **Joint statement on PPI in research with links into work plans for individual organisations. Research included in Patient Leadership Programme**				✔				

Programme/Theme	Milestone	Year 1	Year 2	Year 3	Year 4 Q1	Year 4 Q2	Year 4 Q3	Year 4 Q4	Year 5
	Continued education **Links with PPI in Universities to be developed over the year**		✔	✔	✔	✔	✔	◆	◆
Patient Safety	**Patient Safety Collaborative** **Establish data sources and analytic requirements**					✔			
	Patient Safety Collaborative **Establish baseline metrics**					✔			
	Patient Safety Collaborative **Consolidate and review requirements**					✔			
	Patient Safety Collaborative **Produce report on safety in Oxford AHSN region**							◆	

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 Clinical programmes **Consolidate and review interventions**				✔				
	Patient Safety Collaborative Clinical programmes **Initial review and evaluations**				✔				
Stakeholder engagement and communications	**Quarterly and annual reports**	✔	✔	✔	✔	✔	✔	◆	◆
	Sponsorship and events (updated programme in place)	✔	✔	✔	✔	✔	✔	◆	◆
	Supporting materials developed – generic and specific – regular updates going forward		✔	✔	✔	✔	✔	◆	◆
	Communications (strategy and) plan linked to overall AHSN 5 year strategy				✔				

Finance

NHS England funding shows a 20% reduction against plan as funding was reduced for the third year running. The Oxford AHSN Partnership Board agreed contributions to remain as 15/16 outturn.

We now have confirmed funding by NHS Improvement for the Patient Safety Collaborative reduced by 30% and our Forecast reflects this.

At this stage, our funding from Health Education England is yet to be confirmed however our forecast can reflect any further changes without any risk to the Oxford AHSN.

Costs have been reduced by 16% against budget. Our reforecast as at Quarter 3 reflecting confirmed funding streams is as follows:

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	27,703
NHS England funding - PSC income	648,032	616,032	447,925
Total income	**4,752,197**	**4,131,684**	**3,620,235**
AHSN FUNDING OF ACTIVITIES			
Best Care Programme	118,664	1,189,809	1,071,058
EIP Preparedness	250,000		2,024
Clinical Innovation Adoption Programme	555,294	532,038	529,497
Research and Development Programme		70,000	20,000
Wealth Creation Programme	753,195	621,427	521,236
Informatics Theme	459,648	376,462	412,137
PPIEE Theme	54,064	111,185	110,900
Patient Safety Theme	805,850	686,032	448,861
Contingency for programmes		151,000	
Programmes and themes	**2,996,716**	**3,737,953**	**3,115,713**
CORE TEAM AND OVERHEAD			
Pay costs	548,594	561,626	518,598
Non-pay costs	464,568	544,400	442,168
Communications, events and sponsorship	351,797	264,348	264,348
Total core team and overhead costs	**1,364,960**	**1,370,374**	**1,225,114**
Total expenditure	4,361,675	5,108,326	4,340,827
Programme funding previously committed	391,000	-980,000	-720,592
Surplus/(deficit)	**-479**	**3,358**	**0**

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	£909,969	

99

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
2	Speed up innovation in to practice (B)	Clinical Innovation Adoption Programme The Clinical Innovation Adoption (CIA) Programme aims to improve significantly the speed at which quality clinical innovation is adopted and in the process of adoption – improve clinical pathways and outcomes for patients. The goals of the programme are to; Support adoption of innovations at scale across the region to improve patient outcomes, safety experience and cost effectiveness	Average number of Trusts adopting each innovation <u>Acute trusts to date:</u> Implemented relevant innovations = 29% Plan to implement relevant innovations = 48% <u>Mental Health trusts to date:</u> Implemented relevant innovations = 33% Plan to implement relevant innovations = 40%	5 more projects in final stage of deployment Measuring and monitoring phase	1,2,3,4,5	£517,227	

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
3	Build a culture of partnership and collaboration (C)	To promote inclusivity, partnership and collaboration to consider and address local, regional and national priorities.	All of the AHSN's seven programmes and themes are a collaborative effort by all the partners in the region, and address local and national priorities.		1,2,3,4,5		
		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		Develop a comprehensive IG training programme for our partners		£445,351	

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
		delivery to support the key aims of the Oxford AHSN.					
		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	Raising awareness of benefits of collaborative work, to improve patients outcomes and grow the economy, with local partners and external stakeholders Generation of support		£1,189,303	

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
			Number of attendees at all AHSN events per annum	from Stakeholders for continued activities post 2018			
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	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	£516,912	

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
		Innovation Adoption Programme Support investment into 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		£447,925	
						£4,157,872	

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.	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
							Within the Wealth Creation Programme local working 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**					

