

## Oxford AHSN Year 5 Q1 Report

For the quarter ending 30 June 2017

Professor Gary A Ford CBE FMedSci



**'From Assurance to Inquiry' – The Oxford AHSN Patient Safety Collaborative Annual Conference welcomed over 90 delegates to our third annual conference held on 25 May 2017. Read a full report [here](#)**

Delegate comments about the conference:

*'Assurance is never enough, every incident has lessons to be heard and protecting our customers - brilliant'.*

*'I feel more empowered to include patients in my safety work'.*

*'interesting variety of speakers'*

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## Chief Executive's Review

This quarter has been very productive across all our programmes. The Strategic and Industry Partnerships team has been very active in supporting major grant applications for our partners and running and supporting several key events in the region. Clinical Innovation Adoption has initiated 11 new projects in the quarter including important medical devices to improve patient safety. Best Care has completed its restructuring and has secured £500k of new funding to sustain 5 clinical networks. With support from industry, a new Inflammatory Bowel Disease clinical network is being formed, led by Professor Simon Travis.

We have produced four case studies improving patient outcomes and patient safety in physical and mental health:

- Improving patient outcomes following high-risk surgery through better use of Intra-Operative Fluid Management (IOFM) across the region to optimise outcomes and reduce length of stay.
- Improving return rates to psychiatric wards of patients on leave. Modern matron Nokuthula Ndimande received the 2017 Mental Health Nurse of the Year award from the British Journal of Nursing for her work in this project.
- The Hill – a grassroots healthcare ideas lab at the heart of Oxford's medical, academic, technology and entrepreneurial communities to create a supportive environment where innovators can harness technology to solve NHS problems.
- Improving the care and life chances of young people who develop psychosis through effective early intervention – over 4,000 patients are accessing specialist EIP services more quickly across southern England.

A recent talk I heard on influencing policy through evidence emphasised the key role of case studies in demonstrating research impact. We have produced 3-4 case studies each quarter to show the impact of our partners work; a summary of the 48 case studies produced to date during our first licence period is shown in Annex D.

To deliver innovation into practice and support system transformation and improvement most of our time is spent working with frontline clinicians. Local NHS governance structures are evolving and we are actively supporting the new STPs. A considerable achievement of our partners is the designation of Accountable Care Systems (ACS) in two of the local four STPs (Frimley and Bedfordshire, Luton and Milton Keynes) and two of the sub-STP regions of the BOB STP (West Berkshire and Buckinghamshire). The diagnostics and digital health solutions that we are evaluating will be important to support delivery of the vision of high quality out of hospital care that our ACSs and STPs are developing.

We await final details of the AHSN re-licensing process. AHSNs will have two core objectives of delivering accelerated innovation and growth in life sciences, and service transformation for the NHS. NHS England are developing a set of national metrics to assess progress of the AHSNs. Experience to date has been that it is a challenge to develop appropriate metrics across 15 AHSNs to measure the collective impact on innovation adoption and system transformation. Metrics make good servants in monitoring progress of our work but are poor masters if they lead to AHSNs focusing on improving process measures that do not link clearly to clinical and economic benefits. For that reason the starting point for all our proposed projects is to ask how will this improve patient outcomes and provide value to our regional partners.

**Professor Gary Ford CBE, FMEDSci**  
**Chief Executive Officer, Oxford AHSN**

## Oxford AHSN case studies

- Improving patient outcomes following high-risk surgery through better use of technology
- Improving return rates to psychiatric wards
- The Hill – putting innovation at the heart of healthcare in Oxford
- Improving the care and life chances of young people who develop psychosis through effective early intervention

### Case study:

#### Improving patient outcomes following high-risk surgery through better use of technology

##### Supportive quotes

*“The Oxford AHSN added value - before their involvement we were using the technology but not capturing the data properly. Now we have robust data collection. The AHSN also came to the rescue with financial support.”*

Dr Venkat Hariharan, Consultant Anaesthetist, Milton Keynes University Hospital

*“This project has brought us many benefits. Previously we didn’t record our data, now we have data we can rely on. The Oxford AHSN’s input has also led to better quality improvement processes and financial benefits too.”*

Dr Hamish Breach, Consultant Anaesthetist, Great Western Hospitals, Swindon

##### Overview summary

Clinical leaders are working with the Oxford AHSN to improve patient outcomes by maintaining optimal fluid status during and immediately after major and high-risk surgery. This process known as intra operative fluid management (IOFM) is improving recovery and reducing length of stay.

The Oxford AHSN is supporting a regional network of anaesthetists and theatre staff from six acute trusts enabling them to make better use of IOFM technology, overcome barriers to adoption and establish a consistent, structured approach to IOFM use.

Over three years this project has aligned closely with both national and supra-regional quality improvement initiatives to deliver significant region-wide improvements in care.

These include:

- reducing the median length of stay for emergency laparotomies by almost two days
- reducing mortality rates by more than 4% in three out of five trusts
- achieving mortality rates below the national average for emergency laparotomies at four out of five trusts

As well as supporting frontline NHS staff this work is influencing national policy-makers. The project's [Phase 1 Benchmarking Report](#) highlighted barriers to clinical adoption. It was referenced in the [NICE review of Medical Technology Guidance 3](#) (page 5). This project is now in Phase 2 and is addressing the recommendations from the initial phase.

### **Challenge identified**

The use of intra operative fluid management (IOFM) technology enables anaesthetists to monitor and manage a patient's hydration status during and immediately after major and high-risk surgery such as emergency laparotomies and major elective colorectal surgery. Maintaining optimal fluid status minimises post-operative complications and contributes to better recovery. When used appropriately IOFM technology has been shown to be both clinically and cost effective when compared to conventional fluid management techniques.

Clinical utilisation of IOFM has been varied across the region and nationally, with some anaesthetists adopting the technology into everyday practice – and others using it rarely if at all.

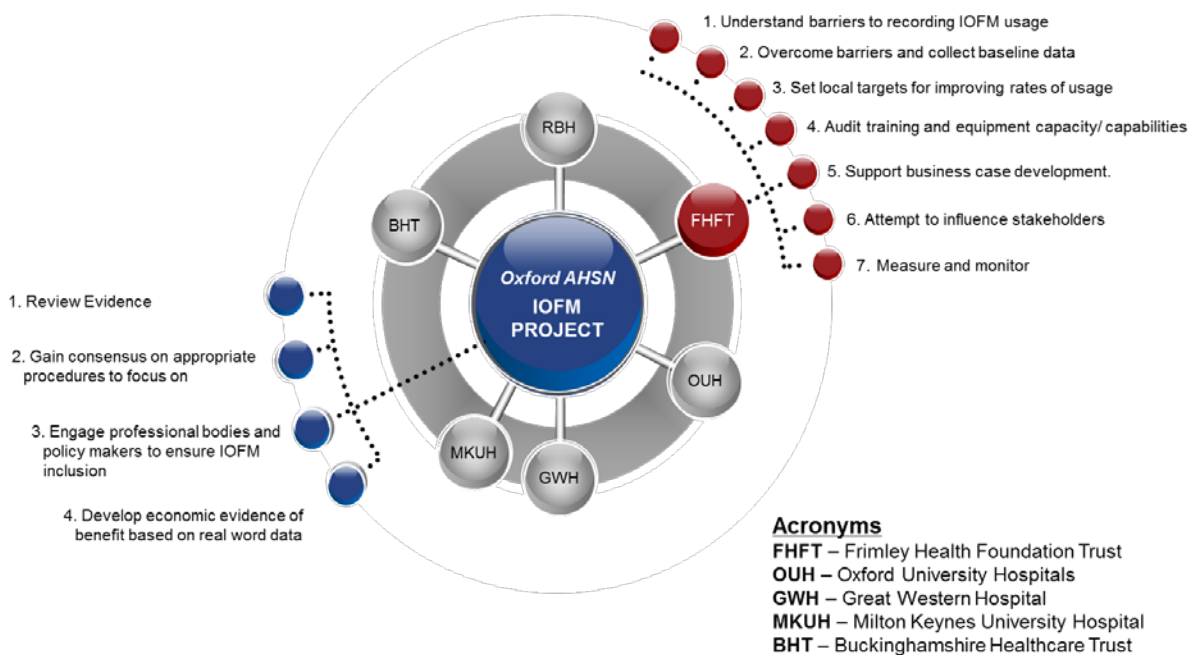
There appears to be an important place for IOFM in the peri-operative care of patients undergoing high risk surgery, with almost 80% of anaesthetists in the Oxford AHSN region considering IOFM to be a valuable tool in anaesthesia.

The Oxford AHSN developed a project to understand the barriers to adoption of the technology, to address these and optimise usage.

### **Actions taken**

In Phase 1 the project reviewed current practice, securing buy-in from all six acute trusts in the Oxford AHSN region. The project was led and informed by frontline clinicians, including 130+ anaesthetists, other clinicians, managers, commissioners and suppliers of intra operative fluid management (IOFM) technology. It also worked with Central Manchester University Hospitals NHS Foundation Trust (and through them the Greater Manchester AHSN). The aim was to understand barriers to clinical adoption, establish benchmark data, identify unwarranted variation, share learning and agree a project structure supporting the appropriate adoption of IOFM.

Individual recommendations and reports were produced for each participating organisation. A national report was published with NHS Benchmarking and NHS Improving Quality, supported by NHS England and the national Enhanced Recovery Programme: [http://www.oxfordahsn.org/wp-content/uploads/2015/10/12508\\_Oxford\\_AHSN\\_IOFM\\_36-page\\_Report-005.pdf](http://www.oxfordahsn.org/wp-content/uploads/2015/10/12508_Oxford_AHSN_IOFM_36-page_Report-005.pdf)



Phase 2 is focusing on addressing the recommendations from Phase 1 across five trusts. Each signed up to undertake local activities (see red section in diagram above) and regional activities (see blue section).

## Impacts/outcomes

### 1. Understanding barriers to adoption

- Evidence of effectiveness
  - Many clinicians accept that evidence justifies IOFM use to improve outcomes of high risk surgery. However, some are still awaiting a conclusive answer from a randomised control trial.
  - **The AHSN conducted a comprehensive literature review and summarised the evidence. This helped clinicians agree where IOFM should be used.**
- Access to IOFM equipment
  - Some trusts had limited access to IOFM monitors
  - **The AHSN supported trusts to develop business cases and secure executive sponsorship to procure 13 new IOFM monitors taking the total in the region from 86 to 99 (a 15% increase).**
- Training
  - Junior anaesthetists expressed an interest in learning how to use IOFM technology and the lack of opportunity to train/use monitors.
  - **The AHSN facilitated structured training.**
- Tracking
  - A significant issue for many trusts was that IOFM usage is not recorded accurately in theatre systems and the appropriate code Y73.6 is rarely used. This data is important in enabling trusts to optimise usage
  - **Plans have been made to modify theatre systems to allow more accurate recording, reporting and coding of IOFM usage.**

2. The AHSN looked to support work to optimise IOFM use in selected high risk surgery (emergency laparotomies). Key outcomes included:

- All trusts in the region utilising IOFM above national average
- four out of five trusts achieved Oxford AHSN utilisation target of 75%

**3. Aligning closely with both national and supra-regional quality improvement initiatives, this project contributed to delivering significant region-wide improvements in care including:**

- Reducing the median length of stay for emergency laparotomies by almost two days
- Reducing mortality rates at three out of five trusts by more than 4%
- Achieving mortality rates below the national average for emergency laparotomies at four out of five trusts.

**AHSN priorities addressed**

- Care and quality
- Improving health
- Spreading innovation

**Future plans**

- Trusts in the region have expressed an interest in being involved in an upcoming randomised controlled trial (<http://www.floela.org/>) looking to determine conclusively the benefits of IOFM in emergency laparotomies.
- Promotion of the benefits to patient outcomes through optimum use of IOFM technology will continue.
- Further training and education will be offered to regional anaesthetists.
- Work is underway to modify theatre systems to improve recording and reporting of IOFM usage.

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## **Case study: Improving return rates to psychiatric wards**

### **Supportive quotes**

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

Nokuthula Ndimande, Matron, Oxford Health NHS Foundation Trust

### **Overview summary**

A marked and sustained improvement in the numbers of psychiatric patients returning on time from leave has been achieved by a project led by the Oxford AHSN Patient Safety Collaborative. A 50%+ rise in punctuality has been recorded consistently at the growing number of wards taking a new approach – three trusts have adopted it so far. Fewer patients returning late from leave has many benefits including improved patient safety and less staff and time diverted to search for missing patients.

The project has also prompted a policy change - the incorporation of a ten-minute search period. There are now clear procedures for absconding with increased adherence to policy. Patients feel more empowered too - conversations about leave have moved from primarily concerning rules and sanctions to open discussions about the purpose and value of being away from the ward.

### **Challenge identified**

Service users absconding from acute psychiatric wards is a significant safety issue. In some instances, the consequences of absconding can be catastrophic: between 2003 and 2013, 22% of inpatient suicides in England occurred following an incident of absconding from mental health wards. Service users who fail to return on time are also at greater risk of self-harm, self-neglect, missed medication and interruptions to treatment plans. Absconding incidents can also cause relatives and staff distress and anxiety and can lead to deterioration in the relationship between staff and relatives.

Absence from a mental health facility without permission includes both leaving the ward without permission and failure to return at an agreed time. Absconding and failure to return disrupt the ward’s therapeutic environment with staff diverted onto searches.

Each psychiatric ward typically manages 20-25 periods of leave a day – that number is rising due in part to the smoking ban. There is no universally agreed definition for absconding. In this project late return was defined as “any inpatient, detained or informal, who fails to return to the ward later than 10 minutes over the leave period that was agreed and documented by ward staff, and has not made contact with the ward to agree a later return time”.

### **Actions taken**

The aim was to improve rates of safe return for detained and informal service users taking planned leave from acute psychiatric wards. The project began on one ward and has so far spread to three NHS trusts.

The programme aims to reduce the number of inpatients who fail to return to the ward at the agreed time. All acute psychiatric wards aimed to improve their return-on-time rates by 50% in one year.



The focus was on changing patient perceptions of the leave planning and management process from seeing it as restrictive to a compassionate part of their care.

The ward teams were educated in Institute for Healthcare Improvement (IHI) quality improvement methodologies. Training sessions were coordinated by the Oxford AHSN Patient Safety Collaborative. Staff received fortnightly coaching and collected weekly data.

New measures introduced included:

- books for signing in and out
- patient information leaflets
- pre-leave forms
- business cards with messages of care

### **Impacts/outcomes**

From an initial pilot on a single ward, the first trust to take this approach has now extended it across seven adult acute and recovery wards. The return rate rose from 52% to 88% between May and October 2016, an improvement rate of 69%, well above the target of 50%. The reduction in the number of patients returning late from leave has led to a significant reduction in staff time on searching for missing patients.

The project has also prompted a policy change - the incorporation of a ten-minute search period. There are now clear procedures for absconding across the organisation with increased adherence to policy. Where patients have failed to return from leave or time away from the ward, staff have been shown to have followed the new procedures.

Staff report more discussion about leave with patients and colleagues, and that patients feel more empowered to discuss their leave. Patients' attitudes to leave have changed, now seeing it as an important, compassionate part of their care which they are involved in negotiating and agreeing. Conversations about leave have moved from primarily concerning rules and sanctions to open discussions about the purpose and value of being away from the ward, inquiries about support while away and how to access help and support when difficulties arise.

Modern matron Nokuthula Ndimande received the 2017 Mental Health Nurse of the Year award from the British Journal of Nursing for her work on this project.

The project was featured in the 2016 PSC Impact Report and in a BMJ Open article. It was also highlighted at a number of national patient safety events.

### **AHSN priorities addressed**

- Care and quality
- Health and wellbeing
- Improving health
- Spreading innovation

### **Future plans**

Work is continuing to sustain the improved return rates and spread the approach to more wards and organisations within and beyond the Oxford AHSN region.

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## Case study:

### The Hill – putting innovation at the heart of healthcare in Oxford



#### Supportive quotes

Feedback from people attending events run by The Hill:

*“The positive approach of the management team, the contributors and the attendees worked to create a very vibrant set of discussions that will certainly result in commercially viable and clinically beneficial products and services.”*

*“I liked being able to bounce ideas around, and hear about other things that were going on, and learn (to me) new things.”*

*“Meeting the innovators, was great fun and we have now brought two of them in to see how we can work them.”*

*“It’s a great place to bring together people from the ideas to delivery of innovations.”*

#### Overview summary

The Hill is a not-for-profit grassroots healthcare ideas lab at the heart of Oxford’s medical, academic, technology and entrepreneurial communities. It aims to create a supportive environment where a community of innovators can harness technology to solve NHS problems. It is a partnership between the Oxford AHSN, Oxford University Hospitals NHS Foundation Trust, the Oxford Academic Health Science Centre and Digital Health Oxford. It is based at the John Radcliffe Hospital, Oxford.

An announcement relating to funding support through the European Regional Development Fund (ERDF) is expected imminently.

#### Challenge identified

There are many delays and barriers in getting digital health products into the NHS ecosystem and bringing benefits to patients.

## **Actions taken**

The Hill emerged during 2016 as a place where NHS frontline staff, researchers, doctors, engineers, patients, entrepreneurs and carers can get together and get the right support to develop their ideas.

The Hill ran a series of digital health 'pop-up' workshops attended by over 400 people in summer 2016. These covered the innovation pathway and effective collaboration to develop relevant products, offering insights from problem identification through to launching and scaling an innovation. These events provided a fantastic opportunity to network with like-minded people and potential support.

This workshops culminated in a "Dragon's Den"-style event where eight innovations were chosen for a pre-incubator programme to develop their ideas. This ran into 2017.

The Hill is now running its second summer series of digital health events, this time providing an opportunity for innovators to get one-to-one advice from an expert team of "experts-in-residence" on everything from concept to establishing a company.

## **AHSN priorities addressed**

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

## **Future plans**

The Hill will use the ERDF funds to work towards supporting more regional investment in digital health. The hope is that this will enable ideas from within the NHS system to grow and create new enterprises, support links with research institutions to enable research in digital health, introduce new digital health products into the NHS environment and potentially create new jobs within the region.

A project manager will be appointed at the John Radcliffe Hospital to be a first contact. There are also future plans to create an office base at the hospital. Oxford Brookes University architectural students are working on designs.

