Oxford AHSN 2017-2019 Business Plan

For the year ending 31 March 2019

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Chief Executive's Introduction

We have reported on the last year's activities and outcomes in the Q4 report. I would like to highlight that through collaborative work that the AHSN has led, we calculate that 200 lives will have been saved and 47,000 patients will have avoided harm or recovered by the end of the licence period. We have also supported inward investment and savings of £28m into the region, an overall return on investment of 2.5 times the cost of running the AHSN. The AHSN has supported creating a strong network of over 2,000 clinicians. The independent survey of 565 stakeholders that we commissioned from ComRes.

This business plan covers 2017-18 the last year of the first NHS England 5-year licence period and 2018-19 the first year of the new licence period. We have prepared a 2-year plan because the first year is a transition towards our strategy of focussing on delivering against the Accelerated Access Review (AAR). The AAR places delivery firmly on the shoulders of AHSNs with more focus supporting Innovation Adoption in terms of healthcare products (digital, devices, diagnostics and medicines), working closely with industry and with clear deliverables on impact such as patient outcomes and cost savings. AHSNs will also need to support the Government's Industrial Strategy for Life Sciences as this develops.

We announced in February that we are no longer able to continue to fund Best Care clinical networks. The clinical networks have achieved a great deal over the last 3 years but with regret the AHSN Board agreed that we need to focus the AHSN's resources on innovation adoption, partnerships and patient safety and deliver against the AAR objectives. Our Clinical Innovation Adoption and Strategic and Industry Partnerships (formerly called Wealth Creation) programmes are well established and we are in a very strong position to support adoption and evaluation of new healthcare products in the region, working closely with industry and NHS frontline clinicians. We also have very strong Quality Improvement capabilities in our Patient Safety theme and we will use these skills to augment innovation adoption of new products to improve patient safety.

Although it is very painful to reduce our headcount and reduce our activity in the region we will continue to develop clinical networking to deliver innovation adoption. We will bring clinical leaders together to lead and facilitate changes in practice to support uptake of evidence based innovative products.

We will continue to build capacity and capabilities of our partners' clinical staff to adopt innovation through taking another 100 staff through the Practical Innovators course with the support of Health Education England Thames Valley.

We have a robust financial plan for the next two years to manage the reduction in NHS England funding. Our intention is to diversify our funding streams and there are a number of significant opportunities that we are working on to ensure the AHSN is sustainable beyond March 2019. We will refine the second year of this plan next year to reflect the opportunities as these crystallise.

The AHSNs were created to speed up adoption of innovation into practice and to support economic growth. We are well positioned to deliver both in our region and to support the NHS and life science industry nationally.

Business Plan Summary

Policy and relicensing

We have prepared a plan for the next two years ending in March 2019. This covers the last year of the first NHS England 5-year licence period and the first year of the new licence period. We have prepared a 2-year plan because the first year is a transition towards our strategy of focussing on delivering against the Accelerated Access Review (AAR). Experience has shown that the major change projects we manage across multiple organisations, where there is often variation in clinical practice, straddle two, or for the most complex projects, three years and so it makes sense to have a plan to cover two years.

The AAR places delivery firmly on the shoulders of AHSNs. NHS England sees AHSNs as the delivery vehicle of AAR:

- More focus supporting Innovation Adoption in terms of digital, med tech, diagnostics, medicines – the emphasis is on adopting products and not on service improvement innovation

- Close working with industry and SMEs – particularly important in view of the Government's Industrial Strategy and Brexit

- Clear deliverables on impact such as patient outcomes, systems productivity and cost savings

NHS England confirmed that it is seeking to re-licence the AHSNs and maintain national coverage. We have been told that we will be asked to submit a proposal by the end of June 2017 and a decision will be made in October 2017 although details on the process and requirements have yet to be released.

Oxford AHSN works with providers situated in four Sustainable Transformation Plans (STPs). Oxford AHSN is supporting STPs largely through innovation adoption but also through direct support to the BOB STP Acute programme in radiology and procurement. We have also supported the creation of a health and wellbeing group to improve staff health and wellbeing and Oxford AHNS's CEO chairs the BOB STP leadership group.

Last year we mapped our work against the Five Year Forward View which can be found in Appendix F. Oxford AHSN's programmes map closely to the four licence objectives (Appendix G).

Sustaining Oxford AHSN

A key element of this plan is sustaining Oxford AHSN beyond the first licence period. Until November 2016 we did not know if AHSNs had a future beyond the end of the initial licence period to March 2018. To sustain Oxford AHSN we have reduced our costs, we will ensure we are re-licensed and we are working on opportunities to diversify our income as NHS England funding is shrinking.

NHS England has been reducing AHSN funding each year of the current licence; from £4.4m in year 1 to a forecast £2.3m in 2017/18 and £1.8m in 2018/19. We are shaping the AHSN to deliver the new AAR policy and also ensure it is financially sustainable in 2017/18 and beyond.

After detailed discussions, the AHSN Board decided in January 2017 that the future direction of Oxford AHSN's work should be Innovation, Industry Partnerships and Patient Safety which meets the AAR policy requirements of NHS England and Office of Life Sciences and will benefit local patients and local partners. Oxford AHSN is exceptionally placed to deliver against the AAR agenda as it has well-established Clinical Innovation Adoption (CIA) and Strategic and Industry Partnerships (Wealth Creation) programmes. These programmes have established a strong

network of NHS clinicians and managers in the region. We already have strong industry partnerships with a thriving local life science industry and academic base.

If we are to deliver against AAR policy, through innovation adoption and wealth creation and ensure we have mitigated future funding risk, we have looked at areas that are not delivering innovation adoption and industry partnerships. Oxford AHSN is unique amongst AHSNs in funding clinical networks and whilst they have achieved improvement in clinical practice and patient safety across the region, adoption of medicines, diagnostics, digital health and medical devices has been limited. Best Care costs circa £1.1m per annum. The AHSN Board agreed in January 2017 that the AHSN reduces funding to clinical networks to £20k per network from 1 April 2017 if a network brings in the rest of the funding required. April to June is a period of transition during which time it is possible that alternative sources of funding may be found for some networks and alternative roles could be found for the staff affected. We are withdrawing funding for consultant PAs from 1 April 2017.

From 2015/16 – 2017/18 we have also taken out *circa* £1m from other programmes and central costs.

At this time it is unclear whether NHS Improvement will continue to fund Patient Safety Collaboratives after March 2019. Patient Safety is an important element of Oxford AHSN and we need to secure funding for patient safety/quality improvement after March 2019. The skillset that the patient safety team has to deliver sustained quality improvement with NHS frontline clinicians will be valued by industry. We need to bring Patient Safety into conversations with industry about evaluation and innovation adoption of products that improve patient safety.

By reducing funding to Best Care Clinical Networks and assuming that NHS England re-licenses Oxford AHSN after March 2018, and provides funding as it has indicated, Oxford AHSN is sustainable until March 2019. We are working hard on attracting new sources of funding to sustain the AHSN beyond 2019 – without this we will have to make further changes.

We have assumed that contributions from our partners will not increase (contributions have remained at the same level since year 2). We have not made assumptions in the two-year financial plan for new external income. We think carefully about funding opportunities, how they support the development and sustainability of the AHSN and the resources required to secure the funds. Opportunities for funding can be characterised as:

1. tactical funding to pay for existing programmes without changing programme content, eg creating a clinical network from inflammatory bowel disease with funding from three commercial partners

2. funding for activities associated with our programmes to offer new or sustained activity for our local partners, tactical pieces of work that extend what we can afford to deliver for our local partners and support to local staff, eg Health Education England Thames Valley funding of Practical Innovators course or European Institute of Innovation Technology to develop market access intelligence for innovators

3. strategic funding for core activities – eg NHS England re-licensing and potential Office of Life Sciences support for AHSNs to deliver AAR

4. strategic contract relevant to our core aims – eg we are working as a key sub-contractor to a commercial partner for a 3-5-year contract to provide clinical leadership and engagement in the Department of Health national programme for NHS procurement

5. strategic partnerships – eg long term joint ventures to support delivery of innovation adoption and industry partnerships

Working nationally and collaborating with other AHSNs

Since the inception of AHSNs there has been a drive towards stronger collaboration between AHSNs and delivering national programmes. Each AHSN's programmes will reflect the strengths and needs of its own geography, eg Oxford AHSN has a very strong life science cluster, very strong universities, an ageing population and a relatively low healthcare budget compared to other regions. Oxford AHSN has approached collaboration organically – we collaborate with other AHSNs where there is value for our local partners. The table below summarises the projects and AHSNs we are collaborating with. In terms of national AHSN programmes, we patriciate in patient safety, Atrial Fibrillation and Medicines Optimisation. We have carefully selected three evidence based innovations for regional adoption from the National Innovation Accelerator. Oxford AHSN leads the AHSN Network partnership with Pfizer/BMS that have provided £0.5m grants to improve management of AF.

Clinical Innovation Adoption collaborations with other AHSNs and national programmes

Clinical Innovation Adoption Programme			
Innovation Area	**Type**	**AHSNs - 1-5**	**AHSNs 5+**
Respiratory	diagnostic device		
Gestational diabetes	Digital Health	[working with]	[plan to work with]
Catheter Acquired Urinary Tract Infection	Digital Health		
Early Inflammatory Arthritis	Digital Health		
Atrial Fibrillation	Drugs		[working with]
Alcohol (nalmefene)	Drugs		
Biosimilars	Drugs		
Falls	medical device		
Non-injectable Connectors	medical device		New
Wiresafe	medical device	New	
Intermittent Pneumatic Compression	medical device		[working with]
Intra-operative Fluid Management	medical device	[working with]	
Pneux Tracheal Tube	medical device		New
Falls	service redesign		
Alcohol Prevention	service redesign		
Fragility Fractures	service redesign	[working with]	
Heart Failure	service redesign		
Thrombectomy	Service redesign	New	
Thrombectomy	medical device	New	
Urolift – Surgery/urology	medical device	New	

Innovation Types	
Digital Health	3
Diagnostic Devices	1
Medical Devices	8
Drugs	3
Service Redesign	5
[blue]	Working with
[green]	Plan to work with

Our Strategic and Industry Partnerships programme is developing a strategic collaboration with the West Midlands AHSN, focusing on the implementation of innovations in diagnostics, medtech and digital health. The Informatics Theme is working with Greater Manchester AHSN and Arden and GEM CSU to evaluate the Global Digital Exemplars funded across England.

Innovation

AHSNs were created to address the slow uptake of innovation by the NHS. We have established a strong Clinical Innovation Adoption programme and Industry Partnership programme. We have a multi-disciplinary team with unique insight into how and why things work. They have all held front line roles in NHS and industry. We have developed networks of clinicians across the region and we can support innovators and the local NHS in unblocking barriers to innovation uptake. We have refined a rigorous 10-step approach to selecting innovations or adopt at scale. It is critical to find innovations where there is a strong clinical and/or financial case for deployment. We also select innovations to evaluate carefully – we want to spend our time evaluating the most promising innovations that will have a local benefit and potentially a wider benefit in the NHS.

Our Strategic and Industrial Partnerships programme works with innovators to evaluate new products. Our Clinical Innovation Adoption team supports adoption across our health system of innovations where there there is a strong clinical and/or financial case. Table 1 shows the wide spread of innovations we are working on analysed by the disease area they are being used to address.