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
							contacts made, existing ones strengthened and awareness increased for how the AHSN's programmes and networks can improve working lives and patient care. Roadshows for 2017 in planning. Oxford AHSN commissioned a stakeholder survey on the effectiveness and impact of the Oxford AHSN. 563 response rate (26% of those approached). Results are very encouraging. 80% saying that the AHSN is essential. In addition to the local survey, Oxford AHSN also took part in the National YouGov Stakeholder Survey. Oxford AHSNs 'Get Physical programme' hosted three workplace wellbeing events in November'16 in collaboration with our local industry partners. This work has been extended across the BOB STP prevention programme, and will support the workforce					

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
							wellbeing element, alongside the CCGs, providers, Public Health and Local Authority – multi agency working.					
6	Oxford AHSN Corporate	Failure to sustain the AHSN should NHS England not renew license	Programme activities cease	Med	Med	> 6 / 12	NHS England has confirmed that AHSNs will be re-licensed. OLS has confirmed AHSNs have key role in delivering Accelerated Access Review (AAR) goals Leadership team preparing material for the re-licensing process, options, response to Accelerated Access Review	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31–Jul – 14		AMBER

Issues Log

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
18	Oxford AHSN Corporate	Clarity of NHS England funding	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. Year 4 delivery secure. NHS England has indicated funding will be further cut in 17/18. Decision to be made in Q4 about priorities and resources for 17/18 and 18/19. Re-licensing process expected to start in Q4. OLS has suggested it will contribute to AHSNs.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	28/11/2013	Action – 70% Complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
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 and national stakeholders of progress and achievements of the AHSN	Minor	Culture	Each clinical network and programme developing a comms plan. Website refreshed regularly and new content added – visits per month increasing Followers and subscribers increasing. Links being enhanced throughout the region through Comms networks – e.g. for R & D	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
					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. Stakeholder participation in AHSN growing each quarter					
	Best Care	**Delays in obtaining required data have delayed project delivery and eroded reputation of**	**Medium**	**Organisati on**	**Work is ongoing to try and obtain prostate MRI data. Network Manager (Parwaez Khan) has now collected some of this data himself.**	**AHSN Chief Operating Officer**	**Imaging Lead Parwaez Khan**	**29-Jun-16** **Issue Updated 21/12/16**	**Action – 90% complete**	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
		core AHSN								
	Best Care	Delays in delivering a functioning data sharing system have delayed project delivery and eroded reputation of core AHSN	Medium	Organisation	Maternity network now progressing the preferred solution, having liaised with John Skinner and OHIS directly.	AHSN Chief Operating Officer	Maternity Lead Katherine Edwards	29-Jun-16

Issue Updated

21/12/16 | Action – 40% complete | |

Oxford Academic Health Science Network

Appendix C - Oxford AHSN case studies published in quarterly reports 2013-2016

Quarterly report	Case study summary	Programme/Theme
Q3 2016/17	Promoting workforce health and wellbeing through our Get Physical initiative	Corporate
	Improving detection and management of atrial fibrillation (AF)	Clinical Innovation Adoption
	New standard measures to improve care for patients with IBD developed by international collaboration	Wealth Creation
	Leading together – patients and professionals take a collaborative approach to solve health issues	PPIEE
	Better network-wide data sharing improves patient care	Best Care (Maternity)
Q2 2016/17	Digital survey results	Wealth Creation
	Imaging patient info films	Best Care
	Sustainability project	Wealth Creation
Q1 **2016/17**	Bicester healthy new town	Wealth Creation
	Children's immunisation	Best Care
	Perinatal SHaRON	Clinical Innovation Adoption
Q4 2015/16 (annual report)	Memory clinic accreditation update	Best Care
	Meds optimisation CBT progamme	Best Care
	AWOL project	Patient Safety
	J&J collaboration	Wealth Creation
	CAUTI project	Clinical Innovation Adoption
Q3 2015/16	EIP data based approach	Best Care
	Leading Together programme starts	PPIEE
	Get Physical event review	Corporate
Q2 2015/16	Targeted medicines support	Best Care/Patient Safety
	Memory clinic accreditation	Best Care
	IPC stockings	Clinical Innovation Adoption
	Alumni Summit review	Wealth Creation
Q1 **2015/16**	A&D recovery rates	Best Care
	Pre-term birth location saves lives	Best Care
	In2vu data visualisation	Informatics
Q4 2014/15 (annual report)	GDm remote monitoring	Clinical Innovation Adoption
	IOFM benchmarking	Clinical Innovation Adoption

	Sustainable energy	Wealth Creation
Q3 2014/15	Developing patient leaders	PPIEE
	CFT – heart attack test	Wealth Creation
Q2 2014/15	Memory clinics	Best Care
	Managing acute appendicitis	Best Care / Patient Safety (PSA)
	A&D recovery	Best Care
Q1 **2014/15**	Dementia network launch	Best Care
	Medicines optimisation launch	Best Care
	Wealth creation explained	Wealth Creation
	GDm remote monitoring	Clinical Innovation Adoption
Q3 **2013/14**	App development route map	Wealth Creation
	2023 Challenge	Wealth Creation