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## Case study:

# Improving the care and life chances of young people who develop psychosis through effective early intervention

### Supportive quotes

*'The Early Intervention in Psychosis service has been the stepping stone that I needed. The team has helped me step up and leave my mental problems behind. They gave me support to apply to university. They gave me so much encouragement.'*

Former patient

### Overview summary

Most NHS mental health services have high variability coupled with patchy record-keeping. However, by using a common assessment tool with providers' electronic health records, early intervention in psychosis (EIP) services in the [Oxford AHSN region](#) are working towards unrivalled data quality and completeness leading to higher standards and reduced variation. The new matrix tool is helping ensure more people with first episode psychosis get specialist help first time. An audit published in March 2017 showed that patients receiving treatment within 14 days increased from 64% (Sept 2015) to 83% (Sept 2016).

### Challenge identified

Psychosis is relatively common, disabling disorder affecting thousands of young people every year. It has a hugely detrimental impact on young lives and costs the UK economy an estimated £11.8bn per year. EIP services are a key priority identified in the [NHS Five Year Forward View](#) and in the [development of a first national referral to treatment time target for mental health](#) introduced from April 2016. Specialist early intervention for young people when presenting with first instance psychosis leads to better outcomes and reduces demand for mental health services. However, most NHS mental health services have high variability and patchy record-keeping.

### Actions taken

The programme developed an innovative real-time data analytics and visualisation tool called the EIP Matrix to help benchmark the quality of services. It is aligned to NICE key performance indicators including, duration of undiagnosed psychosis, interventions delivered, physical health and employment and education.

The Oxford AHSN Early Intervention in Psychosis Clinical Network has developed a shared approach since 2014, hosting the NHS England (South) Early Intervention in Psychosis (EIP) preparedness and assurance function. This involves working with NHS mental health service providers across the south of England (five AHSN areas), Wessex AHSN, third sector, NHS England, Public Health England, NIHR CLAHRC Oxford and carers. This includes 30+ organisations across 50 CCG areas from Kent to Cornwall.

Locally-based quality champions were appointed to own local data quality and completeness. Regular data reviews around an evidence-based, validated dataset were carried out and workshops and shared learning events took place. Peer reviews were organised to enable teams to learn from each other's strengths.

Best practice case studies were captured along with a video which has been viewed over 36,000 in 12 months: [https://www.youtube.com/watch?v=hGP\\_7cEP5cl](https://www.youtube.com/watch?v=hGP_7cEP5cl)

## **Impacts/outcomes**

More patients accessing specialist EIP services more quickly – currently over 4,300 across southern England. This is leading to better quality care and reduced symptoms. Annual savings across southern England are estimated at £16m based on a £4,000 saving per patient per year for those accessing EIP services compared to standard care (from health economic analysis - Tsiachristas et al BMJ Open, 2016).

There has been a significant increase in patients referred to smoking cessation services, from 21% in 2015 to 66% in 2016. Over the same period there has also been a 46% increase in individuals and families accessing family interventions, (from a 17% baseline to 24.9%). Almost half (42%) of people accessing EIP are in employment and/or education, whilst 72% are in settled accommodation.

The dashboard has been recognised by NHS England and featured at the Health and Care Innovation Expo event in September 2016.

## **AHSN priorities addressed**

- Care and quality
- Funding and efficiency
- Health and wellbeing
- Improving health
- Spreading innovation

## **Future plans**

The EIP Matrix is being adapted to support EIP teams in other regions. It has been redesigned to benchmark existing and emerging perinatal mental health services to support mothers who may experience mental illness before or after giving birth. The programme board and clinical groups will continue to spread good practice through virtual meetings (using Webex) and workshops. The programme intends to further strengthen data quality to support commissioning decisions and increase the proportion of patients seen by specialist early intervention teams within the new 14-day target for first episode psychosis.

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## Operational Review

Quarter 1 of 2017/18, our fifth year of full operations, has been very strong in terms of growth of engagement in our region and by delivery by the programmes and themes.

After the decision by the Board to reduce funding in January, restructuring of Best Care is complete. The Best Care team has worked hard to find new sources of funding (£500k), enabling five of the eight affected networks to continue, and, with the support of Amy Izzard, HR Lead, managing the impact on 41 people across the region. All but one of the seven at risk clinical network managers has been redeployed inside the AHSN or in the local healthcare system. Thanks also goes to the HR teams in Oxford Health and OUH.

Oxford AHSN Board approved the Business Plan for 2017-2019 which includes the first year of the new licence period (<http://www.oxfordahsn.org/wp-content/uploads/2017/06/2017-19-Oxford-AHSN-Business-Plan-Approved.pdf>).

I am in regular contact with the Directors of the four STPs that Oxford AHSN's NHS partners are members of to ensure they are aware of our enabling programmes, in diagnostics and digital health in particular. We are directly supporting projects for the acute providers in BOB STP, eg Best Care is supporting tele-radiology, endoscopy and procurement. We will have to adapt our engagement as two of the four STPs are becoming Accountable Care Systems as are two of the three partners in BOB - Buckinghamshire and Berkshire West.

### Building the network

During the last quarter 500 stakeholders attended events organised by Oxford AHSN. Including sponsored events and co-developed events the figure is 2,500. The five annual Partner Showcase events hosted by our NHS Trust partners included a wide range of presentations from local partners covering improvements and innovations in physical and mental health. Attendance, particularly of clinical leaders, is much stronger at targeted events, eg the Clinical Innovation Adoption programme ran an event for circa 50 clinicians and managers to learn more about new patient safety devices on the new national innovation and technology tariff; Patient Safety held its third annual conference "From Assurance to Inquiry", with guest speakers Suzette Woodward and James Titcombe attracting medical directors and many clinical leaders from all our regional partner trusts; Strategic and Industry Partnerships organised, sponsored or spoke at ten events including running a panel session at BioTrinity on "Big Data and Digital Health" and organising the Oxford NHS Genomic Medicine Centre launch on 27 June, attended by 70 people. PPIEE supported the Living Well week-long pop-up shop in Cowley as part of Dementia Awareness week. We are working effectively with other partners to co-develop, host and support events, eg we had four speakers at the well-attended and engaging NHS England South Central Medical Directorate conference and we co-produced the digital health and precision medicine technology showcase with the Oxford BRC.

The website has been improved significantly with major upgrades from Strategic and Industry Partnerships, Clinical Innovation Adoption and Patient Safety. All include valuable resources, links and videos and with improved layout making it easier for stakeholders to find what they need. We are extending the metrics that we monitor to measure website utilisation by stakeholders next quarter.

Twitter followers now exceed 3,000 and our newsletter subscriber base has increased by 10% since Q4 of last year to more than 2,200.

Oxford AHSN has produced numerous publications in the quarter. Martin Leaver, Head of Communications crafted the AHSN Network annual impact report. Please see [here](#)

### **Relicensing, stating Oxford AHSN and the Accelerated Access Review**

The process for re-licensing is ongoing and will be reviewed with Board members in July. There is no confirmation so far from NHS Improvement on future funding of Patient Safety beyond March 2019. Funding from the Office of Life Sciences has not been confirmed.

### **Working with other AHSNs**

We have 15 active projects with other AHSNs. Examples include CIA's Atrial Fibrillation programme, Informatics' Global Digital Exemplar project with GM AHSN, and Strategic and Industry Partnerships co-hosting a diagnostics in emergency care conference with West Midlands AHSN. I am co-ordinating a meeting for UCL Partners, Eastern AHSN and ourselves to hold a support workshop with Bedford, Luton, Milton Keynes STP which straddles our three AHSNs. The toolkits produced by CIA for the clinical workshop on patient safety devices will be published and shared nationally.

### **Progress, KPIs, top level milestones and national AHSN metrics**

**Best Care** has completed its restructuring. Over £500k of external funding has been secured by the programme, with an additional £60k released by the AHSN to maintain five of the eight Clinical Networks until March 2018. Maternity has moved to patient safety to better align with the national maternity safety collaborative. Five clinical networks will continue within the Best Care programme including a new Inflammatory Bowel Disease network that has secured industry funding. Children's, Medicines Optimisation and Respiratory clinical networks remain unfunded and they will close on 30 June 2017. Despite imminent closure, the Children's Clinical Network completed a great deal of work in the last quarter - a summary of the network's final publications is in the Best Care report.

**Clinical Innovation Adoption** started 11 new projects in the quarter with focus on several important medical devices to improve patient safety. The NHS Innovation Accelerator information day was attended by 50 clinicians and managers and leads from six other AHSNs. In addition to direct support to clinicians adopting innovation in practice the programme is enabling frontline staff to innovate and to spread innovation through CIA's Innovating in Healthcare Settings programme (with support from Health Education England Thames Valley), which has also been adopted by Imperial College Health Partners. The programme is also developing supporting tools for industry to improve access to UK and other European markets (with funding from EIT). The catheter-association urinary tract infection programme has almost completed the e-learning package, supported by HEETV. After investing a great deal of time and effort we have closed the FeNO respiratory diagnostic testing project as the commercial innovator wishes to conduct a research project rather than an implementation project.

**Research and Development** continues to support collaboration by the research community in universities and the NHS. The highlight for the quarter is the launch of the Thames Valley Clinical Trials Unit with 110 attendees including leaders from the University of Reading, Royal Berkshire and Berkshire Healthcare. R&D in the Berkshire community is growing at pace.



**Strategic and Industry Partnerships (SIP)** forges ahead in strengthening regional relationships, supporting major grant applications and supporting local innovators from industry working with the NHS. Over 50 projects are at various stages of progress across all of its key priorities. To date the programme has completed over 45 specific projects. The team has engaged with 50 companies during this quarter.

The SIP Business Plan for 2017/18 is focusing on the Accelerated Access Review, the Government's new industrial strategy and the current challenges associated with containing healthcare costs. To sustain the programme, and the broader AHSN, the team is not only seeking funding through grants for our partners but also focussing on generating income through other sources, such as through industry sponsored projects.

Achievements in Q1 include:

- The Oxfordshire Transformative Technologies Alliance submitted the Science and Innovation Audit to BEIS on 26<sup>th</sup> May. The Oxford AHSN led on the digital health theme
- Three separate assessments of the Horiba Microsemi<sup>CRP\*</sup> haematology testing system have been completed at OUH, Stoke Mandeville and Wexham Park
- Drafting of the Digital Health Roadmap has been completed - publication is scheduled for Q2
- The Oxfordshire ISfB funding application is awaiting final announcement by the Department for Communities and Local Government. Under the terms of the award, TheHill will receive just over £200,000 to support establishment of an innovation hub at John Radcliffe Hospital
- An Innovate UK-funded project "Decision Support Systems for Stratified Cancer Treatment", which is led by Physiomics, has commenced
- TheHill held three *Experts in Residence* events at the John Radcliffe Hospital

**Informatics** is providing excellent analytics and information governance support to the AHSN's programmes and themes.

The Informatics team, in collaboration with the SIP team and partners, Arden and GEM CSU and GM AHSN, is undertaking three strategic projects on behalf of NHS England to measure and improve digital capability in the NHS.

The team is also providing critical Information Governance and data acquisition support for our collaboration with DHL/Vizient to develop clinically-led procurement in our bid for the DH Future Operating Model contracts.

Work continues on developing the bid for the Data Lake.

**PPIEE** has evaluated the Leading Together programme and through further support of HEETV will train further cohorts of patient leaders and healthcare professionals in co-development. Patient involvement is well-established in our programmes and themes – we are grateful to patients who gave their stories and support in our partner showcase events in May.

**Patient Safety.** Katherine Edwards, who led our very successful Maternity Clinical Network, is our new Head of Patient Safety following Jill Bailey's return to Oxford Health. Katherine has moved the maternity network over to patient safety to better align the AHSN with the national maternity safety collaborative. Professor Charles Vincent has stepped down as clinical lead but we will continue to

benefit from his strategic guidance as he has kindly agreed to join the Oversight Group. Steve McManus, CEO of Royal Berkshire, has agreed to chair the Oversight Group which has been further strengthened by being joined by Ian Reckless, Medical Director from Milton Keynes University Hospital.

Jill and Charles have established a strong patient safety theme that Katherine and her experienced and skilful team are building on. Engagement is strong in the region with over 100 senior clinicians attending the third annual Patient Safety conference (see front cover to this report). Patient Safety produced a summary report which can be found on the website.

We are negotiating the SeeData Life contract to ensure it has robust information governance terms and an appropriate user agreement.

The Head of Patient Safety and the Patient Safety Managers continue to offer QI training to all clinical project teams to develop their skills. The approach is to train teams in their busy clinical settings rather than through mass 'chalk and talk' sessions which, as experience has shown, do not embed learning.

## Key Milestones – progress to date

Programme/Theme	Key milestones 2017/18	Q1 Progress
<b>Corporate</b>	Oxford AHSN re-licensing Procurement contract Application for OLS funding	The process for relicensing AHSNs from 2018 is becoming clearer. Procurement contract is on track – confirmation September 2017. OLS funding yet to be confirmed.
<b>Best Care</b>	Secure funding for clinical networks Close networks that cannot secure funding	Five pre-existing networks and one new clinical network funded. Three networks closed.
<b>Clinical Innovation Adoption</b>	5 more innovation adoption projects in final stage of deployment 25 more innovators trained on Practical Innovators Course	11 new projects started in Q1
<b>Strategic and Industry Partnerships</b>	One new joint venture or industry partnership	Several options are under consideration.
<b>Informatics</b>	Bid for Data Lake	On track
<b>PPIEE</b>	Plan for sustainability beyond March 2018	Ongoing
<b>Patient Safety</b>	Three programmes showing safety improvement	On track
<b>Stakeholder Engagement and Communications</b>	Partner showcase events	Partner showcase events delivered

## Key Performance Indicators (KPIs)

Programme	High level KPIs (measured annually unless otherwise stated)	As at Q1
Best Care	TBC, following consultation process – update will be provided in Q1	KPIs remain in discussion within senior AHSN team. To be finalised with reference to new AHSN Licence document in Q2.
Clinical Innovation Adoption	Average number of Community/Mental Health Trusts and Community adopting each innovation  (1) Planning to implement (2) Implemented (3) Participating	90% 42% 100%
Clinical Innovation Adoption	Average number of Acute Trusts adopting each innovation  (1) Planning to implement (2) Implemented (3) Participating	90% 42% 100%
Strategic and Industrial Partnerships	Amount of investment leveraged in the region (including savings)	£435,898
Strategic and Industrial Partnerships	Number of people employed in life science industry	19,753
Patient Safety	Maintaining and increasing the amount of premature babies born in a level 3 unit ( $\leq 27$ weeks gestation or $\leq 28$ weeks in multiple pregnancy, or estimated fetal weight of 500g)	The improvement in the percentage of premature babies being born in a Level 3 unit has remained steady for this quarter (between 75%-80%)
Patient Safety	Increase adoption of AWOL project in Berkshire Healthcare and CNWL to increase return rates by 50% on all acute wards	The project has been launched on two wards at Milton Keynes and in West London on Ebery Ward.
Stakeholder engagement	Number of subscribers to the Oxford AHSN Newsletter and Twitter followers per quarter	The number of Twitter followers 3,025 at the end of the quarter (2,835 at the end of Q4 2016/17) An additional 200 Newsletter subscribers signed up by the end of Q1 – total 2,200.
Stakeholder engagement	Number of visits to Oxford AHSN website per month	KPIs to be reviewed to take account of additional websites – consolidation of stats planned for Q2
Stakeholder engagement	Number of attendees at all AHSN events per quarter	500 people have attended events to date with strong attendance particularly at the single theme/topic meetings e.g. Patient Safety Conference and CIA Patient safety event

**Finance**

16/17 forecast expenditure matches the Business Plan at £4.1m. This factors in some prior year underspend brought forward of £557k. Forecast revenue of £3.5m is £0.1m better than plan.

Three months in to the new financial year we have just received the PO from NHS England for AHSN core funding. We have not yet been issued with a PO by NHS England for Patient Safety. Letters to our local partners for contributions are due out in July. We have been able to cover the cash shortfall from cash reserves.

We have a robust financial plan for 2017/18 to 2018/19. We are working hard to fill the funding shortfall anticipated from April 2019 as NHS England reduces our funding further.

**Risks and issues**

No new risks and issues to report.

**Dr Paul Durrands ACA CMILT**

**Chief Operating Officer, Oxford AHSN**

## **Best Care**

### Programme Overview

Following the Board announcement that the Best Care Clinical Network funding would be significantly reduced from the end of June 2017; over £500k of external funding has been secured by the programme, with an additional £60k released by the AHSN to maintain five of the eight Clinical Networks until March 2018.

Five Clinical networks will continue within the Best Care Programme, these are:

- Anxiety & Depression
- Dementia
- Early Intervention in Psychosis
- Imaging
- Maternity (now wholly funded and resourced from Patient Safety Collaborative – see full PSC report on page 49)

These networks are midway through a two-year plan, and we aim to keep them as far as possible to plans agreed in October 2015.

Children's, Medicines Optimisation, and Respiratory clinical networks remain unfunded and they will close in their current form on 30 June 2017. These networks have now finished their handover processes, completing the work that has been feasible in their final months and transferring ongoing projects to other groups.

In addition, we are pleased to announce a sixth clinical network, IBD and Gastroenterology, has secured external funding. Professor Simon Travis has been appointed the Clinical Lead, the post of Network Manager is currently out for recruitment.

Over the coming quarter the challenge for Best Care Programme is to create a strategy for the next licence period that builds on the strengths of the clinical networks and their role in clinical improvement to deliver key elements of the AHSN licence. This will clarify the purpose and direction of these undoubtedly effective teams and create a stable environment in which they can deliver and develop clinical benefit.

### **Anxiety and Depression Clinical Network**

Enhancing Recovery Rates remains a core element of the work, and the region's recovery rates remain consistently above the national average. Monthly performance and national data analysis is used to identify areas for improvement. Training and development events based on the data will continue to 2018. Membership of recovery rates group has also been reduced due to funding, with Luton and Beds being dropped. Key outcomes over the past quarter have been staff training in collecting Anxiety Disorder Specific Measures; and reducing 'hidden waits' i.e. patients waiting to step up to step 3 treatment. Over the coming quarter the focus will be on the importance of relapse prevention work with patients before discharge.