Table 1 Innovations by disease area – examples of Oxford AHSN's project portfolio

Clinical Area	Medicines	Medical Devices	Digital Health	Diagnostics
Stroke	NOACs	Intermittent Pneumatics Compression Sleeves		Point of care
Diabetes			Gestational Diabetes Monitoring	
Sepsis				Curetis Unyvero™ system
Safety		Pneux Wiresafe Non-injectable connectors	Intelligent Ultrasound	
Respiratory				Circassia NIOX® FeNo Point of Care (PoC)
Patient mobility		Gyroset		
Ambulatory care			ISanSys patient monitoring	
Prevention				Somascan

Our Patient Safety theme has deep quality improvement skills and is supporting improvement of practice and utcomes on the frontline across a portfolio of projects. Increasingly we will focus

patient safety on interventions that involve products to improve outcomes. This will increase our delivery against the AAR objectives and it will also allow us to seek support from industry as we evaluate and adopt products that deliver patient safety improvements. Patient Safety will work more closely with Clinical Innovation Adopton and Startegic and Industry Partnerships. This is critical to sustaining Patient Safety beyond March 2019.

Innovators, working with our Strategic and Industry Partnerships, Clinical Innovation Adoption programmes and Patient Safety Theme, gives them have access to clinicians and managers who can advise on product development, utility, integration in clinical pathways and reimbursement. We can help innovators invest in the right products for healthcare.

Key milestones for 2017-2019

The following table summarises the key milestones in 2016/19 (Details of the milestones for each Programme/Theme can be found in Appendix E)

Programme/Theme	Key milestones 2017/18	Key milestones 2018/19
Corporate	Oxford AHSN re-licensing Procurement contract Application for OLS funding	Operate contract
Best Care	Secure funding for clinical networks Close networks that cannot secure funding	Secure funding for clinical networks Close networks that cannot secure funding
Clinical Innovation Adoption	5 more innovation adoption projects in final stage of deployment 25 more innovators trained on Practical Innovators Course	25 more innovators trained on Practical Innovators Course
Strategic and Industry Partnerships	One new JV or industry partnership	One new joint venture or industry partnership
Informatics	Bid for Data Lake	Data Lake implementation
PPIEE	Plan for sustainability beyond March 2018	
Patient Safety	Three programmes showing safety improvement	Plan for sustainability beyond March 2019
Stakeholder Engagement and Communications	Stakeholder roadshows	Stakeholder roadshows Independent stakeholder survey

Stakeholders and partnership

Licence objective 3 is fostering partnership and collaboration, across the region. All of the work of the AHSN is through partnership and collaboration. The work streams in the programmes provide the content for collaboration but we don't just monitor delivery by the programmes but we also work to develop the network, ensuring that there is widespread engagement and involvement in the programmes and themes. We monitor closely participation in events, uptake of the Newsletter and Twitter and use of the website. Developing the network and the relationships is part of the ongoing legacy of the AHSN.

We had very positive results from the independent ComRes survey of over 500 stakeholders (26% response rate) in 2016. We will run another stakeholder survey in 2018 to monitor our progress.

Developing capacity and capability

We also work with Health Education England Thames Valley (HEETV) and the Universities to develop capability across the region:

Accelerating innovation adoption

- Practical Innovating in Healthcare Settings; 50 frontline clinicians trained to date and 50 projects developed for local deployment. HEETV has confirmed that we can reallocate unused funds from the Challenge 2023 competition plus some new funds, altogether amounting to circa £200k, which will be used to train another 100 innovators over the next three years.

Improving patient safety

With HEETV and the Health Foundation

- Q Initiative – seven leaders from the region trained in improvement methodology

Strengthening Patient and Clinical Leadership

With University of Oxford

- Fellows in Evidence-based Healthcare MSc; 13 frontline NHS clinicians

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

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

Our focus over the next two years will be to grow the capacity, capability and leadership of lay partners and healthcare professionals to co-develop improvements to our healthcare system and to support innovation adoption.

We have developed a number of high level KPIs to measure the AHSN's performance against the four license objectives.

In addition to the national Matrix of Metrics, (Appendix A), which is being refined by the AHSN Network and NHS England (and NHS Improvement for Patient Safety), the proposed top level KPIs will be monitored and recorded by the Oxford AHSN are shown below.

Programme	High level KPIs (measured annually unless otherwise stated)
Best Care	TBC, following consultation process – update will be provided in Q1
Clinical Innovation Adoption	Average number of Community/Mental Health Trusts and Community adopting each innovation (1) Planning to implement (2) Implemented (3) Participating
Clinical Innovation Adoption	Average number of Acute Trusts adopting each innovation (1) Planning to implement (2) Implemented (3) Participating
Strategic and Industrial Partnerships	Amount of investment leveraged in the region (including savings)
Strategic and Industrial Partnerships	Number of people employed in life science industry
Patient Safety	Maintaining and increasing the amount of premature babies born in a level 3 unit (≤27 weeks gestation or ≤28 weeks in multiple pregnancy, or estimated fetal weight of 500g)
Patient Safety	Increase adoption of AWOL project in Berkshire Healthcare and CNWL to increase return rates by 50% on all acute wards
Stakeholder engagement	Number of subscribers to the Oxford AHSN Newsletter and Twitter followers per quarter
Stakeholder engagement	Number of visits to Oxford AHSN website per month
Stakeholder engagement	Number of attendees at all AHSN events per quarter

We have a robust financial plan for the next two years. As outlined above we have taken action to reduce our costs in all programmes and centrally and most recently by reducing funding to the Best Care Clinical Networks programme. The financial plan does not include any income from winning new grants, contracts and developing new joint ventures. We are working hard to secure these but it is prudent not to include the potential income. We have assumed that the ASHN will be re-licensed and

that the level of income is as communicated by NHS England (5% reduction in 2017/18 followed by a 20% reduction in 2018/19). We have assumed flat funding for patient safety from NHS Improvement for the two years. We have also assumed that contributions from local partners will stay unchanged.

We have increased Clinical Innovation Adoption resources to reflect the strategy to focus more on innovation adoption. We have invested a great deal of time in developing a key primary care respiratory diagnostic project on the expectation that funding would come from the Precision Medicine Catapult. This is now very unlikely and rather than waste the time, effort expended to date, the CIA budget includes £88k with Circassia providing matched funding in the form of equipment to the GP practices.

To sustain the AHSN beyond 2018/19 we must diversify our income and reduce the reliance on NHS England funding which may be uncertain.

Model Period Beginning	01-Apr-15	01-Apr-16	01-Apr-17	01-Apr-18
Model Period Ending	31-Mar-16	31-Mar-17	31-Mar-18	31-Mar-19
Financial Year Ending	2016	2017	2018	2019
Year of the 5 Year Licence Agreement	3	4	5	6
	Outturn	Fcast	Budget	Budget
NHS England funding	3,364,875	2,867,575	2,746,593	2,286,859
Partner contributions	444,957	412,000	411,500	411,500
Other partner income	0	150,000	150,000	150,000
HEETV income for continuous learning programme	438,000	0	118,300	0
Other income	504,365	27,842	0	0
Total income	**4,752,197**	**3,457,417**	**3,426,393**	**2,848,359**
Programmes and themes	2,996,716	2,947,854	2,935,303	2,367,988
Total core team and overhead costs	1,364,960	1,118,063	1,117,591	1,089,443
Total expenditure	**4,361,676**	**4,065,917**	**4,052,894**	**3,457,431**
Programme funding previously committed	391,000	-608,500	-626,501	-609,072
Surplus/(deficit)	**-479**	**0**	**0**	**0**

Governance

The Oxford AHSN continues to be hosted by the Oxford University Hospitals NHS Foundation Trust (OUH).

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

Each of the seven programmes and themes is chaired by a member of the AHSN Board which meets four times a year to oversee the strategy and operation of Oxford AHSN.

The Partnership Board comprises the core institutions in Oxford AHSN region; NHS Providers, CCGs, Universities, Industry (as represented by Trade Bodies), NIHR funded bodies, the Strategic Clinical Networks, Health Education England Thames Valley and the Local Enterprise Partnerships. The AHSN Partnership Board meets twice a year to review performance and ratify the Business Plan.

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

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

The corporate affairs and governance arrangements for the AHSN were been reviewed in 2016 and the programme office now encompass corporate affairs, communications, special projects and infrastructure support, including finance.

We are managing several Risks and Issues which are documented in Appendix B.

Best Care

Overview

Following guidance from NHS England regarding relicensing, and with the emergence of the Accelerated Access Review, Oxford AHSN has reviewed its strategic objectives. It has taken the view that whilst Best Care, and the Clinical Networks in particular, has contributed significantly to improving the quality of services and patient outcomes in the region, its work now falls outside the core mandate of the organisation.

For this reason, AHSN funding will be significantly reduced from end of June 2017, with the result that, unless external funding can be identified, networks will be closed down and some staff will be made redundant.

Funding

With the NHS, and providers in particular, financially challenged, it has not been possible to identify funding from our provider partner organisations, despite the acknowledgement that the networks have been of significant value.

Whilst the core Best Care team continues to work to find other sources of funding, the likelihood at this time is that most of the networks and their associated work will not continue beyond end of June.

This said, some opportunities do exist to maintain or hand over specific projects from the portfolio of 50 which the programme was running.

Opportunities

The Maternity Network project to increase the identification rate of Small for Gestational Age (SGA) babies will continue, funded by the Oxford AHSN Patient Safety Collaborative, as it aligns with the national maternity safety work, and looks to address key elements of the Cumberlege Report. This project is due to produce some preliminary data in Q1 of 2017-18, with a full analysis due in Q3.

Whilst most networks have engaged with the region's STP process (Buckinghamshire, Oxfordshire and Berkshire West – BOB), and whilst a key charter in that document was a commitment to reducing unwarranted variation through the AHSN Clinical Networks by 5%, only the Maternity and the Children's networks featured as charters in their own right. However, with no funding being attached to the STP, these networks will not be able to fulfil their obligations to this programme.

The Imaging Network however, has obtained funding from BOB STP to continue its 'Interoperability' project, which aims to pilot an IT system which allows all trusts in the region to share scan data and images. Furthermore, this technology will be used to enable an in-house Out of Hours Reporting solution for all the region's trusts, replacing the relatively expensive current outsourced model.

The Respiratory Network near-patient phenotyping in asthma and COPD to enable precise prescribing is supported and funded by Clinical Innovation Adoption and the commercial partner Circassia.

Within the Medicines Optimisation Network there are several projects which secured stand-alone funding. These (improved anticoagulant use and clinician CBT training to improve adherence) are now at risk and a plan is being developed to ensure there is AHSN support.

Discussions have also been ongoing with (three) industry partners, academics and clinicians to jointly fund a new, Inflammatory Bowel Disease network. Whilst these discussions have been jeopardised by the closure of the existing networks, it is hoped that an agreement can still be reached, and that

industry partners and IBD specialists will still perceive some benefits in creating this new network within the AHSN.

There are some clear synergies between the local CLARHC and SCN mandates and the work of the three Mental Health networks (Anxiety and Depression, Early Intervention in Psychosis, and Dementia), and whilst the SCN has been unable to identify funds to pick up relevant work, discussions with the Oxford CLAHRC are evolving as to whether there is any headroom in its budget to fund some of these nationally recognised networks.

With the formal consultation period for the affected staff now underway, it is likely that the clinical network managers will have other opportunities within the AHSN or amongst the NHS partners. Specific projects or activities continued beyond 30th June will cease or if continued will be managed and governed within the new funder's framework (eg PSC, STP, CLAHRC).