All Thames Valley IAPT services have been awarded Early Implementer funding (circa. £4 million) to set up and pilot new services. The clinical network will remain responsible for liaison between services and evaluation across the region. It is also responsible for the health economic evaluation. This is ambitious, ground-breaking work which is hoped to replicate across the country.

All CYP IAPT activity ceased on 1st April 2017. Though initial commitments have been delivered and more detailed activity on improving attitudes and culture around data collection in CAMHs has been explored. Discussions ongoing with SCN as to whether additional funding is available.

The Patient Forum continued to meet until 30 June 2017. There is no mechanism for continuing this work beyond that date.

PPEPCare training aspect will continue, funded by CCGs. The clinical network will coordinate and support activity. PPIPCare on the other hand has been put on hold though discussions are underway to transfer to a local IAPT service.

### **Children's Clinical Network**

The network will close on 30 June 2017.

The third variation report has been issued: <http://www.oxfordahsn.org/our-work/clinical-networks/children/addressing-variation-in-paediatric-care/>. However, there is no funding to support improvement activities based on the report.

POC testing Hariba trial currently underway with Wexham Park and Stoke Mandeville Hospitals and will continue to 100 lab tests. This project will be taken on by the Strategic and Industry Partnerships team.

The Guideline Group has met and made a commitment to carry on meeting beyond June 2017 as they acknowledged the value. The last meeting included a representative from the Paediatric Innovation, Education and Research Network (PIER).

Network nurse presented to RCN international research conference on "An analysis of enquiries relating to Men B vaccination received to a regional immunisation advice service for health professionals"

A report into the effectiveness of the Milton Keynes flu vaccination pilot (where a dedicated nurse identified and vaccinated patient attending outpatient clinics has been released:

<http://www.oxfordahsn.org/our-work/clinical-networks/children/childrens-flu-information-and-immunisation-201516/delivering-the-flu-vaccine-in-paediatric-outpatients-a-new-model-of-immunisation/>

The paediatric antibiotic prescribing guidelines have been approved and released:

<http://www.oxfordahsn.org/our-work/clinical-networks/children/tackling-antimicrobial-resistance-by-harmonising-paediatric-antibiotic-prescribing-guidelines/>

A final report was produced to disseminate achievements and areas of continuing work to stakeholders:

<http://www.oxfordahsn.org/our-work/clinical-networks/children/network-achievements-2014-17/>

### **Dementia Clinical Network**

Webinar programme - continues as a mainstay of the clinical network activity and a programme is being planned for the rest of the financial year. The hope is to broaden the appeal to allied health professionals. Emailing list for webinars are now 357. Recent webinars have been run on FTD phenocopy (David Rowe from Cambridge); MSNAP (Martin Orrell, Chair of MSNAP National committee) and 'How does alcohol affect the brain and cognition?' presented by Dr Anya Topiwala.

MSNAP reaccreditation - Maureen Cundell's work will continue until March 2018. Recently we have supported Milton Keynes service's self-assessment phase for reaccreditation. We have held an innovative Fire drill using simulation suits

Care homes in-reach teams - CPD workshop for care home in-reach team held in April 2017 engaged with HEETV to coordinate educational initiatives in care homes.

Younger persons with dementia project now completed in East Berks with confirmed recurrent full time funding for the charity from CCG and a part-time admiral nurse. Milton Keynes has received pump-prime funding to set up a similar service.

### **Early Intervention in Psychosis Clinical Network**

The first presentation of common assessment framework data was made to the steering group in May. This was well-received and highlighted areas for focus, particularly consistency in data recording. Training is being arranged to support the teams.

The EIP Matrix is being used across the NHS England southern region. Ongoing support has been given to local EIP teams to complete the EIP matrix. A greater emphasis on NICE interventions is being explored, with leaflets and resources being designed to raise expectations for clients and a reminder for staff.

A peer review methodology has been developed (using appreciative enquiry) to support exchange visits with EIP teams from across the regions to constructively share good practice and training.

A full programme of patient and public involvement service user groups has been developed across the Oxford AHSN area. The Oxford group has met several times, the topics and themes of meetings are developing and diversifying based on the volunteers' suggestions. These include healthy cookery, bowling, social evenings, as well as those sharing their experiences of psychosis. The patient groups are being consulted on developing materials for mental health campaigns. The PPI coordinator has resigned from the team and we are seeking alternative sources of support.

### **Imaging Clinical Network**

Patient videos - viewing figures continue to grow. Please see [here](#) for 'Having an Ultrasound scan with Ollie the Ultrasound robot'. A new video has been edited and is waiting for approval from the clinical team.

Tele-radiology - connectivity has been established between Oxford University, Royal Berkshire and Milton Keynes hospitals. Buckinghamshire Healthcare, Bedford Hospital and Gloucester Hospital are the next planned links. Ongoing testing to ensure stability. BOB STP supports and is funding the development of a business case to in-source all image reporting currently out-sourced.

Lung Nodule early detection software is being developed through EIT and i4i grants and in partnership with OPtellum Ltd, an Oxford-based technology start-up.

### **Medicines Optimisation Clinical Network**

The clinical network will close at the end of June 2017.

CBT for consultations - training continues with 100 staff now trained. Evaluation of effectiveness of training has indicated successful delivery.

Falsified Medicines project continues, with report released on efficacy in stage 2 trials:



bmjopen.pdf



## Clinical Innovation Adoption (CIA)

### Summary

The programme has had an excellent start to the new financial year with 11 new activities already in place as pre-planning and preparation during Q4 enabled us to hit the ground running. The table below shows new activities in green, along with projects that are in progress and others that have been closed.

Project Titles	Start	End	Project Description
Surgical - benign prostatic hyperplasia - Urolift	Jun-17	Jun-19	Innovation via Innovation Tariff
Atrial Fibrillation - Detect Innovation	May-17	Mar-18	Devices supported by NHSE procurement
Heart Failure - POC/service	May-17	Mar-18	Initiated through regional interest
Patient Safety Innovation - Non Injectable Connector	May-17	Jun-19	Innovation via Innovation Tariff
Patient Safety innovation - Pneux Tracheal Tube	May-17	Jun-19	Innovation via Innovation Tariff
Patient Safety - Wiresafe	May-17	Jun-19	Initiated through regional interest
Biosimilars	Mar-17	Mar-18	Initiated through regional interest
Atrial Fibrillation - Excellence in AF	Jan-17	Mar-19	Adoption from another AHSN
Atrial Fibrillation - Pharmacist Lead	Jan-17	Mar-18	New model supported by industry funding
Atrial Fibrillation - anti-coagulation project	Jan-17	Mar-18	New model for medicine optimisation keeping patients in their TTR
EU Health MAPS I (map access tool phase 1)	Jan-17	Dec-17	Working with entrepreneurs to accelerate access to UK & EU markets
Fragility Fractures	Jun-15	Jun-18	In progress
FallSafe Bundles	Jun-15	Mar-19	In progress
Stay in the Bay (falls innovation)	Jun-15	Mar-18	In progress
CLAHRC falls innovation regression testing for success	Jun-15	Mar-18	In progress
Early Inflammatory Arthritis	Jun-15	Sep-17	In progress
Practical Innovation Course	Jan-15	Jan-19	Working with clinical innovators to accelerate adoption and diffusion
Intra Operative Fluid Management	Jun-14	Sep-17	In progress
Catheter Acquired Urinary Tract Infection	Jun-14	Sep-17	In progress
SHARON - Eating Disorders Innovation	Jun-15	Sep-17	Data/evidence collection - commercialisation being explored
Gestational Diabetes Digital Device	Jun-14	Feb-17	Commericalised, sold and closed
Alcohol Nalmefene	Jun-16	Jun-17	Closed
Patient Monitoring	Mar-16	Jun-17	Closed
Respiratory	Jan-16	May-17	Closed
Alcohol General	Jun-15	Jun-17	Closed
Intermittent Compression Sleeves	Jun-14	Jul-17	Closed

We are particularly proud of our NHS Innovation Accelerator critical care patients safety devices information day that attracted over 50 attendees (clinicians, managers and leads from six other AHSN leads). Two more AHSN leads have been in contact following the event. The patient safety context and insight was provided by Prof Charles Vincent (Oxford AHSN Patient Safety Lead) and an implementation tool created by the CIA team was highlighted. More on this event below.

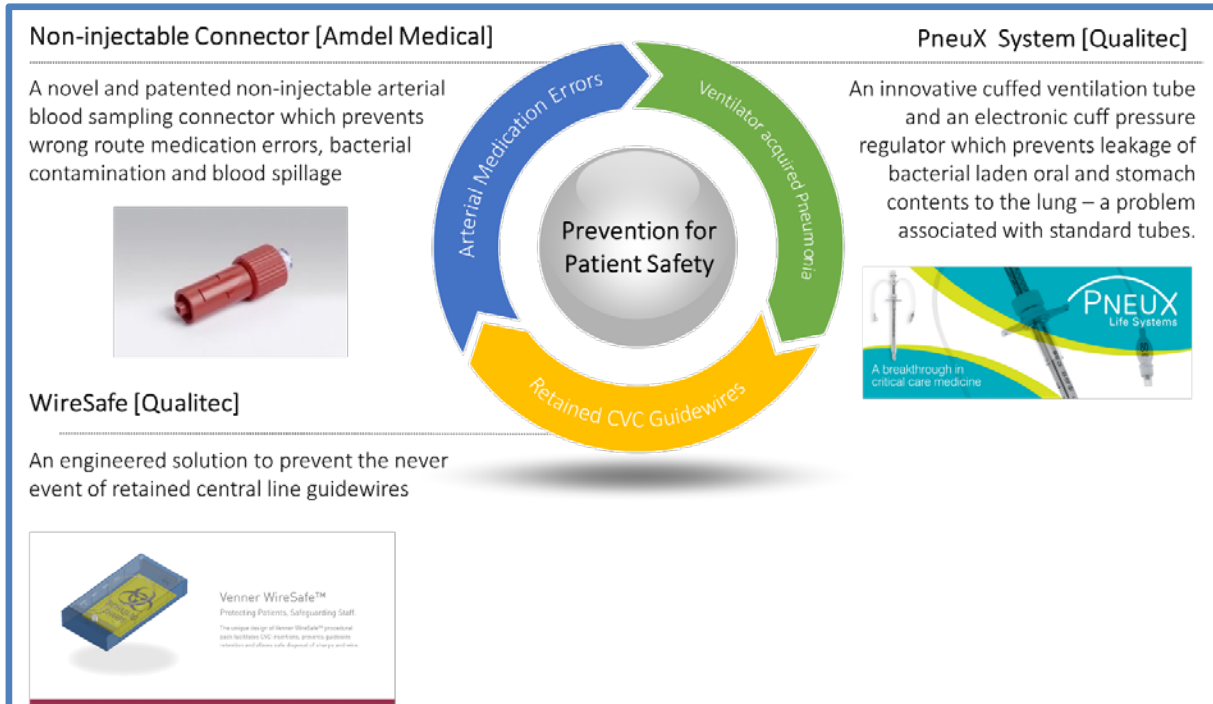
The programme continues to focus on adoption of innovation through activities that include enabling frontline staff through education and practical support such as the Innovating in a healthcare setting programme (now also being used at Imperial AHSN) as well as supporting industry by developing supporting tools such as the EU Health maps project that gives guidance on how to access the UK and other markets.

We have also made some infrastructure investments in an improved website.

**Patient Safety Devices**

**Project Overview**

The CIA team in conjunction with Oxford AHSN Patient Safety Collaborative is working closely with two NHS Innovation Accelerator (NIA) Fellows to implement three patient safety devices within critical care and operating theatres across the Oxford AHSN region. The devices provide engineered solutions that significantly reduce the possibility of human error and improve the safety of the most critically ill patients. The diagram below shows the three devices:



The PneuX System and the Non-Injectable arterial connector are two of six innovations that from April 2017 attract the new NHS England Innovation and Technology tariff. The WireSafe, while not attracting this tariff, has been recognised by the NHS Innovation Accelerator programme.

**Developments in Q1**

**Engagement**

The Oxford AHSN is working with all Trusts across the region to provide support and guidance in implementing these devices.

Engaged Trusts	
Frimley Health NHS Foundation Trust	Royal Berkshire NHS Foundation Trust
Milton Keynes University Hospital NHS Foundation Trust	Oxford University Hospitals NHS Foundation Trust
Great Western Hospitals NHS Foundation Trust	Buckinghamshire Hospitals NHS Trust

## **Implementation Packs**

- The Oxford AHSN has spent time working with innovators, suppliers and other Trusts who have adopted these devices to develop a framework process for implementation
- Using this process the Oxford AHSN has developed three comprehensive implementation support packs outlining in detail the key steps that Trusts will need to take to get these devices into practice, including all the information they are likely to need and how to overcome any barriers they might encounter during the implementation phase
- Feedback on these implementation packs has been extremely positive with requests to share coming from a number of organisations, other AHSNs, as well as other companies covered by the Innovation and Technology tariff

## **Regional Meeting**

- In May, the Oxford AHSN held a meeting bringing together ICU consultants, practice development nurses and ICU nurse leads across the region to discuss the three innovations
- The meeting was well attended by 5/6 Trusts in the region as well as the innovators, suppliers of the devices and other AHSN leads
- The meeting served to give a clinical introduction to the devices as well as to launch the AHSN implementation support packs for the three devices
- The Oxford AHSN has led nationally on driving the implementation of these devices and other AHSNs are taking the implementation packs to stakeholders in their regions to support adoption

## **Support for Implementation**

- Two trusts in the region have already committed to implementing the devices (RBH and GWH)
- The AHSN will meet local teams in the coming months to encourage uptake of these patient safety devices and to benefit from the Innovation and Technology tariff

## **FeNO Diagnostic Testing**

### **Project Overview – Q4 Update**

During Q4, the CIA Team had been working with the Oxford AHSN's Strategic and Industry Partnerships team on a rapid diffusion plan for a Point of Care test for FeNO related to asthma and COPD. This was initially scoped for inclusion in the Precision Medicine Catapult (Innovate UK) but due to a re-organisation within the Catapult, and further exploration with the supplier, GPs and the CIA and SIP teams, it has been agreed that this project will not proceed at this time. Over the coming year, the supplier will have the support of Oxford University as they conduct research as to how this device may be used within the primary care setting. There may be opportunities to move this into a wider adoption and diffusion project in the future.

## **Fragility Fractures**

### **Estimated End date: September 2017**

This project is working with several trusts to implement new or expand current fracture liaison services (FLS). These ensure eligible patients are assessed after sustaining a fragility fracture and offered treatment, reducing the potential for secondary or subsequent fractures. This in turn has a positive impact on the number and cost of unplanned hospital admissions, and makes a significant reduction in morbidity and mortality in older people.

The Clinical Innovation Adoption team has worked with local services to review and audit provision. Across the region service provision ranges from no service to full service provision.

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

Table: Potential five-year savings by CCG (includes health and social care)

CCG & Social Care	Total Fractures Saved	Total Financial Savings (£)	% Current Service Provision	Benefits Realisation Based on Current FLS Provision (£)
Aylesbury Vale	122	961,278	35	912,037
Chiltern	206	1,644,542		
Bedfordshire	262	2,084,155	0	0
Berkshire East	216	1,740,930	0	0
Berkshire West	267	2,117,811	40	847,124
Milton Keynes	122	965,120	0	0
Oxfordshire	403	3,201,375	100	3,201,375
<b>TOTAL</b>	<b>1,598</b>	<b>12,715,171</b>		<b>4,960,536</b>

Throughout 2016/17 and continuing into 2017/18, the Oxford AHSN has continued to seek engagement and to work with trusts and CCGs, and has continued to work closely with the National Osteoporosis Society (NOS). The AHSN is actively working with clinical teams within Buckinghamshire Healthcare and Wexham Park Hospital to develop their fracture liaison service. Milton Keynes Hospital is being supported by the NOS and has not taken up the offer of support from the AHSN. Commissioners within Berkshire West previously advised they would not be investing further in the fracture liaison service run from the Royal Berkshire Hospital.

It has been reassuring to see falls and fracture prevention highlighted in STPs. The need to ensure pathways for FLS and falls prevention fit seamlessly together is crucial.

#### Activities for Q2 2017/18

- Continue to seek managerial engagement at Wexham Park Hospital to assist with progressing the business case
- Scope potential to integrate FLS and the falls and bone health service at Buckinghamshire Healthcare
- Finalise the business case for Buckinghamshire Healthcare based on the above discussions
- Progress project with a view to closing at the end of September 2017.

#### UroLift Project

This is a new project which aims to support trusts to implement UroLift as an alternative treatment option for men with benign prostatic hyperplasia (BPH), or enlarged prostate. UroLift can be undertaken as a day case procedure under local anaesthetic, as an alternative to TURP or HoLEP, and has the benefit of not having the same potential side effects of the other more invasive surgery. UroLift is one of six innovations that attract NHS England's Innovation and Technology tariff from 2017/18. The procedure has a new OPCS code that will ensure trusts are appropriately reimbursed for the procedure.

Three possible work streams are currently being considered:

1. Implementation of UroLift within trusts
2. Development of one stop clinics (for those Trusts that currently do not offer this)
3. Review and standardise clinical pathways to incorporate the UroLift procedure

Engagement and interest has been sought from all Trusts in the region, and a number of meetings have been held with clinicians and NeoTract (the company that developed UroLift) to progress the implementation of this service. A visit has also been made to Norwich and Norfolk Hospitals Trust to see their one stop clinic. This clinic has been highlighted as being the gold standard for identifying appropriate patients for the UroLift procedure and the CIA team wants to bring the learning from this to the Oxford AHSN region.

### Activities for Q2 2017/18

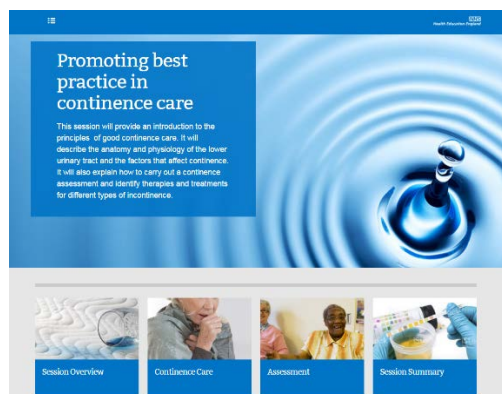
- Continue to seek engagement from trusts which have not yet indicated their interest in the project
- Work with individual trusts to develop the business case to implement the UroLift procedure
- Work with those trusts wishing to implement a one stop clinic to support the modelling of such a service and development of business case, if required
- Review current pathways for BPH and LUTS (lower urinary tract symptoms) across the Oxford AHSN region and nationally

### Catheter Acquired Urinary Tract Infection (CAUTI) Project

#### *E-learning*

The e-learning package is nearing completion. The package consists of two modules:

- 1) Promoting best practice in continence care



- 2) Promoting best practice in catheter care



The next stage in development of the e-learning package is to trial the package with a group of staff at each trust. This will happen during July 2017 to enable final changes to be made.

The formal launch will take place in September 2017 at which point the package will be hosted on the E-Learning for Health Website and also downloaded onto the three partner Trust e-learning management systems.

A communications plan is being developed to support the launch of the package both nationally and regionally.

#### *Buckinghamshire Healthcare Trust*

The CIA project manager will attend the Buckinghamshire continence forum in June to explain about the work the AHSN is doing on continence, CAUTI and hydration in care homes.

#### *Project closure event*

This is being planned for Q3 of 2017 and will showcase the learning from the CAUTI project and share the various elements of the CAUTI toolkit with partners from across the region.

Whilst the CAUTI project will close in Q3 of 2017 the AHSN will develop an offer to support the remaining trusts in our region, aligned to the priorities within the STP.

### **Heart Failure Project – Berkshire East Heart Failure Optimisation**

#### *Background in Berkshire East*

The Berkshire East CCG Federation has 2,630 patients on the heart failure register across the three CCG areas. The prevalence rate for heart failure in Berkshire East at 0.59% is considerably lower than the national average of 0.76%.

In 2016/17 there were approximately 700 admissions with a primary diagnosis of heart failure from the Berkshire East CCG Federation. There are long lengths of inpatient stay (11.2 days versus national average of 7.4) and high rates of non-elective admissions and readmissions compared to the national average.

#### *Optimisation Project*

The Oxford AHSN will develop a joint working agreement with Novartis for the delivery of a heart failure optimisation project in Berkshire East. The project aims to improve quality of life, improve heart failure mortality, reduce emergency admissions and reducing length of stay for heart failure patients.

The project will include a case-finding element, identifying patients with heart failure who are currently not included on practice heart failure registers. This will also increase the recorded prevalence of heart failure.

#### *Project outline*

The project will be funded by Novartis through a joint working agreement with Oxford AHSN. Key stages of the project will include:

- Clinical audit
- Desk-top review of patient records by heart failure nurse specialists
- Face to face review of patients by heart failure nurse specialists
- Re-audit

*Expected outcomes:*

- 1) 75% of Berkshire East practices (36 practices) engage with the project
- 2) Heart failure prevalence increases to 0.65%
- 3) 1,500 patients with LSVD HF have a desktop review
- 4) 750 patients have their treatment optimised
- 5) Reduction in emergency admissions for heart failure to national average
- 6) Reduction in length of stay for patients admitted with heart failure to national average

*Key project milestones*

Detailed milestones are currently being mapped out with Novartis. It is anticipated that the project will run for 12 months and that will launch during Q3 of 2017/18.

**Atrial Fibrillation workstream**

**Developments in Q1**

*Excellence in AF project – Buckinghamshire*

The Excellence in AF project was launched in Buckinghamshire in February 2017. This project is being delivered collaboratively by the Buckinghamshire CCGs, Buckinghamshire Healthcare Trust, Oxford AHSN, Interface Clinical Services and Bayer Plc. The AHSN has developed a joint working agreement with Bayer which will provide the AHSN with additional quality improvement resource to assist the GP practices in project delivery. There are now 32 practices signed up, 28 of which have audit dates agreed and 10 audits completed. The CCGs are keen that the remaining 20 practices in Buckinghamshire take part in the project and engagement efforts continue through prescribing forums and direct communications with GPs.

The project has been well received by GPs to date with feedback from those taking part being extremely positive.

Baseline data from Buckinghamshire Phase 1 will be available by August 2017 with the phase 1 evaluation complete by December 2017.

*Excellence in AF project – East Berkshire*

The East Berkshire CCGs have agreed to take part in the Excellence in AF project. This project is delivered through the joint working agreement that Oxford AHSN has with Bayer. The audit support, quality improvement support and face-to-face review support will be provided by Quintiles under their 'Supporting best practice in anticoagulation' service which is fully funded by Bayer and delivered by QuintilesIMS.

All practices within the East Berkshire CCGs will be offered the opportunity to take part in the project. Practices have already been informed of the project through various education sessions and meetings with a formal invitation to participate sent on 14<sup>th</sup> June 2017.

The project aims to identify:

- 1) Patients with AF who have a high risk of stroke and are not anticoagulated or are on aspirin monotherapy
- 2) Patients with AF on warfarin who have a TTR <65%
- 3) Patients with AF who appear to be on an inappropriate dose of NOAC or where NOAC contraindicated
- 4) Patients who are not on the AF QoF register but may have AF (e.g. coded as atrial flutter)

Expected outcomes are:

- 1) 75% of Berkshire East practices (36 practices) engage with the project
- 2) 750 patients who are not currently anticoagulated will be reviewed (desk top or face to face)
- 3) 660 patients on warfarin with poor TTR or on wrong dose of DOAC will be reviewed (desktop or face-to-face)
- 4) 600 patients will have new anticoagulation prescribed or existing anticoagulation optimised
- 5) It is anticipated that 20 strokes per annum will be prevented
- 6) Sufficient information will be gained on the quality of anticoagulation prescribing to inform future commissioning decisions and GP education programmes.

#### *Pharmacist led anticoagulation initiation service in primary care*

The pharmacist has commenced in post and is undergoing training. The service will launch in July, providing a service to ten practices across Berkshire.

Process mapping of the referral pathways and patient journey have been carried out and protocols developed for referrals into and out of the service. To ensure that capacity of the pharmacists is fully utilised, plans have been developed with medicines optimisation teams to run GRASP-AF to identify patients who are not anticoagulated.

The expected outcomes of the project are:

- An increase in anticoagulation rates in participating localities
- Greater GP and patient satisfaction

#### *Mobile ECGs*

The CIA team has engaged all CCGs, with the exception of Bedfordshire, in the mobile ECG or 'detect' project. Specifications of devices have been shared with CCGs along with the evidence base and suggestions for how they may be used in AF detection pathways.

CCG requests and roll out plans are being collated ready for device draw-down when the national roll-out goes live. Evaluation plans are also being drawn up to evaluate the impact of the device and the efficacy of the NHS England programme.

#### *Oxfordshire TTR project*

Project management of the Oxfordshire TTR project has moved to the CIA team following the closure of the Medicines Optimisation clinical network. The CIA team has met key stakeholders in the project and agreed a project plan and evaluation plan.

#### *Other activities*

As part of the national AHSN AF programme, a suite of projects have been recommended for adoption nationally. There are aspects of the recommended projects that could work well in the AHSN region and work is underway to scope feasibility.

The CIA manager for the AF workstream presented on the work of the AHSN in AF at the NHS South Central Medical Directorate Conference.



### **Activities next quarter**

- Continue to work with CCGs to develop a framework for adoption of mobile ECGs through NHS England Innovation Funding
- Engage with Bedfordshire CCG re mobile ECGs and wider AF projects
- Continue to progress Excellence in AF project
- Continue to progress Primary Care anticoagulation initiation project
- Continue to progress Oxfordshire TTR project

### **Early Inflammatory Arthritis**

#### **Overview summary**

Rheumatology teams across the Oxford AHSN region have come together to form an Early Inflammatory Arthritis (EIA) network focussed on improving secondary services for EIA patients, and improving patient and GP awareness of the symptoms of EIA and the risks and consequences of delayed diagnosis and treatment.

#### **Challenge identified and actions taken**

There is strong evidence to suggest that if inflammatory arthritis is identified, diagnosed and treated at an early stage, then patients are less likely to suffer debilitating irreversible joint damage. Nationally, there is evidence that patients with inflammatory arthritis experience a multitude of unnecessary delays between symptom onset, presentation in primary care and eventual referral, diagnosis and treatment. Recognising a clinical need in this area, the Oxford AHSN has brought together healthcare professionals from across the region to form an Early Inflammatory Arthritis network. Led by Professor Peter Taylor the network has had engagement from rheumatology consultants, registrars, specialist nurses, pharmacists and patients. Over the first 15 months the network has focused on five core workstreams based on improving care for EIA patients (see diagram below).

EIA Network		Accountable for success of individual workstreams		
Rheumatology teams in 5 Acute NHS Trusts in the Oxford AHSN region		Tasks	Acheivement	Workstream Status
1	Understand variation in practice in secondary care	<ul style="list-style-type: none"> <li>Map EIA pathways across the region</li> <li>Analyse service outcome data against NICE quality standards</li> </ul>	<ul style="list-style-type: none"> <li>Service baselines established</li> <li>Variation in practice and areas of service improvement highlighted</li> <li>Data used in local business cases for service improvement</li> </ul>	Complete
2	Optimise EIA pathways in line with "best practice"	<ul style="list-style-type: none"> <li>Supporting partner trusts to move to "best practice tariffs"</li> </ul>	<ul style="list-style-type: none"> <li>2 trusts implemented "best practice tariff" with one other trust currently transitioning</li> </ul>	Complete
3	Understanding variation in workforce across region	<ul style="list-style-type: none"> <li>Audit staff levels at partner trusts around consultants, registrars and specialist nurses</li> </ul>	<ul style="list-style-type: none"> <li>Audit used to highlight variation in staff workforce across the region</li> <li>Data used in business case to secure 3 new rheumatology nurse posts</li> </ul>	Complete
4	Adoption of biosimilars in Rheumatology	<ul style="list-style-type: none"> <li>Supporting local partner trusts in switch program for etanercept</li> </ul>	<ul style="list-style-type: none"> <li>All trusts started patient-centric, biosimilar etanercept switches</li> <li>Since biosimilar launch (Feb 16) estimated savings of £800k across the region</li> </ul>	Ongoing
5	Improving awareness of EIA in patients and primary care	<ul style="list-style-type: none"> <li>Develop video campaign to address the need for awareness and education around</li> </ul>	<ul style="list-style-type: none"> <li>Working with ICC-HC productions and an engaged patient group currently developing video content</li> <li>Engaging GPs to understand best format and channels through which to target our primary care resources</li> </ul>	Ongoing

## Overview of the workstreams in the Oxford AHSN Early Inflammatory Arthritis network

### Impacts to date

The formation of the network has given rheumatology leads across the region a forum to share best practice, to share resources and codevelop plans for improving care for EIA patients across the region.

In addition, the workstreams described have delivered some specific benefits in a number of trusts.

- Additional rheumatology nurse posts authorised which, once training is complete, will increase capacity and the number of EIA clinics offered. Allowing more people with potential EIA to be seen by a specialist and receive disease-modifying drugs at an earlier stage.
- Sharing information and planning resources to free up time in local clinical teams to spend more time improving services for patients
  - Business cases
  - Patient tracking tools and databases
  - Patient information
  - Shared care guidelines.
- Identification of areas needing improvement, highlighting where investment is required, and helping teams to make the business case locally for support to improve care for patients.

- Through working with patients to switch them from branded biologic etanercept to biosimilar etanercept local teams in the EIA network have saved their trusts over £100k in the past eight months.

### **Ongoing Work**

- The AHSN are collaborating the Sandoz, a pharma company to develop patient and GP education resources focussing on early inflammatory arthritis
- In addition, through the joint working we are looking to develop educational resources for patients around biosimilars

### **Intra-Operative Fluid Management Technologies**

**Estimated End Date: September 2017**

**Participating Trusts: Frimley Health (Wexham Park), Great Western Hospitals, Buckinghamshire Healthcare, Royal Berkshire, Milton Keynes University Hospital**

Intra-operative Fluid Management technologies support anaesthetists in optimising fluid levels in patients undergoing high-risk surgeries. The Oxford AHSN is supporting a regional network of anaesthetists and theatre staff from six acute trusts enabling them to make better use of IOFM technology, overcome barriers to adoption and establish a consistent, structured approach to IOFM use. The objectives are to standardise the use of the technology in all surgical cases of emergency laparotomies, major elective colorectal surgeries, free flaps and hip revisions.

Over three years this project has aligned closely with both national and supra-regional quality improvement initiatives to deliver significant region-wide improvements in care. These include:

- Reducing the median length of stay for emergency laparotomies by almost two days
- Reducing mortality rates by more than 4% in three out of five trusts
- Achieving mortality rates below the national average for emergency laparotomies at four out of five trusts

As well as supporting frontline NHS staff this work is influencing national policy-makers. The project's Phase 1 Benchmarking Report highlighted barriers to clinical adoption. It was referenced in the NICE review of Medical Technology Guidance 3 (page 5).

### **Activity over last quarter**

#### Regional Review Meeting

- Oxford AHSN brought together consultant anaesthetists from each engaged trust in the region to review the status of local IOFM projects and to determine the plan of action for project reporting and closure

#### IOFM Training and Education

- Oxford AHSN has facilitated several IOFM roadshows at Great Western, Wexham Park, Milton Keynes. Further events scheduled at Bucks and RBH in 2017/2018
- Roadshows typically included AHSN presentations on regional usage and project plans; talks from clinical advocates of IOFM and talks and presentations from suppliers of the technology
- Surveys to identify training needs conducted at 4/5 trusts engaged – AHSN working with suppliers to address training needs of anaesthetists across the region

IOFM utilisation

- Collection of data for IOFM use in elective gastrointestinal surgeries remains a challenge with only two trusts able to collect and report on this data robustly
- In last quarter, the focus has been on collecting NELA data for the years over which the AHSN IOFM project has been running.
- The project target was to see anaesthetists use IOFM in more than 75% of cases of emergency laparotomies across all trusts in the region (as well as free flaps, revision hips and elective colorectal surgeries at agreed trusts depending on case mix)

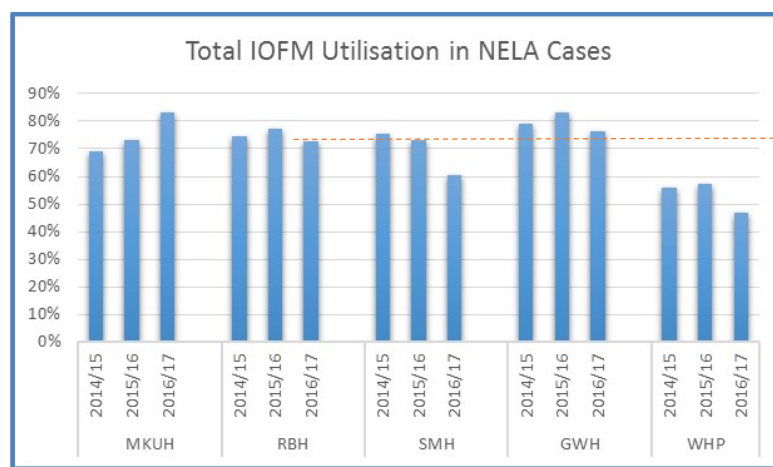


Figure 1 Total IOFM utilisation across the AHSN region in emergency laparotomies plotted over the years in which AHSN IOFM project has been running. Note: This is only emergency cases and numbers utilisation is expected to be somewhat higher in these cases as the evidence is stronger

- Looking at the average length of stay (LOS) for NELA cases against the average utilisation of IOFM over the years that the Oxford AHSN project has been running there appears that increased utilisation of IOFM trends towards a reduction in length of stay (Figure 2).

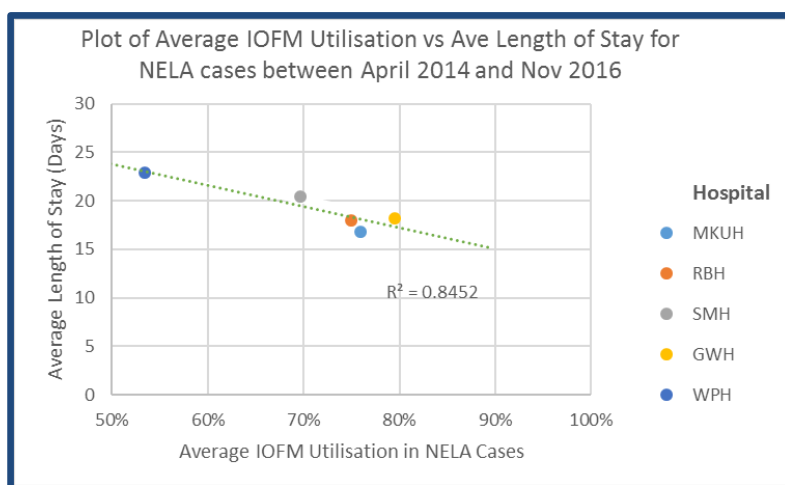


Figure 2 Average IOFM utilisation across the AHSN region in emergency laparotomies plotted against average length of stay over the same time. Data captured from NELA and includes all locked cases

## 1. Understanding barriers to adoption

- Optimising usage
  - Whilst many clinicians see the value in using IOFM technology, its adoption is affected by factors including patient condition, procedure type and appropriateness/availability of IOFM technology.
  - **Oxford AHSN worked with local partners' fluids leads to embed IOFM in local policies.**
- Evidence of effectiveness
  - Many clinicians accept that evidence justifies IOFM use to improve outcomes of high risk surgery. However, some are still awaiting a conclusive answer from a randomised control trial.
  - **The AHSN conducted a comprehensive literature review and summarised the evidence. This helped clinicians agree where IOFM should be used.**
- Access to IOFM equipment
  - Some trusts had limited access to IOFM monitors
  - **The AHSN supported trusts to develop business cases and secure executive sponsorship to procure 13 new IOFM monitors taking the total in the region from 86 to 99 (a 15% increase).**
- Training
  - Junior anaesthetists expressed an interest in learning how to use IOFM technology and the lack of opportunity to train/use monitors.
  - **The AHSN facilitated structured training.**
- Tracking
  - A significant issue for many trusts was that IOFM usage is not recorded accurately in theatre systems and the appropriate code Y73.6 is rarely used. This data is important in enabling trusts to optimise usage
  - **Plans have been made to modify theatre systems to allow more accurate recording, reporting and coding of IOFM usage.**

## 2. The AHSN looked to support work to optimise IOFM use in selected high risk surgery (emergency laparotomies). Over the course of the project:

- All trusts in the region utilising IOFM above national average
- Four out of five trusts achieved Oxford AHSN utilisation target of 75%

## 3. Aligned closely with both national and supra-regional quality improvement initiatives, this project contributed to deliver significant region-wide improvements in care:

- The median length of stay for emergency laparotomies reduced by almost two days
- Three out of five trusts reduced mortality rates by more than 4%

- Four out of five trusts currently have mortality rates below the national average for emergency laparotomies.