The Best Care Core team have been retained within the AHSN to give it flexibility to address new opportunities within the remaining work programmes. Best Care is working with the AHSN COO and commercial partners to develop the clinical leadership and engagement element to a solution to bid for the Department of Health national procurement for national NHS procurement services. It is also supporting the BOB STP in developing a PID for endoscopy services. It is therefore possible that the AHSN's quarter one report could feature any amendments to this plan, falling as it does at the very end of the Best Care programme's transitional funding period, ie end of June.

Clinical Innovation Adoption

Overview

The Accelerated Access Review (AAR) published in October focuses on:

- Supporting innovation adoption in terms of digital, medical technology, diagnostics and medicines, and, emphasises adopting products rather than service improvement innovation.
- Close working with industry is particularly important in view of government's Industry Strategy and Brexit.
- Clear deliverables on impact such as patient outcomes and cost savings.

AAR sets out key roles for AHSNs to speed up adoption of commercially available innovative products into practice and to support economic growth. Our established Clinical Innovation Adoption programme is very well placed to deliver against the AAR objectives.

At the request of local partners, over the last three years we have developed successful service innovation projects, eg Falls prevention. Our focus will be on innovative products (medicines, medical devise, digital health solutions and diagnostics). Service improvement innovation may be required to support uptake but this will be ancillary to the focus on product uptake.

Accelerating the speed of introduction and adoption

The CIA Programme and Strategic and Industry Partnership teams will work seamlessly over the next two years to ensure that the teams' resources come together for steps 1 to 5 of the 10 step process. This means that innovations will be jointly selected and new governance arrangements may be required to enable this to happen effectively. Closer working on priorities and visibility of best in class innovations that are or will become available over the coming 5 years, will give the opportunity to forward plan.

The diagram shows the 10 step process that forms the bedrock of the CIA methodology.

Ten Step Process – Clinical Innovation Adoption Methodology

Steps 1 -3 **Strategic Needs & Priorities**	1	Needs Assessment in health economies & innovation horizon scanning
	2	Health Innovation Assessment working with Industry, Patient & Clinical involvement, engagement and experience
	3	Identify and sign off priority innovations for economies to access
Steps 4 – 7 **Planning for Adoption**	4	Support adoption of products with industry and develop service specifications for buyers
	5	Local project initiation plans set up and agreed
	6	Initiate project plans using a combination of regional and local NHS partnerships
	7	Development of implementation tools for easier replication of delivery regionally and wider
Steps 8 – 10 **Innovation Implementation**	8	Tailored business cases written and approved by adopting organisations
	9	Experienced Innovation management team to support implementation
	10	Measure, manage and sustainability ensured

We will require further in depth prioritisation of issues and identification of innovations through search and analysis of clinical and financial evidence for targeted application. Using the proven delivery approach of using Innovation Clinical leads and skilled CIA project managers, during 2017 we will refine the approach to include "task and finish" clinical networks. These clinical networks will assist with establishing the initial viability of innovations and the building of consensus and interest. The clinical networks will also work on understanding the changes needed in pathway design and costs of switching to new products. Commissioners, national and local, as well as providers will be engaged to determine how new innovations will be funded.

We will also develop our internal resources to increase knowledge of medical technology, diagnostics and digital sectors. The team will analyse and record how NHS clinical pathways are configured and the best ways to introduce/integrate advantageous innovation.

Analyses and positioning will require access to data and information from both our internal informatics sources and external data suppliers. Health Economics will feature as a regular part of evaluation.

The CIA Programme will continue to build NHS capabilities by developing the skills of frontline staff so that they are empowered to introduce and implement within their regional Trusts.

The CIA Programme will produce outputs that will can be systematically and successfully shared and spread nationally and internationally.

CIA Programme – 2-year Business Plan (and 5 year forecast)

Key deliverables over the next 2 to 5-year period will be:

1. Completion and closure of 9 innovations and service improvement initiatives already running.
2. Increase in the number of innovations introduced per annum (10 plus 8 - medicines, medical devise, digital health solutions and diagnostics).
3. Horizon scanning, in depth understanding of innovation sectors to feed the pipeline
4. Increase in the speed of adoption to a 2-year cycle.
5. Pursue further funding through collaborative working with the Industry Partnership Team and industry.
6. Apply for relevant bids to support the projects and activities of the AHSN, where the funding exceeds the resource required to win it, and there is a good chance of securing it
7. Focused work with the Industry Partnership team (and selected innovators on specific NHS issues.
8. Produce excellent evaluative work and toolkits for publication and spread.
9. Active knowledge sharing approach with the NHS and industry to enable innovation adoption within the health economy.

Innovation – rate of introduction & adoption dashboard

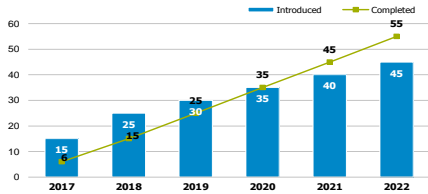Oxford Academic Health Science Network

Number of Innovations

15 innovations
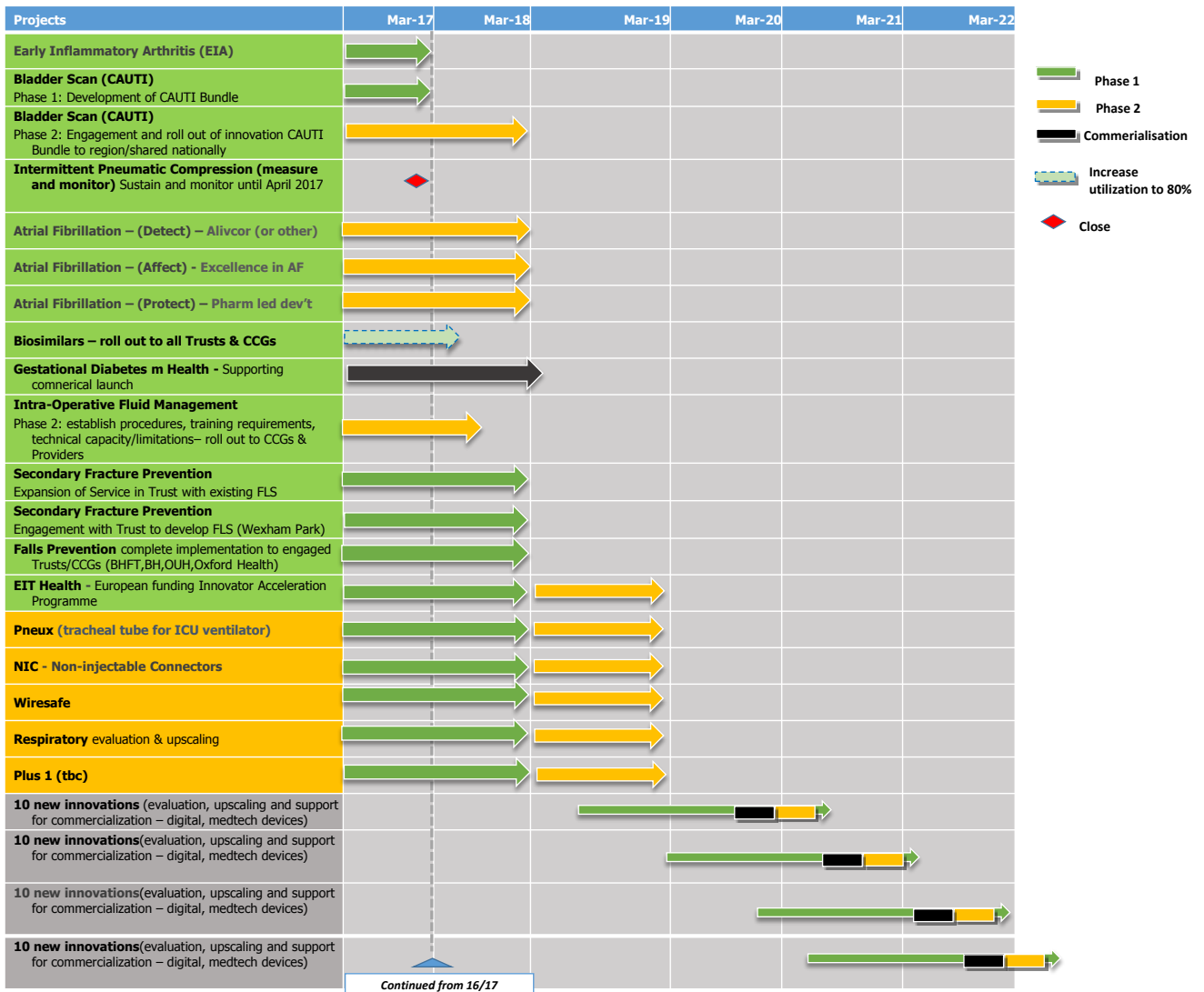2013-17

10 per annum
2017-22

Additional Supported Innovation Introduction & adoption

43
2013-17

40
2017-22

Each Trust supported via the Innovation Course to introduce 1 innovation per annum (MH & Acute= 8

	Introduced	Completed
2017	15	0
2018	25	15
2019	30	25
2020	35	35
2021	40	45
2022	45	55

1

Clinical Innovation Adoption 2 year + 3 Plan

Projects	Mar-17	Mar-18	Mar-19	Mar-20	Mar-21	Mar-22
Early Inflammatory Arthritis (EIA)	Phase 1					
Bladder Scan (CAUTI) Phase 1: Development of CAUTI Bundle	Phase 1					
Bladder Scan (CAUTI) Phase 2: Engagement and roll out of innovation CAUTI Bundle to region/shared nationally	Phase 2					
Intermittent Pneumatic Compression (measure and monitor) Sustain and monitor until April 2017	Close					
Atrial Fibrillation – (Detect) – Alivcor (or other)	Phase 2					
Atrial Fibrillation – (Affect) - Excellence in AF	Phase 2					
Atrial Fibrillation – (Protect) – Pharm led dev't	Phase 2					
Biosimilars – roll out to all Trusts & CCGs	Increase utilization to 80%					
Gestational Diabetes m Health - Supporting commerical launch	Commercialisation					
Intra-Operative Fluid Management Phase 2: establish procedures, training requirements, technical capacity/limitations– roll out to CCGs & Providers	Phase 2					
Secondary Fracture Prevention Expansion of Service in Trust with existing FLS	Phase 1					
Secondary Fracture Prevention Engagement with Trust to develop FLS (Wexham Park)	Phase 1					
Falls Prevention complete implementation to engaged Trusts/CCGs (BHFT,BH,OUH,Oxford Health)	Phase 1					
EIT Health - European funding Innovator Acceleration Programme		Phase 2				
Pneux (tracheal tube for ICU ventilator)	Phase 1	Phase 2				
NIC - Non-injectable Connectors	Phase 1	Phase 2				
Wiresafe	Phase 1	Phase 2				
Respiratory evaluation & upscaling	Phase 1	Phase 2				
Plus 1 (tbc)	Phase 1	Phase 2				
10 new innovations (evaluation, upscaling and support for commercialization – digital, medtech devices)			Phase 1	Commercialisation Phase 2		
10 new innovations (evaluation, upscaling and support for commercialization – digital, medtech devices)				Phase 1	Commercialisation Phase 2	
10 new innovations (evaluation, upscaling and support for commercialization – digital, medtech devices)					Phase 1	Commercialisation Phase 2
10 new innovations (evaluation, upscaling and support for commercialization – digital, medtech devices)	Continued from 16/17					Phase 1 Commercialisation Phase 2

Legend:
- Phase 1
- Phase 2
- Commerialisation
- Increase utilization to 80%
- Close

Research and Development

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

The R&D Oversight Group is chaired by Mr Stuart Bell, Chief Executive of Oxford Health NHS Foundation Trust. The primary focus of the group is to share information about R&D across the Network and its partners. The group draws upon expertise from regional clinical, academic and commercial partners with time commitment being the main resource contributed from external sources. The group is led by the AHSN CEO and has a small budget for managerial support. The group's membership comprises University Life Science research Deans/leads and Trust R&D Directors, and includes representation from other regional infrastructure, for example, the NIHR BRCs, LCRN, CLAHRC and regional Clinical Trials Units.