## **Falls Prevention Project**

**Estimated End date: March 2018**

FallSafe Care Bundle Project: The FallSafe approach is to complete multifactorial assessment and intervention upon a patients' admission to a care setting to identify and treat the underlying reasons for falls and to ensure preventative steps have been taken to ensure patients do not fall while in the care setting. Many of the care bundles are already in hospitals' policies and protocols, but they are not being delivered to patients nearly as often as they should or as a 'packaged innovation' solution. This project is working with Oxford Health, Berkshire Healthcare and Frimley Health trusts to implement the FallSafe Care Bundles and/or improve utilisation rates where FallSafe Care Bundles have already been implemented. Below is a table to show the progress the project has made during stage one of phase one.

<b>Trusts engaged in project</b>	<b>Scheduled second phase engagement (2017/18)</b>
Oxford Health NHS Foundation Trust	Buckinghamshire Healthcare NHS Trust – <i>Exploring participation</i>
Frimley Health NHS Foundation Trust	
Berkshire Healthcare NHS Foundation Trust	
<b>Trusts not participating</b>	
Milton Keynes University Hospital NHS Foundation Trust: The trust has a comprehensive approach to Falls Prevention that is incorporated into a patient centred 'treating the patient as a whole' programme.	
Oxford University Hospitals NHS Foundation Trust: The trust has created a local implementation plan for the implementation of FallSafe Care Bundles.	
Bedford Hospital NHS Trust	
Great Western Hospitals NHS Foundation Trust	

**Projected Project savings (25% reduction in total anticipated falls if all hospitals and relevant wards participate in the project within the region)**

<b>Trust</b>	<b>Falls Prevented</b>	<b>Savings</b>
Frimley Health NHS FT	104.65	£127,149
Berkshire Healthcare NHS FT	118.5	£143,977
Oxford Health NHS FT	200.68	£243,826
Buckinghamshire Healthcare NHS FT	116.75	£202,601
Total impact on region	540.58	£717,553

### **Buckinghamshire Health NHST Stay in the Bay (SITB) Improvement Project:**

The CIA programme is working with Buckinghamshire Healthcare to support the Trust's 'stay in the bay' project. The Trust was awarded funding as part of the Sign up to Safety improvement plan to reduce falls throughout the hospital. The Trust started deploying the 'desk' to wards in April 2016. The project is looking at how increasing nursing presence on wards can reduce the number of falls that happen and the level of harm resulting from a fall.

Collaboration for Leadership in Applied Health Research and Care (CLAHRC) SITB Evaluative Project: this project will be working with colleagues at Buckinghamshire Healthcare to complete an evaluation on the desk in a bay intervention. The project will evaluate the intervention, look at potential value to the

organisation, sustainability and any cost savings achieved from reducing the rate and harm of falls. The data sharing agreement has been signed and agreed by all parties. The first data download has been provided to the project to start the analysis.

### **Activities during Q1 2017/18**

During the first quarter of 2017/18 the first phase of trusts involved in the project have completed a comprehensive GAP analysis to understand the current bundle elements provided to patients. This GAP analysis has been used to understand which bundle elements being applied to patients within the wards involved in the project. All the GAP analysis work has been completed and a recommendation report produced for each trust advising the bundle elements needing improvement or implementation. The project is now in the plan stage for implementation of the identified bundle elements. The implementation of the bundle elements is supported by training staff involved in the project on quality improvement. The bundle elements are implemented using quality improvement methodologies. All the organisation involved in the project have had training provided to support the projects implementation and ongoing sustainability.

The CLAHRC SITB evaluative project has progressed considerably, with an interim report being produced. The analysis has shown a significant reduction in the rate and harm of falls on the SITB wards. This analysis will continue until April 2017 to ensure enough data points are captured to confirm that the intervention has continued to deliver a reduction in the rate and harm from falls. The project receives monthly data downloads from the trust to support the evaluative analysis. This project will continue until the end April 2018, when a final report will be written up along with publications on the evaluations findings.

The SITB improvement project has created a survey for SITB ward staff to complete to understand the barriers to using the SITB desks and what improvements they would like to see incorporated. Further work is needed on this. The organisation is going through restructuring of their community services which is impacting on the SITB improvement. The Chief Nurse is in full support of the project and will ensure that there are no barriers to future improvement tasks and projects within the trust are successful.

### **Activities for Q2 2017/18**

- Further engagement with Buckinghamshire Healthcare to explore appetite to join project
- Support current organisations in project to commence stage two, which is active implementation of relevant elements of the FallSafe Bundles
- Further support Buckinghamshire Healthcare NHS Trust with SITB CLAHRC project where required
- Continue to enable CLAHRC to have access to data to continue analysis on SITB evaluation.
- To explore the links and collaborative opportunities between the FallSafe and Fragility Fracture projects
- To review FallSafe Toolkit created as an implementation resource, with the potential to add to CIA website as a tool for trusts

## Research & Development (R&D)

The annual partner showcases have been well received, by both Trust and HEI partners, amongst other things showing the depth and diversity of R&D in the region. Agenda items included presentations from Westcall Out of Hours service, the Early Intervention in Psychosis service, the Royal Berkshire Hospital Emergency Department, the Royal Berkshire Hospital R&D Department, the Thames Valley Clinical Trials Unit, Milton Keynes Mental Health Service, Commissioning for Quality and Innovation group, and the Milton Keynes University Hospital Anaesthetics Department.

The Thames Valley Clinical Trials launch event took place on 18<sup>th</sup> May 2017 to coincide with the annual international clinical trials day at the University of Reading. The intention was to showcase the past, present and future of clinical research within the three partner institutions alongside the expertise and strategy for the TVCTU.

Approximately 110 colleagues, predominantly from the three partners, attended and were welcomed by Sir David Bell, Vice Chancellor of the University of Reading, who gave a brief background to the evening and some thoughts on long-term strategic goals before handing over to Prof Steve Mithen, Chair of the University's Health Strategy group who detailed how the TVCTU compliments and strengthens the University's wider strategic initiatives. Steve McManus, Chief Executive, Royal Berkshire NHS Foundation Trust, followed, summarising the three core pillars of the hospital, being clinical services, education and research, and how the TVCTU will continue to strengthen the existing links between the three whilst enabling previously daunting hurdles presented to both clinicians and academics to be overcome.

The penultimate speaker of the first session, Dr Minoos Irani, Medical Director of Berkshire Healthcare NHS Foundation Trust, gave community healthcare perspectives. Established collaborations were discussed, mentioning the strong relationship with the School of Psychology and Clinical Language Sciences leading into how the TVCTU, coupled with the ongoing move of a large proportion of the trust staff including the R&D team onto the University site, would be of benefit. Finally, Emily Moore, Executive Director of the Thames Valley Clinical Trials Unit, gave an overview of development from conception and described the expertise that exists and the support that it can provide to researchers.

The second session consisted of three brief "elevator" showcases, by representatives from across the partners. Rich Harrison, doctoral student within the School of Psychology and Clinical Language Sciences, outlined his work on chronic pain management, being carried out in collaboration with the Pain Medicine Unit at the Royal Berkshire NHS Foundation Trust and the University's School of Philosophy. Prof Cathy Creswell, NIHR Research Professor at the University of Reading and Honorary Consultant Clinical Psychologist at Berkshire Healthcare NHS Foundation Trust, promoted the cross institutional links, using the Anxiety and Depression in Young People (AnDY) Research Clinic as a case study. The closing pitch came from Dr Liza Keating, consultant in Intensive Care and Emergency Medicine, giving a brief history of the wide range of clinical research that has been undertaken in the department at the Royal Berkshire NHS Foundation Trust, highlighting where the TVCTU has already provided support and outlining plans moving forward.

Planning is underway for the next R&D group meeting scheduled for 11<sup>th</sup> July with a draft agenda including:

- presentations from the AHSN Patient and Public Involvement, Engagement and Experience team and the University of Reading EIT Food KIC team
- discussion on an analysis of the distribution of Research Capability Funding across the region in the last five years, and around the relicensing process
- the current R & D Group Terms of Reference
- the implications of Brexit.



## Strategic and Industry Partnerships

### Overview

At the start of the current year the programme changed its name from Wealth Creation to Strategic and Industry Partnerships (SIP). This change in name more accurately reflects the activities of the team in building multi-stakeholder and industry-focused partnerships, as well as through developing strategic initiatives across the region that support the generation and evaluation of new approaches to innovation.

The first quarter continues to be very active for the SIP team. Over 50 projects are at various stages of progress across all of its key priorities. To date the programme has completed over 45 specific projects. The team has engaged with 50 companies during the quarter.

The SIP Business Plan for 2017/18 is focusing on a number of key elements that reflect the evolving landscape around the health innovation pathway. In particular, the publication of the Accelerated Access Review, the Government's new industrial strategy and the current challenges associated with containing healthcare costs, mean that new approaches to the generation of income will be required. In addition to seeking funding through grants, the team will also focus on generating income through other sources, such as through industry-sponsored projects.

Achievements in Q1 include:

- The Oxfordshire Transformative Technologies Alliance submitted the Science and Innovation Audit to BEIS on 26<sup>th</sup> May. The Oxford AHSN led on the digital health theme
- Three separate assessments of the Horiba Microsemi<sup>CRP\*</sup> haematology testing system have been completed at Oxford University Hospitals NHS FT, Stoke Mandeville Hospital and Wexham Park
- Drafting of the Digital Health Roadmap has been completed and publication is scheduled for Q2
- The Oxfordshire ISfB funding application is awaiting final announcement by the Department for Communities and Local Government (DCLG). Under the terms of the award, TheHill will receive just over £200,000 to support the establishment of an innovation hub at the John Radcliffe Hospital
- An Innovate UK-funded project "Decision Support Systems for Stratified Cancer Treatment", which is led by Physiomics, has commenced
- Work on a joint project with the Oxford AHSN Informatics team "Baseline Evaluation of the Global Digital Exemplars" has been completed and drafting of the report is underway
- TheHill held three *Experts in Residence* events at the John Radcliffe Hospital
- The team was involved with either organising, sponsoring or speaking at ten events during the quarter, most notably at BioTrinity and Venturefest Oxford.

Recruitment for an additional project manager to support the team has commenced. Interviews will be held in early July.

### Supporting companies along the adoption pathway

#### *Diagnostics*

During the quarter progress was made across a number of projects:

The evaluation of the Horiba Microsemi<sup>CRP\*</sup> haematology testing system in A&E at the Oxford University Hospitals NHS FT, Stoke Mandeville Hospital and Wexham Park has been completed. Evaluation of the data, including an economic analysis, will commence shortly.

An evaluation for the use of point of care testing in the Emergency Multidisciplinary Unit to Out-of-Hours GP vehicles for use in an at home setting commenced, is ongoing and is expected to complete in Q3.

Planning is underway to establish the following evaluation studies:

- Faecal calprotectin (FCP), which is part of the Pacific Programme and Point of Care testing (NHS Business Services), the new algorithm will be implemented in primary care in collaboration with the GI network
- The Elecsys pre-eclampsia test, which helps predict at-risk women, will be rolled out in secondary care across the region in collaboration with the Maternity network/patient safety in partnership with Roche and dissemination plans in discussion with three other AHSNs
- Assessment of Curetis' Unyvero system in infectious diseases in Oxford University Hospitals NHS FT and one more trust is in planning supported by DEC London; collaboration agreed with East Midlands AHSN for dissemination
- A trial of pro-calcitonin and pro-ADM point of care testing will commence shortly at Oxford University Hospitals NHS FT in the ambulatory assessment unit
- Planning for the evaluation of the SOMAScan™ assay in the Health Check programme in primary care in Buckinghamshire
- Planning for PCR flu testing in the community progressing in Berkshire and under consideration in Buckinghamshire.

The Oxford AHSN has entered into an agreement with the DEC London for the funding of a post to carry out a robust LEAN methodology approaches to new industrial IVD opportunities. This will include a clinical pathway assessment and health economics evaluation.

Under the i4i challenge award for diagnostics in mental health a proposal by UCL was selected for Phase 2 submission.

An implementation project using Circassia's NIOX® FeNo test for the management of asthma and COPD in primary care will not be taken further. This had been assessed jointly with the CIA programme.

### *Digital*

Drafting of the *Digital Health Roadmap* has been completed, following input from a broad range of partners. Oxford University Innovation and Oxentia have provided invaluable support in the generation of the Roadmap. Plans are underway for publication.

An Innovate UK-funded project "Decision Support Systems for Stratified Cancer Treatment", which is led by Physiomics, has commenced. The team is providing support across several of the work packages, including clinical pathway mapping and health economic support.

The Gyroset™ Glory specialised headset, developed by Now Technologies for quadriplegic patients, is still under evaluation at Stoke Mandeville Hospital.

Evaluation and development of the Intelligent Ultrasound audit process for ultrasound images at the Royal Berkshire NHS FT is ongoing.

### **Building investment opportunities across the Oxford AHSN region**

The Oxfordshire Transformative Technologies Alliance submitted its draft Science and Innovation Audit report to the Department for Business, Energy & Industrial Strategy on the 26<sup>th</sup> May. The report focused on four key themes: digital health, space-led data applications, autonomous vehicles and technologies underpinning quantum computing. The Oxford AHSN led on the digital health theme with support from Oxford University Innovation, and with additional input from industry (both SMEs and large corporations). The draft will be reviewed by BIES prior to formal publication. The lead partner is the University of Oxford with support from the Oxfordshire LEP, Oxford Brookes University, the Satellite Applications Catapult, the

Science & Technology Facilities Council, the Oxford AHSN, RACE, the UK Atomic Energy Authority, and the following LEPs: North East, Buckinghamshire Thames Valley, Greater Cambridge, Greater Peterborough Enterprise Partnership, Thames Valley Berkshire and Enterprise M3.

The Bicester Healthy New Town programme continues to progress strongly across a number of fronts. An event celebrating the launch of Bicester Healthy New Town was held in Bicester on the 13<sup>th</sup> May. The programme is focusing on delivery of a broad range of projects across the built environment, new models of care and community engagement.

Following the successful bid for the European Innovation Capital in 2016, where Oxford was shortlisted and placed joint fourth overall, Oxford City Council submitted a new application for iCapital 2017. The Oxford AHSN was a contributing partner to the bid along with the University of Oxford, Oxford Brookes University, Oxford Innovation, the Oxfordshire LEP, the Low Carbon Hub, RACE and White October. The application was submitted on the 21<sup>st</sup> June and highlighted the developments within the City that have taken place over the last year.

The Innovation Support for Business (ISfB) proposal for grant funding submitted by Oxford City Council has been approved by the Department for Communities and Local Government. The total funding under this bid is around £5 million, with a matched value going to TheHill of just over £400,000. Further details can be found in the case study earlier in this report.

The ERDF Revenue funding bid for the Buckinghamshire Health and Social Care Innovation Hub is still undergoing late assessment. Timescales for completion have been put back as a result of the General Election.

The Affordable Medicines programme which is supported by the Oxford Martin School and is a collaboration between the Structural Genomics Consortium, the Office for Health Economics and the Oxford AHSN, has started recruiting for the workstreams on intellectual property and health economics around open and closed innovation systems in drug discovery.

See here: <http://www.oxfordmartin.ox.ac.uk/research/programmes/affordable-medicines>

### **NHS Culture**

TheHill ran three *Experts in Residence* events in the John Radcliffe Hospital on the 26<sup>th</sup> April, 25<sup>th</sup> May and the 22<sup>nd</sup> June. A panel of experts drawn from industry, health systems and academia met with a broad range of innovators to provide feedback and advice on developing innovations. Further details on TheHill can be seen in the case study above.

One team member has successfully completed the first two modules of the MSc in Genomic Medicine funded by Health Education England.

### **Partnerships**

The senior teams from J&J/Janssen and the Oxford AHSN met in early May as part of the bi-annual review on progress. The meeting covered a number of areas of collaborative work and new opportunities.

The Strategic & Industry Partnerships team has continued to support the Oxford AHSC theme on novel partnerships, including the quarterly strategy meeting.

The Strategic & Industry Partnerships team is supporting the activities of the Oxford NHS Genomic Medicine Centre by helping to build awareness and engagement with the programme.

### **Conferences / Events / Publications**

The Oxford AHSN was a cornerstone sponsor at BioTrinity 2017 held in London from 8<sup>th</sup> – 10<sup>th</sup> May (see <http://www.biotrinity.com>). A member of the team chaired a plenary panel discussion on *Big Data and Digital Health – Zero or One?* The team also organised a workshop on *Digital Health: From Concept to Market*. The event was attended by 860 delegates from 514 companies across 26 countries.

A member of the team was on a panel organised by Innovation Forum on the 10<sup>th</sup> May on *Support for Innovation*, which was part of a series of events under *Health and Life Sciences Entrepreneurship* (see <http://oxford.inno-forum.org/the-first-steps-to-become-an-entrepreneur/>). The Oxford AHSN has sponsored the lecture series and overall these events were attended by over 600 people.

As part of the developing inter-disciplinary opportunities afforded between space and health, a member of the team chaired a panel on *Multi-disciplinary Research in Space Environments* at the UK Space Conference on 31<sup>st</sup> May in Manchester (see <http://ukspace2017.co.uk/programme>).

The collaboration between the Structural Genomics Consortium, the Oxford AHSN and the Office of Health Economics on *Affordable Medicines* presented to the Oxford Martin School Advisory Council on the 7<sup>th</sup> June. The meeting stimulated an interesting discussion among an international panel of experts including the Vice Chancellor of the University of Oxford and the GAVI Board Chair.

See here: <http://www.oxfordmartin.ox.ac.uk/research/programmes/affordable-medicines>).

The Centre for Personalised Medicine at St Anne's College, Oxford held a conference on *Intellectual Property, Ethics and the Market* on 12 – 13 June. A member of the team gave a presentation on *Open Innovation and Drug Discovery: new approaches to market exclusivity*.

See here: <http://www.well.ox.ac.uk/cpm/intellectual-property-ethics-the-market>

The AHSN organised a series of panel discussions on the Oxfordshire Life Sciences Ecosystem at Venturefest 2017, which was held on the 21<sup>st</sup> June (see <http://www.venturefestoxford.com/session-info/programme/>). These included an *Overview of the Oxfordshire Life Sciences Ecosystem*, *The Essentials for any Life Sciences Stat-Up* and *Essentials of Building Value*. The AHSN was also represented at a panel discussion on *Oxfordshire's Science and Innovation Audit Report: Oxfordshire Transformative Technologies*. Over 650 people attended the event.

A member of the team spoke at the Abbott Point of Care Customer Symposium in Amsterdam, Netherlands on the use of Point of Care diagnostics in a community setting.

The Precision Medicine and Digital Health Technology Showcase was held on 27<sup>th</sup> June in Oxford. The event was organised and run by the NIHR Biomedical Research Centre, Oxford University Innovation the Oxford Academic Health Science Centre and the Oxford AHSN. The event was attended by over 250 delegates. <https://www.eventbrite.co.uk/e/precision-medicine-and-digital-health-technology-showcase-oxford-tickets-32469747890>).

The West Midlands AHSN and Oxford AHSN held a joint Forum at Warwick on *Using diagnostics to enable new models of urgent and emergency care* on the 27<sup>th</sup> June. The Forum examined different strategies to reduce the burden on A&E departments and was attended by over 50 delegates. <http://www.oxfordahsn.org/news-and-events/events/using-diagnostics-to-enable-new-models-of-urgent-and-emergency-care/>).

The team organised the Oxford NHS Genomic Medicine Centre launch on the 27<sup>th</sup> June which was attended by over 70 delegates. [http://www.oxfordahsn.org/wp-content/uploads/2017/05/Oxford-Genomic-Medicine-Centre-Launch\\_AS.pdf](http://www.oxfordahsn.org/wp-content/uploads/2017/05/Oxford-Genomic-Medicine-Centre-Launch_AS.pdf))

The number of attendees at events organised or sponsored by the Oxford AHSN was around 2,500.

## **Informatics Theme**

### **Q1 2017/18**

We have embraced the challenges around funding and have already started building on strategic opportunities and partnerships. We continue to have regular workstack meetings within the team and external project update meetings with each of the programmes to collaboratively agree priorities and RAG status of individual projects.

#### **Data Acquisition & Warehouse**

We continue to pursue data direct from Trusts, however this is taking time.

Outpatients data has been loaded into the Data Warehouse to join the inpatients and we are expecting critical care to be loaded imminently. We have scheduled several 'classroom' sessions with each of the programmes to detail exactly what data is available, their definitions and what can be done with it. These have been timetabled for July after we have loaded the critical care database.

#### **Visualisation Platform**

We will be submitting an application to vary the terms of our data sharing agreement to allow our use of Power BI in the Microsoft Azure Stack. We will await confirmation of this from NHS Digital.

#### **Information Governance (IG)**

The IG framework continues to be used to benefit projects across the network.

The milestone to engage GPs through CCGs has been moved to Year 5, reflecting the time needed to undertake this process properly, this will also provide the opportunity to discuss this process with IG peers at the meeting next quarter.

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

Software development – we have a new incremental load tool which will allow Trusts to refresh their data at periods of their choosing. All Trusts are expected to use the new extract tool on their next data load.

Deployment Activity – 10 out of 11 Trusts remain operationally live on the platform and work is now at an advanced stage at ATW with their services agreement's and PIA's signed off.

A number of training materials have been produced including on-line manuals, videos and an animated demo with an e-learning quiz associated with these tools. A new website has been launch at [cris.co](http://cris.co).

Finally, we are pleased to report final agreement with the UK biobank signing off a linkage model and expect to switch this on in the next 2-3 weeks.

#### **Informatics Strategy**

The Team continue to progress the agreed Informatics Strategy. We continue to meet regularly (twice monthly) to monitor and advance the key activities.

The guidance from the Oversight Group and the CIO Forum steers the operationalisation of the strategy, drawing on the importance of digital integration and maturity.

## **New Opportunities**

### **Place-Based Digital Maturity Assessment Development**

The assessment aims to identify understandable, recognisable and meaningful measures for the whole community of digitalisation in support of health and wealth, reflecting experience of staff whilst recognising the importance of digital maturity for potential industry partnerships with the NHS. It is expected that the measures will address quality and safety, population health, prevention/patient activation, person-centered care/patient experience, support to carers, and, working with researchers, the voluntary/community/social enterprise sector, innovators and industry.

### **Supply Chain Bid**

Informatics continues to work with the Reference Trusts to agree ongoing data sharing storage and analysis of vendor spend against patient encounters and outcomes in collaboration with DHL and Vizient.

The bid was submitted in April and we are planning for success, working with our partner trusts to acquire the financial and clinical data required to deliver the Future Operating Model (FOM) analysis and reporting. We have agreed with three Trusts ongoing data-sharing, storage, IG and analyse vendor spend against patient encounters and outcomes in collaboration with DHL and Vizient.

### **Global Digital Exemplars**

This short-term engagement, working with partners Arden & GEM CSU and Optimity Advisors has now come to an end with a GDE Report submitted. This work was to undertake a baseline assessment of all GDE sites for NHS England. This assessment was the baseline for a longer-term evaluation that NHSE intends to commission.

### **Provision of Learning Network Support for the GDE sites**

This work is progressing where the Oxford AHSN in partnership with Arden & GEM CSU and the Greater Manchester AHSN was successfully awarded the contract for this work.

### **Programme and Theme Support**

#### **Best Care**

- EIP - Following up on data requirements meeting, Informatics has supported the EIP network in drafting an IG agreement to allow the smooth, secure flow of data. This has been agreed by the OUH SIRO and subsequently signed off by both Oxford Health and Milton Keynes. The data has been collected, analysed and delivered to the EIP network to support
- Imaging – Informatics has continued to support the Imaging network, helping with all their IG requirements

#### **Clinical Innovation Adoption**

- IOFM – Informatics completed the analysis of National Emergency Laparotomy Audit (NELA) data to gain a greater understanding of patients who received IOFM whilst having surgery, what

surgery this was for and outcomes for the patient. Continuing support in reporting and analysis of National Emergency Laparotomy Data shared under the IG Framework. Data was received from Royal Berkshire Hospital, Milton Keynes Hospital, Great Western Hospitals, Wexham Park Hospital and Buckinghamshire Healthcare. The data was organised to provide an understanding of variation across the trusts; the percentage of procedures using fluid therapy and outcomes data.

- Alcohol – Informatics undertook some analysis on inpatient admissions for alcohol misuse amongst under 18's in the region.

### **Strategic and Industry Partnerships**

Informatics continued working closely with Strategic and Industry Partnerships in our commercial ventures.

### **Patient and Public Involvement, Engagement and Experience**

Informatics has supported PPIEE in developing a tool for recording PPI activity. This is very much in its infancy and is at design stage. Informatics advised on the best practices of data collection and storage as well as how this could be developed as a front-end user Interface.

### **Patient Safety Collaborative**

- **Sepsis** – Working with the PSC team, Informatics has developed a fully revised coding. The data has been re-analysed and delivered. The Informatics team has drafted data-sharing agreements to gather blood culture data from across the region. This is to understand the burden of sepsis in inpatients and how the standardised pathways and the assessment tool impacts individual patients. We are continuing to develop meaningful metrics with the PSC using HES and CQUIN data.
- We have also helped develop a Suspicion of Sepsis publication which has been accepted by the BMJ. This includes a guide for identifying suspicion of sepsis using HES data and coding.
- **Acute kidney injury Inpatients** – Informatics has supported the PSC with IG requirements to understand the burden of AKI across the Oxford AHSN region. Data-sharing agreements have been signed by each Trust and data sets have been received from Oxford University Hospitals, Royal Berkshire Hospital, Milton Keynes and Wexham Park. Work to combine these data sets and provide detailed analysis and identify potential trends will be completed in Q2.

## Patient and Public Involvement, Engagement & Experience (PPIEE)

### Governance and partners

Our Operational and Oversight Groups continue to develop and guide our work. We are delighted to have the Oxford Genomic Medicine Centre join our Operational Group and will be developing involvement activities with them, and their local delivery partners, over the coming year.

### Training and development

#### Level 1 training

We continue to develop and plan lunchtime seminars with our partners on the Patient Experience Operational Group with our second introduction session due to be delivered in July.

#### Level 2 training

We developed and ran a one-day workshop for lay partners and professionals on methodologies for participation, covering coproduction, social media and priority setting. This was facilitated by Sally Crowe and received universally positive feedback. We will be running additional workshops later in the year.

#### Level 3 training

##### *The Leading Together Programme*

The independent evaluation of this programme highlighted that participants:

- developed new skills and understanding eg listening skills, appreciative inquiry and co-production
- revisited concepts and skills and related these to partnership working
- gained confidence and were more likely to speak up and ask questions at meetings
- experienced learning and working with others which challenged assumptions and gave them new outlooks on lay/professional partners
- learnt about the importance of 'bringing people along with you' rather than 'imposing your ideas and values on others'
- learnt to relate to people in particular roles as people first and roles second
- accessed new networks

This is a link to a short video of participants [here](#)

We are delighted to have secured funding from HEETV to run additional cohorts of the programme, in conjunction with a 'train the trainer' course. We are currently working with partner organisations to determine where to run the next courses.



**Public Engagement**

As a result of being awarded a Wellcome Trust grant we ran a successful week of activities in Templars Square Shopping centre, Cowley to coincide with Dementia Awareness Week. Sixteen research groups from both Brookes and Oxford universities took part alongside five charities. We staged poetry readings and performances by a dementia choir and provided a series of dementia awareness courses for staff from the security team and shops in the centre. We have commissioned an independent evaluation of the event that is due in July.

## Patient Safety

### Overview for Q1 2017/18

In Q1, work on all our clinical projects has been progressing well, as detailed below in the summaries of each programme. In June, the Patient Safety team welcomed Katherine Edwards in to the role of Head of Patient Safety. Katherine previously managed the Oxford AHSN Maternity Clinical Network.

The Patient Safety Collaborative held a successful and well attended annual conference - '**From Assurance to Inquiry**' in May, which included thought-provoking and meaningful presentations by guest speakers Dr Suzette Woodward, Director, Sign up to Safety campaign, and James Titcombe OBE, patient safety specialist, Datix Limited speaking on '**Assurance is never enough**' and '**Conversations about safety: what does inquiry mean for us?**' Keith Conradi (Chief Investigator of the HSIB) spoke about the vision of the **Healthcare Safety Investigation Branch (HSIB)** and the final keynote presentation, entitled '**Protecting our customers**' was delivered by Allan Spence, Head of Corporate Passenger & Public Safety, Network Rail. Professor Charles Vincent, Oxford AHSN Patient Safety lead, gave some reflections on the day and closed the conference.

Results of the evaluation of the event were universally positive, one delegate commenting 'Assurance is never enough, every incident has lessons to be heard and protecting our customers - brilliant'. The 'interesting variety of speakers' was acknowledged and delegates were appreciative of the personal stories described by Suzette and James, which inspired the comment 'I feel more empowered to include patients in my safety work'. The PSC was additionally pleased with the diversity of attendees, from frontline staff to medical directors from a number of our partner trusts. The Patient Safety Annual Report for 2017 was also published in this period and distributed widely to key stakeholders.

The team also attended the national Patient Safety Collaborative conference in London in May, at which we displayed a number of posters, presented on maternity 'never' events and sepsis and held roundtable discussions with delegates. At this event the 2017 national Patient Safety Collaborative brochure was distributed, which included abstracts about our work on sepsis, acute kidney injury and maternity 'never' events.

Nationally, the PSC is actively engaging in the new national Maternal and Neonatal Health Safety Collaborative, and working with partners to see how best we can support this work. In addition, we are exploring ways of assisting our partners in implementing The National Mortality Case Record Review (NMCRR) programme.

A summary of our clinical safety programmes and the aligned stakeholders are outlined in Table 1 below.

Table 1. Q1 programme status and stakeholder groups

Patient Safety Programme	Our Aim	Our Measures	Comments	Our Partners	Project Status
Acute Kidney Injury	Reduction of UTIs requiring hospital admission or antibiotics in residential and	Introduction of a structured drinks around and drinks chart		Windsor, Ascot and Maidenhead CCG, Slough CCG, Oxfordshire Care Home	Active

Patient Safety Programme	Our Aim	Our Measures	Comments	Our Partners	Project Status
	nursing homes			Services	
	To ascertain the use and benefit of sick day rules cards	Survey monkey with GPs and Pharmacists A write up to be undertaken of the work done and thoughts for future		Bracknell and Slough CCG  Oxfordshire CCG, Berkshire West and East CCGs	<b>Planned 2017</b>
	Reduce AKI by improving the management of CKD patients	Reduction in hospital visits by holding Virtual Nephrology Clinics		Royal Berkshire Hospital	<b>Active</b>
	Reduce mortality from AKI	Ensure that the AKI care bundle is completed within 24 hours of the AKI alert		Great Western Hospital	<b>Active</b>
	Reduce regional mortality, length of stay and readmission from AKI	To introduce the National Patient Safety Alert algorithm into laboratories and release with training into community and secondary care settings		Oxford University Hospitals, Great Western Hospital Buckinghamshire Healthcare, Milton Keynes University Hospital, Royal Berkshire Hospital, Frimley Health (Wexham Park), Oxford Health, Berkshire Healthcare	<b>Active</b>
	To reduce the incidence of AKI in the community setting	Introduce care bundles into primary care with training for GPs		Oxfordshire, Milton Keynes, Wiltshire, Swindon, West and East Berkshire CCGs	<b>Active Planned Swindon/Wiltshire</b>
	To reduce the disease progression of in patients	Introduction of an electronic AKI care bundle linked to the AKI alerts. Introduction of an electronic medicines review tool.		Oxford University Hospitals  Oxford University Hospitals	<b>Active</b>  <b>Active</b>
<b>Reducing Pressure Ulcers</b>	We aim to reduce the number and severity of pressure ulcers across the Oxford AHSN region over the next five years. In particular, we aim to reduce the number of the most severe	% completion scores of risk assessment tools and prevention/care bundles, % compliance with required reporting reaction times Outcome measures: Numbers of new PUs developed, days	Programme is currently paused at end of Phase 1, as agreed at Steering Group on 21 <sup>st</sup> March, although data collection continues for several projects.	Oxford Health, Oxford University Hospitals, Berkshire Healthcare, Royal Berkshire Hospital, Buckinghamshire Healthcare	<b>Paused</b>

Patient Safety Programme	Our Aim	Our Measures	Comments	Our Partners	Project Status
	pressure ulcers (grades 3 & 4)	between new PUs developed, grade progression of existing PUs	Phase II will commence once national priorities are clear, to ensure projects are in alignment with these.		
<b>Safety in Mental Health</b>	For each ward to reduce failure to return from Section 17 leave or agreed time away from the wards by 50% within 12 months of the start of their project	% inpatients, detained or informal, who fails to return to the ward later than 10 minutes over the leave period that was agreed and documented by ward staff, and who have not made contact with the ward to agree a later return time		Oxford Health, Berkshire NHS FT and Central and North West London.	<b>Active</b>
<b>Maternity Never Events</b>	To reduce the incidence of retained swab 'never' events to zero within 36 months of the start of the project	% of handover of swabs between clinicians when moving from delivery suite to theatre and theatre to observation area.		Oxford University Hospitals	<b>Active</b>
<b>Identification of SGA Babies (OxGRIP)</b>	To increase the identification of small for gestational age babies (SGA) to reduce the rate of stillbirth	% of SGA babies identified in the antenatal period.		Oxford University Hospitals, University of Oxford	<b>Active</b>
<b>Network wide guidelines</b>	To develop and introduce a range of network/region wide guidelines addressing local priorities. Current work in progress-		Projects are aligning with the BOB STP LMS Safety workstream	Royal Berkshire Hospital, Oxford University Hospitals, Buckinghamshire Healthcare, Great Western Hospital, Milton Keynes Hospital, Wexham Park Hospital	<b>Active</b>
<b>1. Network-wide Oxytocin administration</b>	To align protocols for the administration of Oxytocin administration for augmentation at each site	Number of Trusts with guideline implemented successfully			<b>Active</b>
<b>2. 'Fresh Eyes' CTG Interpretation tool</b>	To have the same 'Fresh Eyes' CTG interpretation tool used across the region	Number of Trusts with guideline implemented successfully			<b>Active</b>
<b>3. Reduced</b>	To ensure that as a	To be determined	Currently in		<b>Active</b>

Patient Safety Programme	Our Aim	Our Measures	Comments	Our Partners	Project Status
<b>Fetal Movements</b>	region we are treating women who present with reduced fetal movements in pregnancy according to the best available evidence		audit stage		
<b>Shared Learning in Maternity</b>	To increase networking and shared learning across Trust/area boundaries and between multi-professional groups to increase the spread of innovative practice and learning from adverse or near miss incidents	n/a	Our next Shared Learning Event will be held in Autumn 2017, in collaboration with the Thames Valley SCN.	Thames Valley Maternity SCN, Royal Berkshire Hospital, Oxford University Hospitals, Buckinghamshire Healthcare, Great Western Hospital, Milton Keynes Hospital, Wexham Park Hospital	<b>Active</b>
<b>Place of Birth</b>	To increase the percentage of extremely preterm babies born in a Level 3 unit in the region	% of >27/40 or estimated birth weight >500g, or >28/40 multiples who are born in a Level 3 unit	Project is close to business as usual, and is sustaining the improvement.	Thame Valley Neonatal ODN, Royal Berkshire Hospital, Oxford University Hospitals, Buckinghamshire Healthcare, Great Western Hospital, Milton Keynes Hospital, Wexham Park Hospital	<b>Active – near to completion</b>
<b>Sepsis</b>	To reduce mortality by using a regional sepsis pathway	Review of aspects of the sepsis 6 bundle including IV antibiotics within the hour and review within 72 hours		Oxford University Hospitals, Great Western Hospital, Buckinghamshire Healthcare, Milton Keynes University Hospital, Royal Berkshire Hospital, Frimley Health (Wexham Park)	<b>Active</b>
	Ensure septic patients seen promptly in ED	Introduce a clinician led pre-alert		SCAS Frimley Health (Wexham Park)	<b>Pilot</b>
	Identify deteriorating patients in care homes	Introduction of a tool to assist carers to identify the deteriorating patient		Oxfordshire Care Home Services	<b>Design phase</b>
	To ensure the prompt recognition of the septic	The use of the sepsis pathway for deteriorating patients		Royal Berkshire Hospital	<b>Planning</b>

Patient Safety Programme	Our Aim	Our Measures	Comments	Our Partners	Project Status
	patient				
<b>Paediatric Gastrostomy</b>	To improve patient safety along the pathway for children receiving gastrostomies.	Programme aims have been defined following QI training. Measures for QI projects to achieve to be agreed at Steering Board on 16/06/17		Oxford University Hospitals, Royal Berkshire Hospital, Berkshire Healthcare, Frimley Health, Milton Keynes University Hospital, CNWL, Great Western Hospital, Helen & Douglas House	<b>Set up</b>

### Clinical Programmes

#### Safety in Mental Health: Absence without leave project (AWOL)

##### **Clinical Lead – Vacant, Patient Safety Manager – Eileen Dudley**

The project continues to sustain at Oxford Health. Aggregated data for all wards shows that the baseline mean return on time rate was 51.6% and this increased post-intervention to a mean return on time rate of 88.2% and is now sustained at an average of 87%.