Current two year objectives include:

- Promoting development of individual Trust R & D strategic plans
- Increasing Trust research income year-on-year
- Promotion of collaborative projects between academia, healthcare and life science industry
- Increasing senior R & D support and engagement from large established, smaller, less research aware/ready, partners

Oxford AHSN aims to support academia and industry deliver world leading research in collaboration with our NHS partners, to develop more effective, safer, better value therapies to patients. In doing so we support the development of novel, cross organisational, interdisciplinary health research partnerships and ensure the region remains a globally leading competitive area for undertaking innovative academic and commercial research building on the high quality research strengths of our partners Within the NHS we support creating an environment where every patient has an opportunity to be involved with research.

Strategic and Industry Partnerships (formerly known as Wealth Creation) Summary

Overview

- The Accelerated Access Review (AAR) was published in October 2016 (https://www.gov.uk/government/publications/accelerated-access-review-final-report) and defined an accelerated pathway for getting new products into the NHS. The Oxford AHSN will need to ensure that it is well positioned to bid for any OLS funding in the coming year as a matter of priority.

- In January 2017 the Government launched a new industrial strategy based on 10 pillars. Significantly, the strategy the recognises that the Life Sciences will have a central role to play. (see https://www.gov.uk/government/news/developing-a-modern-industrial-strategy.) As with the AAR, the Oxford AHSN will need to stay close to developments and opportunities as they arise, and seek to apply for any funding opportunities with industrial partners.

- The decision to leave the European Union will lead to risks and opportunities for the life sciences industry and the NHS. These will be compounded by the current trajectory of the Government to leave the European Single Market, creating an entirely new position for the UK within the international community. It will be essential to factor in the risks and opportunities of a 'hard' Brexit into the Wealth Creation strategy over the next two years.

- The current funding cuts to the AHSN budget by NHSE will require a much greater emphasis on alternative strategies for income generation. If the Oxford AHSN is to continue to support its partners across its core licensing objectives, additional income from other sources will need to be secured.

- We have renamed the Wealth Creation programme to Strategic and Industry Partnerships programme. There was little understanding of what was meant by Wealth Creation amongst stakeholders whereas Strategic and Industrial Partnerships is much clearer.

- Based on the successes of the past and the deepening connectivity between the constituent partners across the regional ecosystem, the Strategic and Industry Partnerships team is well placed to take advantage of new opportunities. We have renamed the Wealth Creation programme to Strategic and Industry Partnerships programme. There was little understanding of what was meant by Wealth Creation amongst stakeholders whereas Industry Partnerships is much clearer.

Funding for Strategic and Industry Partnerships and to the AHSN

- In addition to generating additional income for its core activities, the Strategic and Industry Partnerships programme will be required to generate an additional surplus contribution to the rest of the AHSN budget. This will require a stepwise and significant change in approaches to external income generation. Key sources of funding are likely to include:
  - Office for Life Sciences funding for AHSNs

- o Opportunities to bid for funding under the Industrial Strategy Challenge Fund (Innovate UK and Research Councils UK)
  - o Grant income, both national and European
  - o Income from industry on a fee for service basis.
- Opportunities for industry support are likely to occur across different parts of the innovation pathway from concept development and opportunity triaging all the way through to evaluation of licensed products and regional adoption. In order to make the most of this opportunity, this will require close working between Clinical Innovation Adoption programme and Informatics theme.

Business Plan

- **Branding**: In line with the shift in government policy and the scope of activity of the Oxford AHSN, the branding for the new name of Strategic and Industry Partnerships will be developed.
- **Consultancy Services**: The primary objective over the two years will be to establish an Oxford AHSN consultancy services offer targeted at different stages of the adoption runway and across all four sub-sectors of the life sciences industry (medicines, diagnostics, medtech and digital). This will align with the Accelerated Access Review and the Industrial Strategy for Life Sciences and will involve:
  - o The development and implementation of a robust business and financial plan for consultancy services in collaboration with Clinical Innovation Adoption and Informatics. The service offering will generate bottom line income for the Oxford AHSN. Discussions are underway with a commercial partner to develop a joint venture operated through a special purpose vehicle for consultancy services.
  - o Development of suitable branding and marketing materials for the consultancy services.
  - o Defined service offerings covering early assessment of innovations, entrepreneurial support and early stage industrial support packages.
  - o The creation of a regional test bed evaluation offers focussed on diagnostics, digital health and precision medicine.
  - o As part of the consultancy offer, the team will develop an international network of partners that will provide access points for businesses wishing to develop healthcare innovation across international markets.
- **Funding Opportunities**: The team will work with regional partners to identify opportunities to bid for funding through the Industrial Challenge Strategy Fund and other funding mechanisms, including any potential Office for Life Sciences support for the AHSNs, and which are aligned with the Life Sciences Industrial Strategy.
- **Industry Support**: Build on the current partnerships and projects to further support industry using evaluation studies in core areas of activity (diagnostics and digital health), as well as expanding opportunities into pharma and medtech. The Oxford AHSN is increasingly recognised as a centre of excellence for the evaluation of innovations on diagnostic pathways and this will continue to be a priority. The programme of industrial support will be aligned with the Accelerated Access Review.
- **Regional Engagement**: Continue to provide engagement and support across the Oxford AHSN region with initiatives such as Advanced Oxford, the Bicester Healthy New Towns Programme, the Buckinghamshire Life Sciences Innovation Centre, Harwell LifeTech Cluster, Smart Oxford, the Sustainability Network and The Hill.
- **West Midlands AHSN**: Establish a strategic collaboration with the West Midlands AHSN, focusing on the implementation of innovations in diagnostics, medtech and digital health.

The three most important activities are (i) Consultancy Services, (ii) Funding Opportunities, and (iii) Industry Support.

Table 2   Activity Breakdown

Activity	Non-Commercial	Commercial (via SPV)
Consultancy Services		✔
Funding Opportunities	✔	✔
Industry Support	✔	✔
Regional Engagement	✔	
West Midlands AHSN	✔	✔

Alignment with Existing Policy and Strategy

- Five Year Forward View (5YFV): The business plan covers areas highlighted in the 5YFV, such as the formation of new partnerships with local communities, raising the game in health technology and improving integration between out of hospital care and acute and primary care.
- Accelerated Access Review: The business plan is aligned with the AAR across the detailed mapping of development pathways for innovations in pharma, diagnostics, medtech and digital health. It is also aligned with the strategy for regional incremental innovations, particularly in digital health.
- Sustainability and Transformation Plans (STP): Although the activities of Wealth Creation across diagnostics and digital health have been highlighted to several STPs, engagement across the digital health space is just starting with the BOB STP.
- NHS I: The plan is aligned with the 2nd NHS I objective of creating the safest, highest quality health and care services, through the evaluation and deployment of digital health and diagnostic innovations.

Milestones

In reality the majority of projects are a progressive evolution and so will require more detailed milestones and deliverables to ensure that targets are met.

Table 3 Milestone Chart

	2017-18				2018-19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Establish one new JV or industry partnership				x				x
Establish consultancy business			x					
Initiative diagnostic evaluations	x		x		x		x	
Establish digital innovation pathway and accelerator			x			x		
Oxford Martin School Project				x				x
Support regional cluster activity		x		x				
Deliver one new funding initiative				x				x
West Midlands AHSN partnership		x						

Informatics

Overview

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

The informatics business plan for 2017/19 will continue to provide this focus yet at the same time work with Strategic and Industry Partnerships programme and senior leadership team at the AHSN to create new business opportunities and partnerships through collaborative working.

The Five Year Forward View continues to provide external context for our programmes of work and specifically has influenced the development of the AHSN informatics Strategy. This strategy reflects a number of key focus areas reflected in the table below.

Recommendation	Rationale	Benefit
Create IG Steering group and extend IG Framework to include primary and social care	Supports LHE (Local Health Economy) interoperability needs	Enables partners to apply common process for data sharing across whole patient pathway
Develop Consent for contact model	Demonstrates activation of patients for research participation	Offers opportunity for citizens/patients across region to engage in research studies and clinical trials. Enables Industry to more speedily recruit.
Develop Interoperability charter to secure connectedness across LHEs	Supports regional requirements for data exchange	Supports communication and information sharing across main local health economies in the region
Develop analytics training programme for Partner data analysts and Clinicians	Raises maturity level across region and supports transformation	Enables greater insight to be drawn from data to determine effectiveness and predictive models
Engage NHSE and HSCIC to support open standards approach to interoperability	Supports standards adoption aimed at engaging innovator community	Reduces partner IT resources/time in developing system interfaces
Support the implementation of Local digital roadmaps linked to STPs	Establishes AHSN support to transformation plans	Ensures investments in digital are linked to sustainable transformation models. Provides alignment of plans across LHE maximising opportunity for inward investment
Establish region wide IG training programme	Ensures maximum benefit to AHSN programmes	Provides assurance to partners and professionals on effective data management
Design Digital Maturity Assessment plus (+) to represent region landscape	Supports inward investment opportunities	Partner boards able to assess digital enablement to local and collaborative plans

We continue to apply an effective engagement model in support of the programmes understanding and contributing to the challenges, collaborating in the design of data collection, whilst providing support to facilitate a baseline assessment, tracking of change and outcome analysis.

The recently published UK Industrial Strategy highlights the productivity challenge facing UK business, namely the UK on average produces as much in five days as workers in France, Germany and US produce in four days, recognising this challenge the informatics team have identified productivity gains opportunities in the following areas:

1. Time saving in executing the standard IG Framework for a clinical project
2. Smart analytics:
   - time saving through delivery of self service capability with respect to data access and analysis
   - time saving on traditional operations of analytics team based on investment of infrastructure, tool sets and training

3. Data access - higher rate of productivity gain as a result of putting in place sharing agreements with data providers to achieve fast secure data refreshes

The Informatics team will focus on smarter processes across projects to improve productivity, in line with the approach set out in and to support programmes in the delivery of, the Accelerated Access Review. Informatics will focus on improved quality and increased output volumes to provide customer satisfaction across the programmes whilst exploring opportunities for revenue generation.

Informatics Strategy – implement programme of recommendations – engagement, explaining has gone on, now in delivery phase. During the course of the strategy – we will work to adapt the service model to pursue a more commercial service– exploring new business opportunities, DMA, STPs, DH national procurement contract. Refining the hybrid model –working further with partners with Optum (advanced analytics potential). Developing the team to provide sharper assessment of need, design and analytics – move from reporting to advanced analytics. Business plan focused on developing the service. We are in discussion with potential partners regarding responding to the national Data Lake opportunity to provide an integrated data set across our region's population of 3 million people.

Training and improving the service -

Training is going to take a two-fold approach to deliver enhanced statistical analysis and visualisation; in the first instance to deliver first-class training to the user base and secondly to train super users to an expert level.

Advanced Analytics – Using a range of complimentary software tools, Informatics will implement a shift in reporting, moving from reactive, client-led, to a more advanced analytics delivery. This advanced analytics capability would aim to bring Predictive, forecasting analysis, creating insights into the data, allowing the users to make better decisions, faster and be able to execute them more effectively.