A team from Central and North West London Trust has visited Oxford Health to learn about the project implementation. Following this they have now launched the project on two wards at Milton Keynes and in Central London on Ebery Ward. Baseline data has been collected and a number of interventions including a signing in and out book have been implemented.

The work has led to enhanced reliability and safety in the care process and patient's attitudes to leave have changed from seeing it as restrictive to being part of their engagement in care.

Members of the team attended a Quality Improvement measurement and training day run by NHS Elect in June 2017. A sharing/learning event supported by the programmes Clinical Lead is planned for 12 July 2017 at the Campbell Centre in Milton Keynes. We are also actively looking to engage a new Clinical Lead for this project now that Jill Bailey has left the team.

Future plans include undertaking a full analysis of AWOL data across the region.

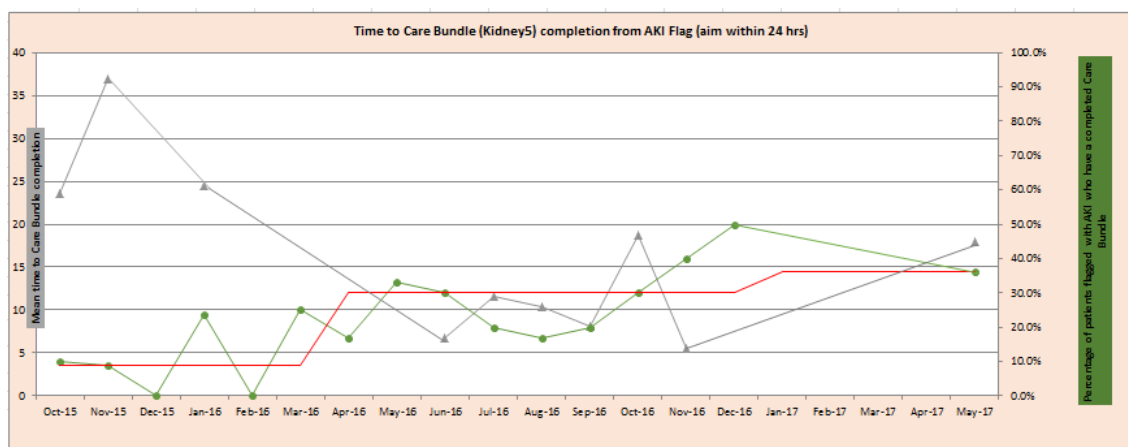
#### Acute Kidney Injury (AKI)

##### **Clinical Lead - Emma Vaux, Patient Safety Manager - Katie Lean**

There are 17 projects being undertaken in this programme throughout the region. The work is broken down into three workstreams prevention, recognition and management to allow for focused project work. This work is due to be reviewed at the next stakeholders meeting. Three poster presentations have taken place: the regional work was presented at the British Renal Society National Conference in April 2017; AKI alerts and the deteriorating patient at the National Patient Safety Collaborative Conference in May 2017 and the UK Kidney week conference in June 2017.

The prevention workstream commenced a hydration project in May 2016 and it continues to run in three residential care homes and one nursing home in Windsor, Ascot and Maidenhead. The outcome of the project is to reduce the number of urinary tract infections (UTI) requiring antibiotics +/-admitted to hospital. A focus group was held with the care home managers and key clinical staff to gather qualitative data about the benefits of the project. Some of the feedback included a resident who had recurrent urinary tract infections (UTIs) every six weeks, who took ownership of their own hydration by using one of the food and fluid charts. They recognised that they were not drinking enough fluids and have now been free of a UTI for over 6 months. Other comments were that GP call-outs were reduced, there have been fewer falls, a noted increase in skin integrity and residents participating in more activities. The programme is now being rolled out to Slough and Oxfordshire care home services.

The recognition workstream is being led by our partners at the Great Western Hospital, Swindon and aims to reduce the incidence of mortality by 3% from AKI by ensuring the completion of the AKI care bundle within 24 hours of alert. The ASK (Acute Kidney Injury and Sepsis) team are working together to trial a combined Sepsis and AKI bundle.



For over a year there has been consistency in completing the AKI care bundle within 24

hours of alert and work is still being undertaken to ensure that care bundles are instigated on all patients who trigger an alert. Overall mortality among those with coded acute kidney injury has fallen from 18.4% in the financial year 2015/16 to 16.6% in 2016/17. Future plans include the pilot of an electronic care bundle for Acute Kidney Injury and Sepsis.

The management group has designed and implemented an electronic medications review tool which is now in use throughout Oxford University Hospitals (OUH) NHS Foundation Trust. This ensures that when a patient has an AKI alert their medication is reviewed within 24 hours by a pharmacist ensuring that certain drugs which may exacerbate the condition are discontinued for a short while.

Data sharing agreements are now in place with each Trust to review the burden of AKI throughout the region looking at biochemical markers linked to hospital operational data. Combined data sets have been received from Milton Keynes, OUH, Royal Berkshire Hospital and Wexham Park. The dataset will be merged in Q2 and analysed to identify trends.

The AKI national patient safety alert noted that AKI alerts should also be released into the community settings. Milton Keynes Hospital and Clinical Commissioning Group (CCG) released their community alerts on the 5 June 2017 following GP training and design of care bundles. Swindon/Wiltshire (CCG) are in the

process of agreeing their care bundle and once this is in place the electronic alerts will be switched on in the community. All six areas within the Oxford AHSN region will then be compliant.

### Sepsis

#### **Clinical Lead - Andrew Brent, Patient Safety Manager - Jo Murray**

Stakeholder meetings take place every three months with around 35 representatives attending from community and secondary care. The group has been focused around many changes within sepsis guidance nationally and internationally and has fed back on the NICE quality standards. The group has divided into two workstreams to allow for focussed project work, sepsis leads and nurses in secondary care and community care. The group linked with the national sepsis cluster which, along with all other clusters has been stood down in Q1 and will be replaced by a national workstream focusing on physical deterioration.

The regional pathway for screening patients in acute care has attracted interest across the country. Individual trusts are currently auditing its impact. Focus has now moved to working with the ambulance service to improve the communication and prioritisation of patients. A representative from South Central Ambulance NHS Foundation Trust (SCAS) attended the stakeholders group in May and local projects, such as pre-alerts in ED are due to be shared with a view to regional roll out in due course.

The Community Group have received an offer from the GP School to develop a systematic quality improvement project (QIP) related to sepsis and NEWS for 100+ trainee GPs starting in September 2017. Initial proposals have been put forward and scoping has begun.

The stakeholder group is also focusing on patient engagement, linking with two patient champions in the region to identify what is needed. Initial ideas include patient information leaflets, a learning/awareness event and a support group.

Working with the AHSN Informatics team data-sharing agreements have been developed for blood culture data to facilitate an understanding of the burden of sepsis in inpatients across the region and the impact of a standardised pathway and assessment tool in individual patients. A further data-sharing agreement is also being developed with SCAS to facilitate an understanding of the outcomes of patients with confirmed sepsis that have been managed by SCAS as part of their episode of care across the region and the impact of changes to the pathway for individual patients.

Work is on-going to develop metrics using the hospital episode statistics (HES) data and Informatics now has access to the national CQUIN data.

A paper on the suspicion of sepsis (SoS) has been accepted for publication in BMJ Open journal. A guide for identifying suspicion of sepsis using hospital episode statistics has been produced to accompany this. The sepsis stakeholders have also hosted a representative from NHS Digital and invited coders from the acute organisations to clarify the changes in coding for sepsis.

The stakeholder group work has been shared at a number of events in Q1 including the Berkshire and OUH partner showcase events; a masterclass on the regional pathway and SoS codes at the first national PSC conference; posters at the Oxford PSC regional annual conference and the NHS England South Medical Directorate Conference. An abstract has been submitted to the national Patient First conference in November 2017.



The sepsis resources section on the PSC website is regularly updated with papers, presentations, patient stories and education material for both patients and staff.

## **Maternity**

### **Clinical Lead – Lawrence Impey, Head of Patient Safety – Katherine Edwards**

From June 2017, a number of maternity programmes migrated from the Best Care Programme to the PSC, under the management of Katherine Edwards, Head of Patient Safety, with 0.6 WTE support from Rachel Davies, Project Officer. Mr Lawrence Impey has remained the Clinical Lead for this work.

The Maternity Steering Group, overseeing these projects will meet 3-4 times per year, with the next meeting planned for 26 July 2017.

### **Identification of Small for Gestational Age babies (OxGRIP)**

OxGRIP- Oxford Growth Restriction Identification Programme

Impaired placental function or 'growth restriction' accounts for >50% of stillbirths and has long term health consequences. One obvious manifestation is being 'small for gestational age' (SGA): antenatal detection of this in the UK, and Thames Valley region, is only 35% and is the subject of a national service improvement initiative (Saving Babies Lives, NHS England, 2016). Detection of these babies is possible using ultrasound, but this is expensive and there is a shortage of sonographers. Ad hoc usage is common and growth ultrasound rates differ widely between different units; national guidelines and initiatives such as GROW aim to target at risk pregnancies but are complex, controversial and require vastly increased use of ultrasound. Further, they have demonstrated only very limited benefit.

OxGRIP is a pilot service improvement implemented at the Oxford University Hospitals NHS Foundation Trust aiming to reduce stillbirth whilst making best usage of resources, and restricting inequitable and ad hoc practice and obstetric intervention. The first women entered the project in May 2016. In summary, the pathway includes the introduction of Dopplers at the 20 week scan, simplified risk stratification, and an additional scan which is offered to women at 36 weeks, in which MCA and umbilical artery Dopplers are measured.

Implementation has been complex and challenging with, for instance, multiple guidelines changes, new ultrasound request forms and vetting of these, change management, staff training and methods for audit and QA. The project is intended to run to March 2018, during which time its impact on resource usage, obstetric intervention, maternal satisfaction and perinatal mortality and morbidity will be assessed.

In Q1, the focus has been on the development and instigation of QA for scanning, and ensuring the data being collected is as accurate as possible. In Q1, we have also recruited a Research Sonographer (0.5 WTE) to assist with the project. Ethics approval is now being sought to allow the data collected to be used to address research questions regarding the pathway, and a number of academic papers are being planned.

In Q4-Q1 a patient survey was used to gather the opinion of women on the pathway and will be published shortly. Initial analysis shows women found the scanning pathway to be reassuring, and were happy to be offered additional scans.

## **Network-wide guidelines**

Unwarranted variation in maternity can cause a number of issues, including introducing risks to patient safety, pockets of less than best clinical practice, and cause complications for staff who regularly rotate through different units in our area which can adversely affect care and safety.

We continue to run a rolling programme of developing and introducing network wide guidelines that reflect local needs, and are looking to integrate this work into the newly developing Local Maternity Systems, which sit within STP footprints.

In Q1 we have been working on the following:

### **Oxytocin**

IV Oxytocin (Syntocinon) is very commonly used in maternity care to augment or induce labour. We found significant variation in the methods of administering Oxytocin; no Trust in our region followed the same protocol. With regularly rotating medical staff this presented an unnecessary patient safety risk.

In this quarter, we have distributed the agreed protocol to all participating Trusts and are currently monitoring implementation.

### **'Fresh eyes' CTG interpretation tool**

To aid CTG monitoring in labour (monitoring of the fetal heartbeat), Trusts in our area use an interpretation tool which is used hourly by two members of staff to independently assess the wellbeing of the baby by analysis of the CTG reading. However, each tool has been developed in isolation by each Trust, resulting in differing methods and application. In Q1 we have had provisional agreement for a universal tool, and are progressing with developing this, testing and implementing it.

### **Reduced fetal movements**

Reduced fetal movements (RFM) in pregnancy can be a precursor to an adverse outcome, such as a stillbirth, or fetal compromise. However, in the majority of cases, reduced fetal movements are benign. This is therefore an area in which both over intervention and under intervention can present risks. We are currently carrying out an audit in all our partner Trusts to identify how women who report reduced fetal movements are treated, and their subsequent outcomes, in order to inform the direction of our work in this area. We expect to have provisional findings in Q2.

### **Shared learning in maternity**

To promote shared learning across Trust boundaries and increase engagement of clinical staff with the Oxford AHSN we hold multidisciplinary 'shared learning' events, inviting midwives, doctors and other interested parties to present or attend.

The six-monthly events focus on sharing learning from clinical incidents, challenging or interesting cases and good or innovative practice. In Q1, we have been in the initial planning stages for the next event to be held in Autumn 2017, working with the Thames Valley Maternity SCN on this event for the first time.

## Place of Birth – Preterm delivery

This project is now sustaining the improvements made over the duration of the project since the end of 2015, with 75-80% of all very premature babies who meet the criteria being delivered in the safest place for them.

## Maternity Never Events programme

### Clinical Lead - Jane Hervè, Patient Safety Manager - Katie Lean

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

The project uses QI methodology and has been uploaded to the LIFE system and the SPC charts updated within this. An approved driver diagram maps the work within this group. A poster (see above) was presented at the IHI International Quality Conference in April 2017 and a roundtable discussion was undertaken at the National Patient Safety Collaborative conference in May 2017. Both events generated a lot of discussion and sharing of information. An email has been sent via the Heads of Midwifery network to share the work throughout the region offering support to other trusts.

Although the process remains variable there has been marked improvement in the outcome and process measures.

### Outcome Measures:

- Days between never events: average of 1:180 days to > 600 days incident free
- Days between near miss events (where a swab was in situ upon transfer to theatre, not handed over but theatre staff noted it): average 1:5.5 days to 1:187 days.

### Process Measures:

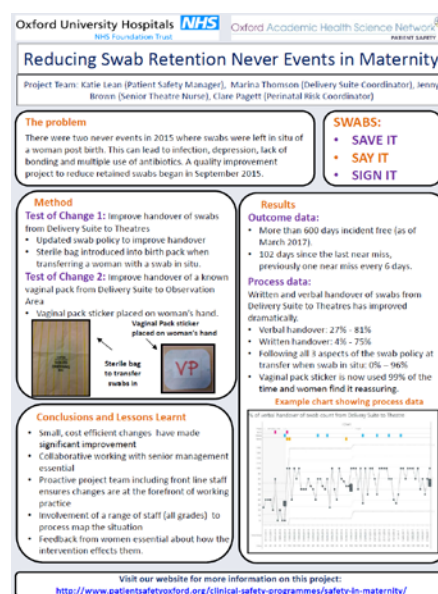
- Verbal handover from Delivery Suite to theatre staff when swabs have been opened: 27% - 77%
- Written handover of swabs from Delivery Suite to theatre staff: 4% - 63%
- All three aspects of the swab policy followed when transferring women from Delivery Suite to theatre: 0% -95%
- The “VP” sticker used on all women with a known vaginal pack in situ: 0% - 89%

Qualitative feedback from women with a vaginal pack in situ stated that they were aware of why the sticker was on their hand and they found it reassuring. The sticker is removed when the pack is removed.

Work continues to be undertaken to reduce variability including the use of a catchphrase to remind staff “save it, say it, sign it”. Pens with this motto have been given to staff as a reminder of the policy. This has been well received by all grades of staff.

## Pressure Damage Prevention

### Clinical Leads - Ria Betteridge and Sarah Gardner, Patient Safety Manager - Geri Briggs



The Pressure Damage Prevention programme aims to reduce acquired pressure damage across the boundaries of community and acute care throughout the region. The initial objective was to improve the reliability of pressure ulcer baseline assessments with tests of change being implemented at multiple sites. Knowledge and experiences associated with harm reduction strategies have been shared, and which has influenced clinical practice.

In March, the Steering Board agreed to pause the programme, and review which of the 18 Phase 1 projects it was both feasible and beneficial to continue into Phase 2, taking into consideration the evaluation which had been done, and local resources and national strategy going forward. National consensus guidance is anticipated from the NHSI 'Stop the Pressure' campaign and it is seen as important for Phase II of the programme to be aligned with this.

Projects which are currently running will continue to effect improvements and collect data, and the Steering Group continues to facilitate networking between members.

### **Paediatric Gastrostomy**

#### **Clinical Lead and Chair - Dr Alex Lee, Patient Safety Manager - Geri Briggs**

The Paediatric Gastrostomy programme has now completed three Steering Boards.

Representation on the Steering Group has expanded such that it is now a fully regional and multi-professional cohort, with contacts being established to form an additional stakeholder group. A PPI member of the Steering Group has been added.

In early June, NHS Elect provided an excellent Quality Improvement and Measurement training day attended by many of the Steering Group. Clarification of the programme aims and the measures required to achieve them were defined and was shared with the rest of the Steering Group at the next Board on 16<sup>th</sup> June.