We will bring self-service capability to the users which will give them advanced reporting on-demand, allowing them to select their own reporting criteria such as; age-bands, date-range, diagnosis, procedure, Trust etc.

We will engage with partners and experts to guide our implementation and to deliver high quality training in advanced analytics.

Once the solution is in place and the users trained, then the Informatics team will be able to deliver sustainable insightful, predictive analytics on an ongoing basis.

Information Governance

The Information Governance Framework was implemented successfully by the Informatics team during 2016-17, supported by the programmes across the AHSN. Over the course of the last year the format has been used to safely share data across organisational boundaries in a consistent manner. Projects and IG colleagues across the region are now familiar with the process.

The process towards sign off could be smarter and timelines shortened to enhance the overall experience and efficiency of the new process. A central portal will be set up to streamline the process of sign off, so signatories can log a cloud based solution to review and sign off a single document. Project managers are familiar with the process but are often still heavily guided by the Informatics team; managers will receive further support and training to oversee this process independently.

Adding Value to the Oxford AHSN

As set out in our informatics strategy endorsed by the local partners, we propose to design, test and implement a place-based model for assessing the digital maturity of local health and care economies. Commissioned by NHS England, this work will complement the existing Digital Maturity Self-Assessment for individual NHS providers.

The assessment will aim to identify understandable, recognisable and meaningful measures for the whole community of digitalisation in support of health and wealth. It is expected that the measures will address quality and safety, population health, prevention/ patient activation, person-centred care/patient experience, support to carers, and, working with researchers, the voluntary/community /social enterprise sector, innovators and industry.

There will be a strong emphasis on identifying how effectively local health economies are delivering what matters to stakeholders - their real world experience. The stakeholders are patients/service users, frontline clinicians and Industry.

The model will be developed by Oxford AHSN in partnership with another AHSN, but will ensure widespread engagement and consulting with the whole network of AHSNs. This approach will represent both a leadership role for the Oxford AHSN as well and demonstrating collaborative working across the network of AHSNs.

We will build an understanding of what digital maturity means for key stakeholders – what matters to them and how this can best be assessed and considered.

 We will also engage experts to identify good practice in measurement and assessment, including how to ensure the model supports an improvement agenda rather than performance monitoring.
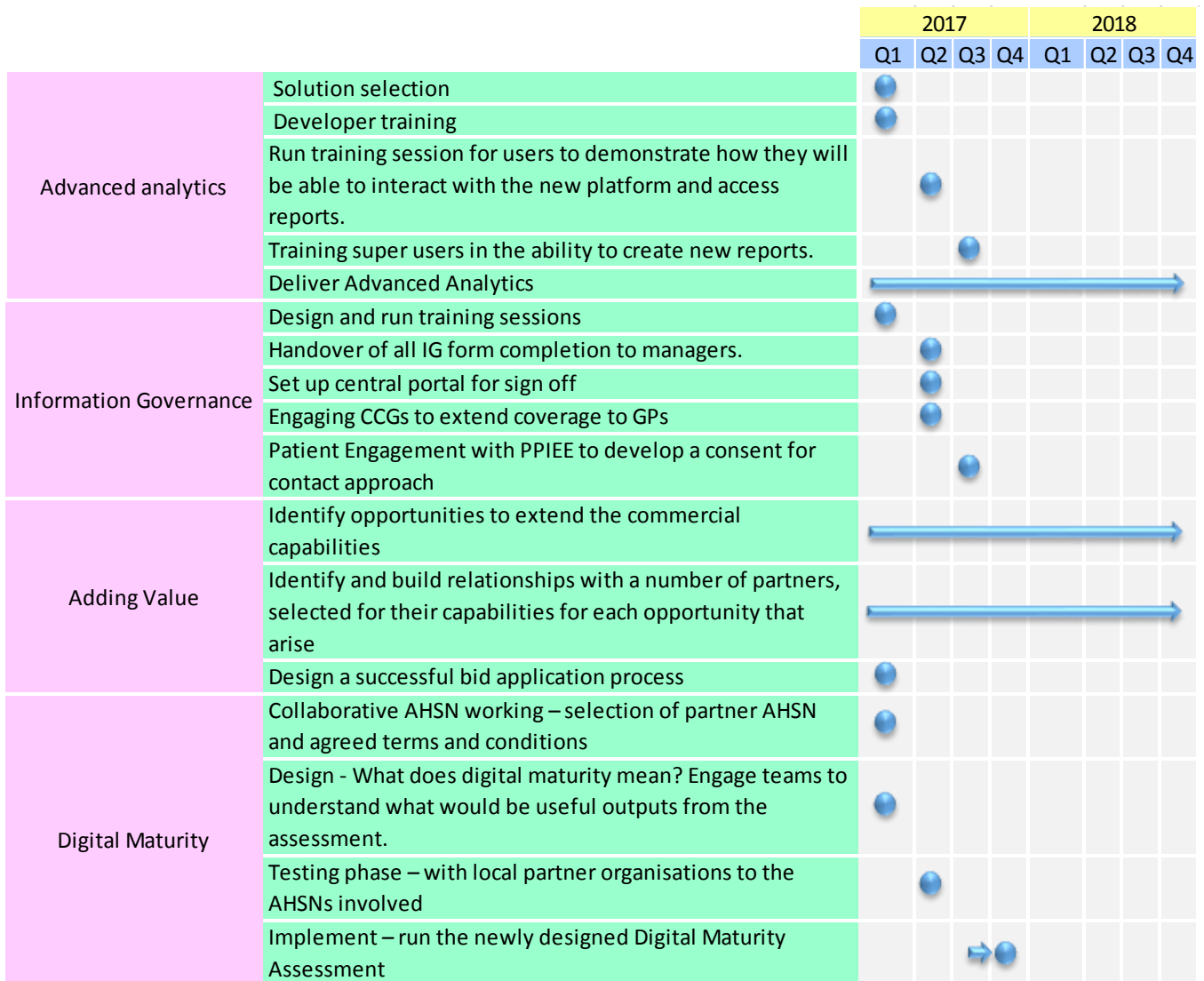
The Global Digital Exemplar (GDE) initiative is a pivotal element in the NHS digital strategy and in achieving the objectives of the Five Year Forward View.

We have partnered with Arden & GEM CSU and Optimity Advisors to undertake a baseline assessment of digital initiatives across 16 identified Global Digital Exemplars. By engaging in this work we anticipate the opportunity to reflect AHSN scale and expertise into NHS England and NHS Digital central programmes to ensure they are orientated to support the transformation and innovation adoption agenda of STPs and wider collaboration frameworks.

Whilst the baseline assessment is due for completion at end of 16/17 we will use this key experience to further develop the novel partnership we have established to deliver a four-year evaluation of the

entire GDE programme. This focus represents a determined approach to seeking out and winning the right commercial opportunities that further the Oxford AHSN business strategy.

Milestones:

		2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Advanced analytics	Solution selection	●							
	Developer training	●							
	Run training session for users to demonstrate how they will be able to interact with the new platform and access reports.		●						
	Training super users in the ability to create new reports.			●					
	Deliver Advanced Analytics	→→→→→→→→→→→→→→→→→→→→→→→→→→→→→→							→
Information Governance	Design and run training sessions	●							
	Handover of all IG form completion to managers.		●						
	Set up central portal for sign off		●						
	Engaging CCGs to extend coverage to GPs		●						
	Patient Engagement with PPIEE to develop a consent for contact approach			●					
Adding Value	Identify opportunities to extend the commercial capabilities	→→→→→→→→→→→→→→→→→→→→→→→→→→→→→→							→
	Identify and build relationships with a number of partners, selected for their capabilities for each opportunity that arise	→→→→→→→→→→→→→→→→→→→→→→→→→→→→→→							→
	Design a successful bid application process	●							
Digital Maturity	Collaborative AHSN working – selection of partner AHSN and agreed terms and conditions	●							
	Design - What does digital maturity mean? Engage teams to understand what would be useful outputs from the assessment.	●							
	Testing phase – with local partner organisations to the AHSNs involved		●						
	Implement – run the newly designed Digital Maturity Assessment			⇒●					

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Patient and public involvement, engagement and experience

Overview

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

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

The PPIEE theme delivers against licence objectives 1, 2 and 3 (Appendix G).

1: Leadership training for patients, professionals and the public – successful rollout of the Leading Together Programme to over 100 people. Leading Together was a finalist in the recent Thames Valley and Wessex Leadership Academy leadership awards.

http://www.oxfordahsn.org/our-work/patient-and-public-engagement-involvement-and-experience/leading-together/

2: Living Well Oxford – Wellcome grant awarded, co-designed Ageing Well week in Temple Cowley Shopping Centre with the community.

Working with partners and strategy development

Our model for working with patients, carers and the public (lay contributors) across care, research and education is outlined in the diagram 1.

Over the past 4 years we have developed productive relationships with key infrastructure organisations across the Thames Valley – Collaboration for Leadership in Applied Health Research & Care, Clinical Research Network, Oxford Academic Health Science Centre, NHS England and with lay leaders who have become an integral part of our ongoing work. We will build on this by developing a joint strategy in collaboration with these individuals and organisations over summer 2017. This will enable us to update our existing strategy - No Decision about me without me - with an increased focus on the delivery of the AAR.

Figure: No Decision About Me Without Me — Healthwatch, The public, Voluntary & community sector; Membership (Patients, carers and the public informed about what's happening); Involvement (Active members of focus groups, projects, working groups etc.); Leadership (Members of strategic groups / boards); Involvement, Engagement, Experience

Training and development

Our approach to training relates to the three levels of involvement shown above 1. Building on this three-tiered approach we will develop a prospectus and business offer for training and development that can continue to be used within the NHS, but also is appropriate for the commercial sector, including the life sciences industry. This can be integrated into the consultancy offer from Wealth Creation. This will help to ensure the sustainability of the PPIEE team.

Figure: Training and Development: Working together — South of England Network; patients, carers, professionals & public; Level 1 (Mainly in-house training for professionals and/or lay partners e.g. research methodology or what is PPI?); Level 2 (One day training for professionals and lay partners covering different approaches to involvement); Level 3 Leadership (LEADING TOGETHER PROGRAMME); South of England Network

Level 1 – Introductory seminars and workshops

Introductory training aimed at lay contributors, professionals or both, covering topics such as:

- for lay contributors - how the NHS is organised or research methodologies;
- for professionals - what is patient and public involvement and why do it, payment for involvement or running meetings with lay contributors.

Many individual organisations provide this of type of training in-house. We are currently exploring collaborating with other organisations to pool resources for this level of training.

Level 2 - Developing skills workshops

Aimed at lay contributors and professionals who are more actively involved in co-production to support how they can apply their knowledge and experience in a practical way to improve lay involvement and participative decision making in, for example, research dissemination, service redesign or curriculum development.

Success

Funding form CLAHRC, CRN and AHSN gained to run series of 1-day programmes. Initial day on participation techniques designed.

Target

Eight workshops over 2 years.

Level 3 – Leadership development

The Leading Together Programme (LTP)

Aimed at lay partners and professionals who are, or want to be, working together at a strategic level, for example in governance structures or within assurance processes. A three-day leadership course over three months with a joint lay/professional project. The Programme builds on the evaluated pilot run in 2014. Graduates form the course form an increasing cohort of professionals and lay people who get coproduction and can work together effectively.

Success

Achieved rollout of Leading Together at scale with inbuilt independent evaluation.

Target

At least 4 more cohorts run over coming 2 years – increased focus on seldom heard groups and offer to industry.

Leading disabilities programme co-design and co-delivered and evaluated by end 2017.

Sustaining network of LTP graduates, to support their continued learning, relationships and projects - annual event and quarterly newsletter.

Community Engagement – The Living Well Project

We want to work with the public to support local research and innovation. In particular working with communities that are seldom heard in many coproduction initiatives. The Living Well Project has run a storytelling event on stroke, and was actively involved with organising lunchtime talks on health during the Oxford Science Festival.

We build our community engagement with our Wellcome-funded pop-up shop, running a week of activities in Temple Cowley Shopping Centre in May 2017. This will coincide with Dementia Awareness Week. We will bring researchers, practitioners and charities together for a week of activities on ageing and dementia, bringing these to a community that is not usually engaged. The independent evaluation will include going back to our community focus groups to ensure that we deliver what the community wanted.

Success

Wellcome Grant gained.

Range of successful events: storytelling, children's holiday camp sessions, lunchtime talks, panel debate.

Target

Additional funding for Living Well activities outside Oxford City gained.

Two further storytelling events run.

Ongoing engagement in Oxford Science Festival.

Patient Safety

Overview

Between April 2017 and March 2019, the changes in the national improvement architecture means that the PSC will work with NHSI, and local partners to ensure that the new arrangements support and maximise the improvement of patient safety in our region.

Our approach to building capability in our region will be predicated on meeting local needs set in the context of the national agenda for improving patient safety and sustaining the success of the Patient Safety Theme thus far. Set within this context, the Patient Safety Theme will focus on four key areas:

1. Enable further capability building in our partner organisations
2. Completion and wider adoption of clinical projects to sustained outcomes for patients to support the Five Year Forward View and the Five Year Forward View for Mental Health.
3. Integrate QI methodology with the Clinical Innovation Adoption programme and the Industry Partnerships programme to enhance adoption into practice processes, evaluate new products that have the potential to improve patient safety, and, support the aims of the Accelerated Access Review.
4. Sustaining the Patient Safety theme beyond March 2019 when the NHS Improvement funding for Patient Safety Collaboratives is due to end

Enable further capability building in our partner organisations

The Patient Safety theme will continue to take several approaches to building capability in safety and quality improvement. These activities are designed to increase skills in quality improvement methodology, clinical human factors, measurement for improvement and leadership skills. The Head of Patient Safety and the Patient Safety Managers continue to offer QI coaching to all clinical project teams to develop skills in real world clinical settings. The approach is particularly helpful to clinical teams who can learn together in busy clinical environments as they advance their projects.

This issue of building capacity is being given more attention by NHS Improvement and the PSCs are being monitored for their efforts. Some PSCs have interpreted this as a need to simply increase the numbers of people who receive some kind of quality improvement training, however brief. The Berwick report, the stimulus for these efforts, pointed out that the NHS had very little knowledge or capacity in quality and safety improvement. However the report makes it clear that the NHS needs a range of levels of understanding and skills with the priority probably being to develop a cadre of people with both understanding and experience of improvement. Our approach in the region has been to try to support and coach people in the longer term within clinical programmes of the AHSN in quality improvement. At the present time over 100 people are closely involved in the clinical programmes and actively participating and being supported and trained in safety improvement programmes. We also run specific courses but put a strong emphasis on coaching and longer term support. In addition, we also have the GP school identified for the future to engage in the training of 100 GP trainees focusing on QI in sepsis work starting in September. Our work with the Royal College Physicians mortality review will produce a further cadre of people training in medical record review and related methods.

Our work with the Health Foundation will continue with engagement in the fourth wave of the Q initiative in August following the learning from early implementation. Q is designed to connect people with improvement expertise across the UK, led by the Health Foundation and supported and co-funded by NHS Improvement. Q's mission is to foster continuous and sustainable improvement in health and care. It creates opportunities for people to come together as an improvement community – sharing ideas, enhancing skills and collaborating to make health and care better. Long term support is provided to individuals and their existing improvement work, to benefit members' organisations and the populations they serve. It is designed to complement and help connect other initiatives and networks. The Patient Safety theme will increase team membership in Q to provide the necessary intelligence and infrastructure to support our regional approach. An application for funding will be made from the PSC to support the recruitment process. The PSC will be involved in the advertisement, and promotion of Q locally (7 currently in our region), as well as providing support to new members through a growing network and existing Founding Members of the initiative.

Following the Five Year Forward View, the Patient Safety theme engaged with the National Maternity and Neonatal Health Collaborative in February 2017. The Best Care Maternity clinical network has built an active network in the region and in future will be integrated into the wider safety theme. The support plan will extend for the next two years to embed change in the maternity and neonatal services. Our local partners in Oxford University Hospitals and Bedford Hospitals have opted to participate in Wave 1. Royal Berkshire Hospitals will follow in Wave 2. The Maternity Collaborative aims and ambitions are to:

- Support the Maternity Transformation Programme ambition and the ambition of the Halve It Campaign
- Focus on maternal and neonatal safety from conception to infant (28 days)
- Develop perinatal relationships
- Creation of a national maternal and neonatal learning system
- Supported by effective regional communities of practice
- Develop QI capability at every level of maternity systems
- Agreement on approaches and pathways across regions to reduce variations in care, reflecting best practice
- Identify innovation and adapt throughout programme span
- Improved experience and outcomes for women, their babies and families

Our work with developing knowledge and skills in Clinical Human Factors (CHF) in incident investigations, reporting and learning will continue in the integrated care trusts in collaboration with experts in facilitating learning in CHFs. Following a regional learning event with local Learning from Incident teams, we now plan a series of localised CHF training for Investigating Officers (IOs) and a shared learning event to bring together collective intelligence and learning in our integrated trusts.
An opportunity to develop our capability building with the General Practitioner QIP School will be taken forward in the autumn with a focus on the prevention of sepsis. Dr Michael Mullholland and the GP QIP School will work with the PSC to design a collaborative approach to QI using projects on sepsis to help GP trainees to develop QI skills. This work will build upon the sepsis clinical project to improve outcomes in sepsis across the region.

The PSC will design a toolkit that is readily available to them train a wide range of staff in Quality Improvement. The toolkit will be made available across the AHSN to enable other themes to develop

staff/project teams in the same approach. The team will ensure that all themes are able to use QI methodology in their programmes where appropriate to enhance the quality of delivery.

Patient Safety has ended its contribution to the Southern Mental Heat Collaborative. Whilst this has been helpful in getting three of our providers stated in quality improvement methodology, one provider is procuring its own training resources, another is considering doing this too, and, given reduced funding in patient safety it was felt that the annual £50k contribution was no longer affordable. CNWL is exploring remaining part of the collaborative.

The consolidation and adoption of clinical projects and sustained outcomes for patients

Our clinical projects will continue to demonstrate outcomes to patients founded upon Quality Improvement coaching approaches, bringing about behavioural changes, process changes, and enhanced capability. Our collaboration with the Informatics Team and our researcher will remain strong to ensure effective evaluation of impact. Table 1 sets out our project plan for 2018/19.

Clinical programme	Measures (Outcome and Process)	Pilot / Test Areas	Areas for future adoption / focus	Impact by March 2019
Mental Health	To increase the proportion of patients who return to acute psychiatric wards within 10 minutes of the agreed time following leave or time away. To reduce harm from suspected suicide during leave from hospital	Oxford Health NHSFT (8 wards) (250 episodes of leave per week per ward) Berkshire Health NHSFT (4 wards)	Central and North West London NHS FT (19 wards)	Full adoption across three integrated trusts, all acute adult psychiatric wards providing safe and reliable leave processes up to 1000x per month on each ward
Acute Kidney Injury	Reduce the incidence of AKI Reduce harm associated with AKI (UTIs, admission, use of antibiotics, # neck femur, falls, confusion, costs of LOS) Reduce regional variation in care processes and	4 residential homes in East Berkshire	15 care homes in East Berkshire and 15 care homes in Oxfordshire (1200 residents)	Demonstrate reduced length of stay (@£300 per night)

	outcomes Increase fluid intake in care home residents Increase number of AKI alerts into primary care and design / release care bundle Marry biochemistry data with HES data to accurately understand impact of AKI	Oxfordshire, Berkshire East and West Virtual nephrology clinics present in 5 GP surgeries in West Berkshire	Trial drinks diaries for patients at home Milton Keynes, Swindon, Wiltshire, Buckinghamshire To roll out to other surgeries in East and West Berkshire	Improve recognition and prevention of AKI2, 3, CKD. To improve recognition of AKI and treat at an early stage to prevent development of AKI2/3/CKD which in turn will reduce costs in treatment and hospital admissions.
Maternity Project	Reduce Never Events Retained Swabs to zero by 2018	Oxford University Hospitals (624 patients per annum transferred to theatre for EUA / suturing. 96 women per annum transferred with in situ pack per month.	Progress to include all swab counts at all births 8000 births per year.	Project has so far achieved zero retained swabs for over 800 days. Conclude present project November 2018. Aim to incorporate these approaches and spread within the new National Maternity Collaborative.
National Neonatal and Maternity Collaborative				2017-2018. Work with OUH & Bedford in first wave in collaboration with NHSI. Impact of improvement on 8,000 and 2,100 women per annum. 2018-2019 Continued work with OUH and inclusion of RBH in Wave 2 – 5,000 women per annum
Sepsis	Improve the recognition of	Sepsis screening tool adopted by all 6 acute	Analyse CQUIN data to establish	

	sepsis	Trusts	impact of screening tool bundle in reduction of admissions to critical care and upon mortality rates	
	Improve the timely treatment of sepsis	Gather regional microbiology data and combine with hospital data to review burden of sepsis	Compare and contrast with coding data to understand the benefit of systematic and accurate coding to understand the burden of sepsis	
		Wokingham. Identify deteriorating patients in community hospital (48 beds) and implement sepsis pathway		
		Developing community screening tool		
		Early identification using POC in West Berkshire OOH services (550,000 caseload)	Work with SCAS and ED to pre-alert and triage	
			Test community screening tool and adopt across region	
			Adopt POC testing in community hospitals	
Pressure Damage	To reduce the number of people who suffer from pressure damage	18 areas participated in Phase 1. Concluded Jan 2017.	Agree more focused programme with core of active participating Trusts and sites to take QI work forward. Establish closer links with Oxford Brookes research and evaluation of pressure ulcer	Significant decrease in number and severity of pressure injuries to patients in both acute and community settings within the region. Reduction in pain and distress for patients, and savings for health economy

			programmes.	
Paediatric Gastrostomy	Measurable improvement in parent knowledge and confidence in self-management of gastric buttons	Regional programme currently in set up phase.	Develop training and support materials for parents of patients in the community to manage their child's care and detect problems at an earlier stage	Reduce acute referrals and interventions from problems with gastric buttons.

Integrate QI methodology with the Clinical Innovation Adoption programme and the Strategic and Industry Partnerships programme to enhance adoption into practice processes to support the Accelerated Access Review 2016

Current drivers encourage NHS systems to work more collaboratively with patients and innovators to demonstrate the way in which innovations change pathways. The AHSN supports both the Industry Partnerships and Clinical Innovation Adoption programmes to promote inward life science investment and foster the acceleration of clinical adoption for the benefit of patients.

The PSC brings the benefit of problem diagnosis and conceptualisation through the eyes of a wide range of practising clinicians and an in-depth understanding of how to improve quality through problem diagnosis, the improvement of reliable care processes, and measurement for improvement. This advanced capability of all team members will be used to work collaboratively across the three themes to enhance clinical adoption of identified and testing appliances in the clinical arena. The aim will be to demonstrate effective and sustained adoption using QI methodology. CIA has already established a 0 step process describing the entire pathway from horizon scanning to implementation and sustainability. The QI methodology will underpin the implementation and evaluation stages to bring a stronger emphasis on staff engagement, the identification and use of relevant clinical metrics and the use of rapid cycle testing and evaluation (PDSA cycles).

Milestones

Milestone Chart								
Date	**2017 Q1**	**Q2**	**Q3**	**Q4**	**2018 Q1**	**Q2**	**Q3**	**Q4**
Maintain, consolidate and sustain current clinical programmes and function of PSC	x	x	x	x				
Design integrated approach to clinical adoption across PSC, Industry Partnerships and Clinical Innovation Adoption	x	x	x	x				
Deliver integrated approach to clinical adoption of patient safety devices across three themes and evaluate				x	x	x	x	x
Support and enable Maternity and Neonatal Collaborative	x	x	x	x	x	x	x	x
Build widespread capability in partnership with local organisations	x	x	x	x	x	x	x	x

Stakeholder Engagement and Communications

Overview

The AHSN's Communications team supports the AHSN's programmes and themes and their linkages with partners in the NHS, universities and industry, as well as with the 3.3m patients in our region. It also works with other AHSNs to develop engagement on a national level. During 2017/18 this work will support the AHSN relicensing process and align with the priorities set out in the Accelerated Access Review and Industrial Strategy green paper published in the second half of 2016/17. It will also support system transformation in our own region.

Business Plan

Extending and deepening the way we communicate and engage with our partners will continue to be a key focus area in 2017/18. We will seize every opportunity to promote the Oxford AHSN brand at events and on key publications.

We will continue to develop a portfolio of case studies showcasing our work and demonstrating how it is making a difference in improving patient outcomes and reducing costs.

These case studies are a key component in the AHSN's quarterly reports where they feature prominently. We will include at least three case studies in each quarterly report. The case studies which demonstrate the strongest impact will also be added to the national AHSNs' repository known as the Atlas of Solutions in Healthcare (see http://atlas.ahsnnetwork.com/). This growing resource is a valuable and effective shop window for the collective impact of AHSNs.

The means by which the AHSN communicates are well established and will be built on. We have an informative monthly electronic newsletter. The number of subscribers is rising steadily with over 500 added during 2016/17. The total now stands at over 2,020.

The Oxford AHSN Twitter account has also proved to be a successful mechanism for connecting with our partners and highlighting our own activities, events and news. The number of followers has almost doubled during 2016/17 and now stands at over 2,700.

Many hundreds more followers have also signed up to related Twitter accounts including those run by the Best Care Clinical Networks, Patient Safety Oxford and the Get Physical initiative – as well as those of individual members of staff.

The AHSN website will be updated regularly with new additions highlighted and supported through Twitter and the AHSN newsletter. This should drive more traffic to the website and increase its visibility as an essential resource for our partners.

A document highlighting how we are supporting the adoption and spread of innovation will be completed ahead of a series of partner showcase events in May 2017. These will follow a similar format to similar roadshows we ran with partners across the Oxford AHSN region in May 2016. These were attended by about 350 people.

Once again these events will be co-hosted with local stakeholders and bring together partners from all sectors. They will have a strong focus on collaborative projects, with each agenda shaped around local priorities and successes. We plan to learn from our 2017 experience and repeat these showcases in 2018.

The Oxford AHSN is again a Cornerstone Patron of BioTrinity in 2017 – this time in partnership with the Oxford Academic Health Science Centre (AHSC). We will have a strong shared presence – along with other key partners including the two Biomedical Research Centres in Oxford, the Harwell Life Sciences

Cluster and the Oxfordshire LEP. The event brings together academics, researchers, life science companies and NHS innovators in one of the largest conferences of its type in Europe. We are leading a session on big data and digital health. BioTrinity takes place in London on 8th-10th May 2017 (see www.biotrinity.com). The AHSN plans to have a similar presence at the 2018 event.

In addition, we are working again with the AHSC, Oxford University Innovation and the NIHR Oxford Biomedical Research Centre to host a Precision Medicine and Digital Health Technology Showcase on 27th June 2017 (http://www.oxfordahsn.org/news-and-events/events/technology-showcase/) and are helping to run Venturefest Oxford (http://www.oxfordahsn.org/news-and-events/events/venturefest/)on 21st June. Both of these are annual events and we expect to repeat our involvement and support in 2018.

We will strengthen links with partner organisations locally, regionally and nationally, for example through meetings of communications leads and other networks.

Key events for 2017/18 are shown below and regular updates will be provided in our newsletters, on our website and via Twitter.

Month	Event	Comment
May 2017	8th-10th BioTrinity	Oxford AHSN is a Cornerstone Patron and will have shared stand with Oxford AHSC, the Oxford BRC and other partners
	17th NHS Innovation Accelerator showcase	
	23rd national Patient Safety Collaborative conference	Oxford AHSN PSC contributing to this event
	25th Oxford AHSN Patient Safety Collaborative annual event	
May 2017	Partner showcases across the AHSN (all planned to start at 1600) (Details of venues, timing and agendas will be added at http://www.oxfordahsn.org/our-work/corporate-activities/partner-showcases-2017/)	A series of meetings in separate locations across the AHSN involving local partners and stakeholders, celebrating collaborative projects led by local clinicians, presenting our Innovation Impact and Patient Safety annual report documents
June 2017	21st Venturefest Oxford	Oxford AHSN will be exhibiting and participating
	27th Precision Medicine and	Oxford AHSN joint event with

Month	Event	Comment
	Digital Health Technology Showcase	Oxford University Innovation and the NIHR BRC Oxford
September 2017	11th-12th NHS EXPO Manchester	AHSN national presence
October 2017	5th OBN Awards Oxford	Includes AHSN Best Public-Private Partnership Award
	National AHSN stakeholder survey?	
Spring 2018	Oxford AHSN stakeholder survey	Follow-up to 2016 survey: http://www.oxfordahsn.org/about-us/documents/stakeholder-surveys/
May 2018	BioTrinity	
	Oxford AHSN partner showcases	
June 2018	Venturefest Oxford	
	Technology Showcase	
September 2018	NHS Expo	
October 2018	OBN Awards	

Financial Plan

OXFORD AHSN FINANCE PLAN				
Model Period Beginning	01-Apr-15	01-Apr-16	01-Apr-17	01-Apr-18
Model Period Ending	31-Mar-16	31-Mar-17	31-Mar-18	31-Mar-19
Financial Year Ending	2016	2017	2018	2019
Year of the 5 Year Licence Agreement	3	4	5	6
INCOME (REVENUE)	Outturn	Fcast	Budget	Budget
NHS England funding	2,716,843	2,419,650	2,298,668	1,838,934
Partner contributions	444,957	412,000	411,500	411,500
Other partner income	0	150,000	150,000	150,000
HEETV income for continuous learning	438,000	0	118,300	0
Other income	504,365	27,842	0	0
NHS England funding - PSC income	648,032	447,925	447,925	447,925
Total income	**4,752,197**	**3,457,417**	**3,426,393**	**2,848,359**
AHSN FUNDING OF ACTIVITIES				
Best Care Programme	118,664	978,597	686,785	340,000
EIP Preparedness	250,000	2,024	0	0
Clinical Innovation Adoption Programme	555,294	497,999	726,416	568,416
Wealth Creation Programme	753,195	516,232	545,867	478,337
Informatics Theme	459,648	393,892	402,202	402,202
PPIEE Theme	54,064	111,185	111,108	111,108
Patient Safety Collaborative & Patient Safety Academy Theme	805,850	447,925	462,925	467,925
Programmes and themes	**2,996,716**	**2,947,854**	**2,935,303**	**2,367,988**
CORE TEAM AND OVERHEAD				
Pay costs	548,594	570,673	549,235	521,087
Non-pay costs	464,568	319,396	347,783	347,783
Communications, events and sponsorship	351,797	227,994	220,573	220,573
Total core team and overhead costs	**1,364,960**	**1,118,063**	**1,117,591**	**1,089,443**
Total expenditure	**4,361,676**	**4,065,917**	**4,052,894**	**3,457,431**
Programme funding previously committed	391,000	-608,500	-626,501	-609,072
Surplus/(deficit)	**-479**	**0**	**0**	**0**

NHS England funding was reduced in 2016/17 by 10%, and will reduce by a further 5% in 2017/18 and 20% in 2018/19 therefore the previously committed programme funding carried over as at 1 April 2016 will be carefully managed over the following 2 years to 31 March 2019 of approximately £0.6m per year to ensure financial balance is achieved. This includes factoring in a small retained surplus fund between £0.15 - 0.2m.

Oxford AHSN has assumed all other sources of funding to remain flat and has mitigated reduced revenue with significant cuts to the Best Care Programme as well as savings within core overheads.

Several commercial and grant funding opportunities are in the pipeline. If some or all of these are secured, the AHSN can be sustained beyond March 2019. Should they not be realised we will need to reduce costs further in 2018/19 to align to the reducing NHS England funding.

Appendix A - Matrix of Metrics

The table below reflects the Matrix of Metrics as per the License with NHS England and the contract variation to include Patient Safety

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 5/6)	Milestone activities (Year 5/6)	Outcome Framework Domain	Associated Funding	Current Status
1	Focus upon the needs of Patients and local populations (A)	Best Care Programme The Best Care Programme is designed to deliver AHSN licence objective one: focus on the needs of patients and the local populations.	TBC, following consultation process - update will be provided in Q1	Secure funding for clinical networks Close networks that cannot secure funding		£686,785	
2	Speed up innovation in to practice (B)	Clinical Innovation Adoption Programme The Clinical Innovation Adoption (CIA) Programme aims to	Number of innovations started each year Number of	5 more projects in final stage of deployment 25 more innovators trained on Practical Innovators Course	1,2,3,4,5	£726,416	

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 5/6)	Milestone activities (Year 5/6)	Outcome Framework Domain	Associated Funding	Current Status
		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	completed innovations each year				
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		

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 5/6)	Milestone activities (Year 5/6)	Outcome Framework Domain	Associated Funding	Current Status
		R&D **The R&D Programmes aims are to improve R&D in the NHS through closer collaboration between the Universities, NHS and Industry.**		**Ongoing work to support the development of individual trust R&D strategic plans**		**£17,000**	
		Informatics **Informatics theme has been designed to support the core programmes/themes of the AHSN across all four license objectives by drawing insight from population data for the purpose of transparent assessment of health status, measurement of health improvement and research.**		**Bid for Data Lake (year 5)** **Data Lake implementation (year 6)**		**£402,202**	

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 5/6)	Milestone activities (Year 5/6)	Outcome Framework Domain	Associated Funding	Current Status
		PPIEE **Patient and Public Engagement and Experience (PPIEE) is a crosscutting theme, working across the programmes of the AHSN, relevant work is cross-referenced to other sections of the business plan.**		**Plan for sustainability beyond March 2018**		**£111,185**	
		Team, overhead, communications, events and sponsorship	**Number of subscribers to the Oxford AHSN Newsletter and Twitter followers per quarter** **Number of visits to Oxford AHSN website per month** **Number of attendees at all AHSN events per annum**	**Stakeholder roadshows (years 5 and 6)** **Independent stakeholder survey (year 6)**		**£1,100,591**	
4	**Create wealth (D)**	**Strategic and Industry Partnerships** **Aim is to help our region become the favoured**	**Amount of investment leveraged in the region (including**	**One new JV or industry partnership (years 5 & 6)**	**1,2,3,4,5**	**£545,867**	

No.	Core License Objective	Purpose of the programme	Health/Wealth delivery KPI (Year 5/6)	Milestone activities (Year 5/6)	Outcome Framework Domain	Associated Funding	Current Status
		location for inward life science investment, life science business creation and growth – helping the NHS to accelerate the adoption of clinical innovations bringing significant benefits to patients.	savings) Number of people employed in life science industry				
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	Increase adoption of AWOL project in Berkshire Healthcare and CNWL to increase return rates by 50% on all acute wards Maintaining and increasing the amount of premature babies born in a level 3 unit (≤27 weeks gestation or ≤28 weeks in multiple pregnancy, or estimated fetal weight of 500g)	Three programmes showing safety improvement Plan for sustainability beyond March 2019		£462,925	
						£4,052,894	

Appendix B - Risks Register & Issues Log

Risks Register

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of partnership and collaboration across the region	Insufficient engagement of clinicians, commissioners, universities and industry will prevent the AHSN from achieving its license objectives e.g. tackling variation, speeding adoption of innovation at scale and improving prosperity of the region	Low	Med	> 6 / 12	Leadership supporting a culture of collaboration, transparency and sharing. Agreed organisational Vision, Mission and Values. Stakeholder analysis to ensure geographic spread and multi-disciplinary representation across the programmes. 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. Celebrate successes through Case Studies & Events. Regular monthly newsletter and Twitter. Regular refresh of website and monitor usage. Quarterly review of breadth and depth of engagement by programmes and events. CIA analysis of strategic priorities of commissioners and providers. 7 Roadshow events held across the region in 2016. Roadshows for 2017 being	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
							planned. 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. We will commission another survey in 2018. In addition to the local survey, Oxford AHSN also took part in the National YouGov Stakeholder Survey. Oxford AHSNs 'Get Physical programme' extended across BOB STP.					
6	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease	Med	Med	> 6 / 12	NHS England has confirmed that AHSNs will be re-licensed. We must be successful in securing a new licence. We are actively pursuing industry partnerships, joint venture opportunities, and grants to reduce our reliance on NHS England/ Improvement funding. Action has been taken reduce our costs and we have a robust financial plan for the next two years.	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
25	Oxford AHSN Corporate	Lack of awareness by local partners and national stakeholders of progress and achievements of the AHSN	Minor	Culture	Overarching comms strategy that is refreshed regularly. Website refreshed regularly and new content added – visits per month increasing Followers and subscribers increasing. Links being enhanced throughout the region through Comms networks. 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. Pipeline of publications.	AHSN Chief Operating Officer	Head of Communications	19/01/15	90% complete	

Appendix C – Organisation Chart

Chair

Nigel Keen

CEO

Professor Gary Ford CBE

Executive Assistant

Jo-Anne Harrison

	Programmes				Themes		
Chief Operating Officer Dr Paul Durrands	**Best Care**	**Clinical Innovation Adoption**	**R&D**	**Strategic and Industry Partnerships**	**Informatics**	**PPIEE**	**Patient Safety**
	SRO Chandi Ratnatunga	**Director** Tracey Marriott	**Lead** Professor Gary Ford	**Director** Dr Nick Scott-Ram	**Director** Mike Denis	**Director** Dr Sian Rees	**Clinical Lead** Professor Charles Vincent
Head of Communications Martin Leaver **Finance Manager** Emma Fairman	**Snr Programme Manager** Will Pank	**Snr Innovation Adoption Managers** James Rose, Hannah Oatley, Alison Gowdy	**Dr Ben Thompson**	**Commercial and Strategy Development Managers** Nicki Bromwich, Julie Hart	**Head of Informatics** James Brannan		**Head of Patient Safety** Jill Bailey
Corporate Affairs Manager Amy Shearman	**Deputy Programme Manager** Alan Exell						**Patient Safety Managers** Katie Lean, Geri Briggs, Jo Murray, Eileen Dudley
Special Projects Manager Megan Turmezei		**Project Manager** Lauren Davis		**Project Managers** Ashley Aiken, Geraldine Murphy	**Clinical Engagement Manager** Katie James **Data Analysts** Imran Maqsood, Helen Norman	**Project Manager** Mildred Foster	
	Programme Officer Rachel Davies	**Programme Officer** Ferdinand Manansala			**Administrator (Communications & Informatics)** Rochelle Nelson		**Exec Assistant & Snr Programme Officer** Amanda Garner

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

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

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

Appendix E - Summary of Key Milestones

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
Establishment of the Oxford AHSN	**Partnership Council Meetings/roadshows**					
	Delivery of the Annual Report and Annual Review					
	Oxford AHSN 5 Year Strategy					
Best Care	**Closure/handover of network activities to other entities.**		◆			
	Launch of new structure to govern remaining network activities		◆			
Clinical Innovation Adoption	**Collection of data regarding adherence to all relevant NICE TAs and High Impact Innovations**			◆		
	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 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	Intra Operative Fluid Management Project Estimated Completion (commenced 2014/15)	◆		◆		
	Catheter Acquired Urinary Tract Infection Project Estimated Completion (commenced 2014/15)				◆	
	Early Inflammatory Arthritis NICE Project Estimated Completion (commenced 2014/15)	◆				
	Biosimilars				◆	
	Fragility Fracture Prevention Service Estimated Completion (commenced 2015/16)			◆		
	Falls Prevention Strategy Project Estimated Completion (commenced 2015/16)			◆		
	Respiratory- Estimated Completion (commenced 2016/17)					◆
	Pneux (tracheal tube for ICU ventilator)					◆

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	NIC (Non-injectable Connectors)					◆
	Wiresafe (guidewire patient safety)					◆
	Thrombectomy (Mechanical device)					◆
	Urolift (benign prostatic hyperplasia implants)					◆
	Strategic and Industry Partnerships Project to be agreed- Estimated Completion					◆
	National AHSN Innovation Project to be agreed- Estimated Completion (Commencing 2016/17)					◆
	Select 10 innovations for 2018/19				◆	
	Start delivery new innovation portfolio					◆
	National AHSN Innovation Project to be agreed- Estimated Completion (Commencing 2016/17)	◆				

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
Strategic and Industry Partnerships (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**	◆				
	Support industry group to improve infrastructure across Oxfordshire	◆				
	Provide support in the running and marketing of digital health events across the region	◆				
	Establish one new JV or industry partnership				◆	◆
	Establish consultancy business			◆		
	Initiative diagnostic evaluations	◆		◆		◆
	Establish digital innovation pathway and accelerator			◆		◆
	Oxford Martin School Project				◆	◆
	Support regional cluster activity		◆		◆	
	Deliver one new funding initiative				◆	◆

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	West Midlands AHSN partnership		◆			
Informatics Local Digital Maturity	Review CCG assessment and roadmap	✔				
	CIO forum to initiate local maturity model for the region		✔			
	Initiate a cross organisation assessment and visualisation		────────────────►		◆	
Informatics Research Informatics Focused on the deployment of Clinical Records Interaction Search (CRIS).	Partner engagement					
	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 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
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**					
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	──────	→	◆		

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	Training super users in the ability to create new reports.		→	◆		
PPIEE	Framework for supporting organisational and system–based patient centred care developed (year 5) and implemented (year 6) across all partner organisations		◆			◆
	Strategic direction Revise strategy and publish incl joint statement on PPI in research with links into work plans for individual organisations.			◆		
	Communications and broadening PPIEE activity across the Oxford AHSN region Regular publications - involvement newsletter, publicising PPIEE events, and case studies	◆	◆	◆	◆	◆
	PPIEE Network development **Leading Together network newsletter published** **Leading Together events held**		◆	◆		
	Leading Together - **Co-designed and co-delivered pilot for learning disabilities** - **Train the trainer programme held** - **Funding sought for further rollout**			◆	◆ ◆	

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	Informatics **Agreed set of person-centred care metrics developed and tested with local organisations**			◆		
Living Well Oxford	**Public involvement** **Evaluated and held celebrating success event for aging and dementia pop-up shop**		◆			
	Continued education **Links with PPI in Universities to be developed over the year**	◆	◆	◆		
Patient Safety	**Maintain, consolidate and sustain current clinical programmes and function of PSC**	◆	◆	◆	◆	
	Design integrated approach to clinical adoption across PSC, Industry Partnerships and Clinical Innovation Adoption	◆	◆	◆	◆	

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	Deliver integrated approach to clinical adoption of patient safety devices across three themes and evaluate				◆	◆
	Support and enable Maternity and Neonatal Collaborative	◆	◆	◆	◆	◆
	Build widespread capability in partnership with local organisations	◆	◆	◆	◆	◆
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	◆	◆	◆	◆	◆

Appendix F Alignment of Business Plan with Five Year Forward View

Key Point from Five Year Forward View	Oxford AHSN Contribution
NHS needs to form new partnerships with local communities	The Oxford Academic Science Network is a partnership of NHS providers, commissioners, universities and life science companies to improve health and prosperity in Bedfordshire, Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire. All our work involves forging partnership and collaboration between the NHS, Universities and Industry in accordance with Licence Objective 3. Creation of a family of Clinical Networks working with a common purpose, vision and strategy to scale the concept of partnership formation with local communities.
Radical upgrade in prevention and public health (obesity, smoking, alcohol)	Clinical Networks increasing prevention medicine as a priority in Years 4-5: Children's and vaccination, Maternity and extremely pre-term baby protocols, or Small for Gestational Age identification. Get Physical – major regional event brought together 200 health professionals together to discuss how physical activity and improve patient and staff health and well-being – steering group following up with collaborative opportunities across the region. 200 managers from public and private sector organsations brought together in 3 events to learn about staff health and wellbeing initiatives. Set up NHS works force health and wellbeing group
Greater control of personal budgets including shared budgets with social care	Collaboration and alignment with local SCN continues to grow

Integrated Care – breakdown barriers between primary and secondary care and between physical and mental health services **Local solutions (integrated services) BUT within national prescribed options** **Integrated out of hospital care and Primary and Acute care Systems** **More investment in Primary Care**	Anxiety & Depression: continue extending IAPT services to patients with Long Term Conditions and co-morbid anxiety and depression; extending IAPT services to children and young adults. Children's: working with primary care and public health to increase vaccination rates, and to train primary and secondary care referrers in order to achieve consistency in referrals. Dementia: extending best practice into care homes and post-diagnostic support; Extending support for younger adults with dementia and their carers. Clinical Innovation Adoption is supporting adoption of technologies in primary care to reduce demand on emergency services, e.g. by improving control of anticoagulation and ECG monitoring in the community. Uptake will be monitored to ensure the impact of adoption is realised. Informatics is supporting Best Care and Patient Safety to determine unwarranted variation, e.g. in admissions and outcomes. Strategic and Industry Partnerships diagnostic and digital programmes in primary care setting
Redesign urgent and emergency care	Strategic and Industry Partnerships focus on introduction of new POC diagnostics and digital health solutions. Near patient phenotyping in asthma and COPD to enable precise prescribing is supported and funded by Clinical Innovation Adoption and the commercial partner Circassia

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

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

Appendix G Alignment of Business Plan with AHSN Licence Objectives

Programme / Theme	Improving Outcomes	Innovation adoption	Partnership & Collaboration	Create Prosperity
Best Care	✔	✔	✔	✔
Clinical Innovation Adoption	✔	✔	✔	✔
Research & Development		✔	✔	✔
Wealth Creation		✔	✔	✔
Informatics	✔	✔	✔	✔
PPIEE	✔	✔	✔	
Patient Safety	✔	✔	✔	✔