It is likely that QI projects will focus on improving critical communications between professionals along the pathway, and developing training packages for parents to support them in caring safely for their children, who frequently have very complex needs. Facilitating a network for professionals working in this field has been identified as a key priority.

### **Capability Building and Leadership Development**

The PSC continues to develop the capability for safety and quality improvement through a wide range of different activities. These activities are designed to increase skills in quality improvement methodology, clinical human factors, measurement for improvement and leadership skills.

#### ***Coaching in quality improvement programmes***

The Head of Patient Safety and the Patient Safety Managers continue to offer QI coaching to all clinical project teams to develop their skills. The approach is particularly helpful to clinical teams who can learn together in busy clinical environments as they advance their projects. In this quarter this has included

welcoming a number of stakeholders to a QI training day, which was attended by three of the PSC team to support and guide them.

We 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.

We are currently exploring working with a number of additional stakeholders to support them with QI methodology in practice.

### ***Learning from serious incidents and clinical human factors***

Last year, Dr Jane Carthey, clinical human factors expert, undertook her final report into 60 serious incident investigations across three integrated care trusts and presented her findings to the learning from incidents teams. Areas of good practice, and those for learning, were identified. A learning event took place late last year that brought together the three learning from incidents teams to develop ideas for improving the understanding of clinical human factors in the incident investigation process, the action planning process, and support and reparation for the family. We are currently planning a further event to take account of the participant's views on how best to improve local practise. This is likely to include commissioning colleagues to share challenges, good practise and developing a joint plan.

### ***LIFE Platform***

Negotiations are ongoing with SeeData and national PSC leads regarding the acceptability of the subscription agreement required for continued use of this QI platform.



### ***Health Foundation Q initiative***

In Q1, the Oxford PSC successfully bid to support recruitment of members to the Q initiative. The window for applications we will be promoting will be from 3 August 2017 for a month. In the period before and during, the team will be publicising the initiative widely, with the aim of attracting at least 100 people from around the region to join the Q community. We will also be taking part in assessing applications, and will hold a 'welcome event' in January 2018 for all new members.

New Q members will join a diverse community of other improvers – a 'home' to turn to for inspiration and support. The community provides ways for members to learn, share and get advice from a wider network of peers, offering flexible development in ways that taught courses are not easily able to provide. There is

no membership fee or minimum time commitment to be a member. It is designed to help support busy people with their current improvement work and ongoing development, and to promote their visibility as a leader of improvement. Q should support members to tackle the challenges they are working on, rather than feel like an extra project.

Members are added to the online directory, hosted and promoted by the Health Foundation. They have access to online resources and subscriptions, such as the Institute for Healthcare Improvement (IHI) Open School online courses, BMJ Quality, ISQua and the LEAN QI app. There are unique opportunities for sharing ideas, enhancing skills and collaborating on improvement projects. These include national and local networking events, expert-led knowledge sessions, and site visits both within health care settings and in other sectors.

Recruiting for the Q community represents an opportunity to both significantly improve the ability of people with improvement experience to network and enhance their skills, and for the Oxford AHSN to develop new relationships with these key people.

### **Measurement for Improvement**

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

### **Informatics**

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

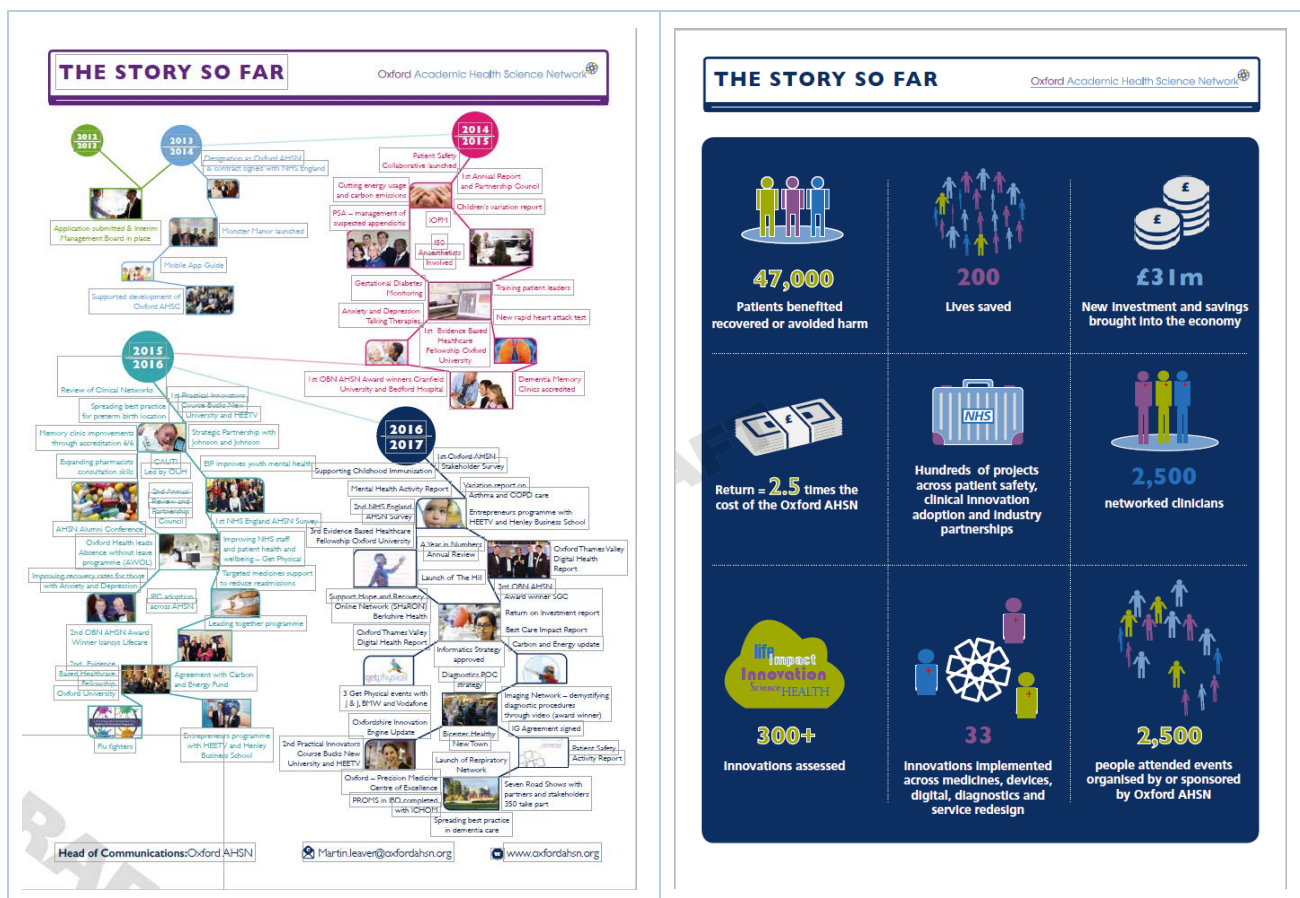
# Stakeholder Engagement and Communications

## Q1 2017/2018 Stakeholder engagement and communications

Q1 has been very busy for the AHSN with key stakeholder and partner collaboration meetings taking place. On a single day (27 June) we co-hosted and/or sponsored three events which were collectively attended by more than 350 people. In May we ran five **Innovation and Impact** partner showcases as well as having significant input at the major life sciences event BioTrinity. The Clinical Innovation Adoption (CIA) programme hosted an event which attracted about 50 clinicians from all over the country to find out more about three critical care devices designed to improve patient safety. The Oxford AHSN Patient Safety Collaborative also hosted its third annual conference which drew more than 90 people.

June saw several collaborative events focusing on diagnostics, digital health, strategic and industry partnerships and the life sciences sector. All these events strongly support the AHSNs commitment to clinical innovation and improved patient outcomes.

Several documents were published including a visually effective flyer and poster on the AHSN's 'Story So Far' (see below) and the Patient Safety Annual Report. On the national stage the AHSN's Head of Communications authored the **2017 AHSN Network Impact Report** (<http://www.ahsnnetwork.com/wp-content/uploads/2017/05/AHSN-Network-Impact-Report-2017.pdf>) and we contributed to the collective Patient Safety Collaboratives' report (<http://www.ahsnnetwork.com/wp-content/uploads/2017/05/PSC-Brochure-interactive.pdf>) with case studies on retained swabs and hydration.



The agendas for each of our 'Innovation and Impact' events were developed by and with local partners which resulted in exceptionally strong presentations and good patient and industry engagement.

All presentations are now available: <http://www.oxfordahsn.org/our-work/corporate-activities/partner-showcases-2017/>.

Examples include:

- Improving out-of-hours sepsis recognition
- Clinical research in a DGH and in the emergency department
- Specialist memory service and clinics
- Fluid management during surgical operations
- Fracture liaison service
- Patient safety – sepsis in the acute setting and in the ambulance
- Reducing catheter associated infections in acute and community settings
- Early inflammatory arthritis – a patient's perspective
- Fostering an innovation culture
- Health and wellbeing

The AHSN had a strong presence at **BioTrinity** conference (8-10 May) including a stand shared with the Oxford AHSC, Harwell Life Sciences Cluster, Oxfordshire Local Enterprise Partnership and the two Oxford Biomedical Research Centres. The stand artwork is shown below. The posters at the Innovation Showcase were of very high quality. We hosted a digital health workshop with a very strong panel of speakers from our region and Nick Scott-Ram, our Director of Commercial Development, also chaired a panel meeting.



Our future presence and sponsorship of BioTrinity is under review as part of a wider review of our commitment to events. The AHSN is sponsoring - for a fourth year - its award for Best Public-Private Collaboration. Entries are being called for and the results will be announced at the OBN Awards Dinner on 5 October. Previous winners include Isansys and the Structural Genomics Consortium.

The Clinical Innovation Adoption programme organised a successful regional event on patient safety devices and an implementation support pack was disseminated. These devices also featured in the AHSN's presentation at the partner showcase events. The Patient Safety Collaborative Annual Conference was also very successful, demonstrating that events with a specific theme and/or focus are well received across our community. This will be taken into account in the current review of events.

Engagement with health and wellbeing continued and the Get Physical website refresh is on track. Amy Izzard joined the Workplace Wellbeing Network and plans are in progress for a breakfast meeting on 19 July focusing on mental health and wellbeing in the workplace.

We supported the Living Well pop-up shop at a Cowley shopping centre as part of Dementia Awareness



Week. A celebration of this and other Living Well events is being held on 17 July.

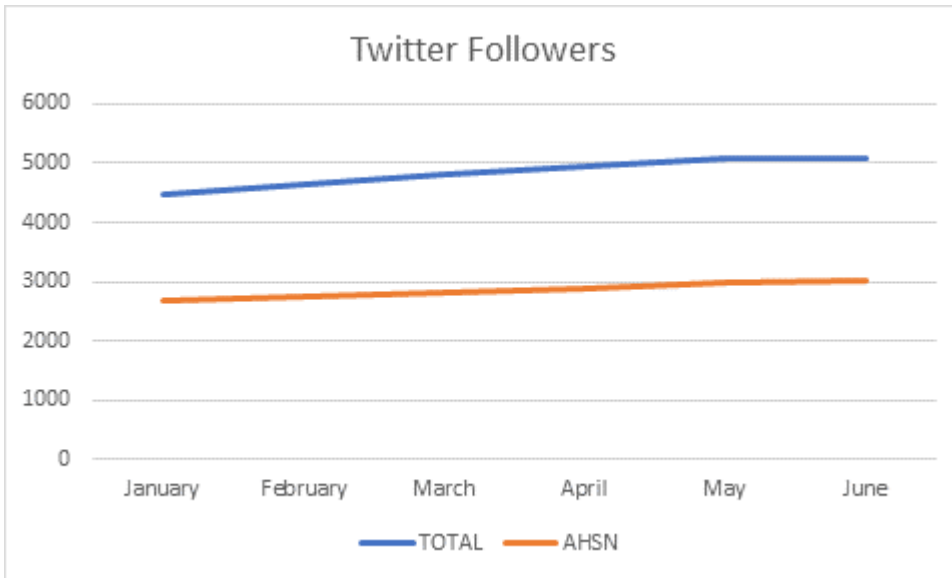
A number of other important events and meetings were hosted and attended. These included:

- **The NHS England South Central Medical Directorate conference, Reading, 7 June** which focused on clinical leadership and the importance of embracing innovative best practice with excellent quality improvement in practice. It was opened by Prof Sir Bruce Keogh, NHS England Medical Director. Contributions from the Oxford AHSN included Chief Executive Prof [Gary Ford](#) CBE on thrombectomy in stroke care, Clinical Innovation Adoption manager [Hannah Oatley](#) on [our work to improve detection and management of atrial fibrillation](#) and [Sian Rees](#) on patient experience. The AHSN has now offered to work more closely with NHS England to support further events of a similar nature – providing speakers and communications support.
- **Venturefest Oxford, 21 June** The AHSN exhibited for the fourth year at this important meeting for business with Dr Nick Scott-Ram both organising and taking part in a session on the Oxfordshire life sciences ecosystem aimed at providing practical advice on key themes for entrepreneurs and early stage companies. Other key partners in this event include Oxford Brookes University, University of Oxford, a number of local companies, the Oxfordshire LEP and Harwell Campus.
- **Precision medicine and digital health technology showcase with Oxford Biomedical Research Centre, Oxford University Innovation and the Oxford Academic Health Science Centre, 27 June.** Topics covered included wearable technologies and monitoring devices, in vitro diagnostics for personalised medicine, pathway reconfiguration and targeted therapeutics. This event was attended by approximately 250 people.
- The Oxford AHSN joined forces with the West Midlands AHSN on 27 June to host an event on **Using diagnostics to enable new models of urgent and emergency care** which was attended by over 50 people. Speakers included Professor Keith Willett, Medical Director of Acute Care for NHS England.
- The AHSN co-hosted the launch of the **Oxford Genomic Medicine Centre (GMC)** on 27 June which was attended by over 70 people. Speakers included Dr Anna Schuh and Dr Bruno Holthof, Chief Executive of our host Trust, Oxford University Hospitals NHS FT. The GMC also attended several our partner showcase events in May to highlight their work to local partners.

## Communications

The Boards of our partner NHS trusts are provided with regular updates on the activities of the AHSN - this service has now been extended to all trusts. This provides an additional channel for communications to Board members, management and clinicians as well as wider circulation to governors and members of the public.

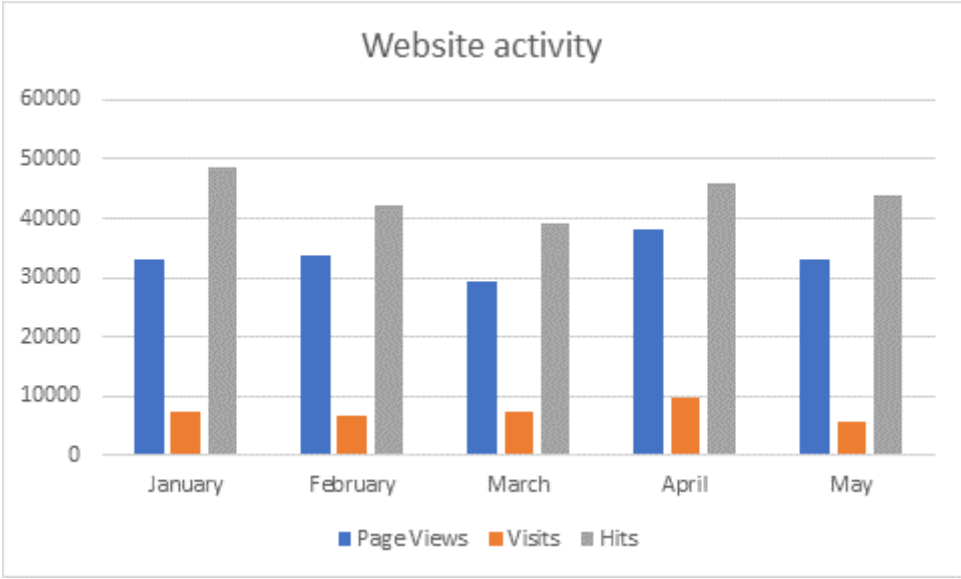
Twitter continues to be an extremely effective way of communicating with stakeholders and partners with good interactions especially relating to events. On 27 June we had a record number of interactions for a single day - more than 8,500 'impressions'. Followers of the main AHSN Twitter account reached 3041 on 29 June. The total including all AHSN related accounts now exceeds 5,000, see chart below.



The monthly newsletter via MailChimp put on an extra 200 subscribers linked to the meetings in May bringing the total to date to just over 2,200. The newsletter continues to include great content including items from stakeholders and partners.



Work continues to update and refresh the website, see 2017 data in the chart below. The Clinical Innovation Adoption and Strategic and Industry Partnerships' web presence has been extended as has the work of the Patient Safety Collaborative. All three link back to the main AHSN site. Data from these sites is not included in the activity chart below.



## Oxford AHSN Finance Plan for 2017/18

### Annual Forecast

The Oxford AHSN expenditure forecast is £4.054m, a variance of £2k against the Business Plan; this factors in some prior year underspend carried forward of £557k.

Forecast revenue of £3.498m is better than plan (£3.426m) due to an improved forecast for Partner income (£38k) and HEE funds for our Dementia Clinical Network (£36k).

Forecast expenditure of £4.054m is in line with our plan although there are variances within Best Care, Clinical Innovation Adoption, Patient & Public Involvement Engagement & Experience, and Patient Safety. The PPIEE variance is due to underspends carried forward allowing an increase in activity. The CIA variance is partly due to the discontinuation of a proposed respiratory project agreed with the industry partner. Patient Safety carried forward a larger than planned underspend allowing an increase in activity also. All other variances within the above relate to staffing.

### Quarter 1


The Oxford AHSN forecast for Q1 is broadly in line with plan Q1. There is a difference of £60k between our forecast Q1 and our actual Q1 Revenue with regards to Partner income not yet invoiced, HEE income will be deferred to Q2.




Actual Expenditure Q1 is lower than Forecast Q1 due to staff variances (approx. £50k) within Best Care - 3 Network Managers are vacant; CIA – external funding covering a Project Manager (no backfilling); and 1 month Vacant Head of PSC.

### OXFORD AHSN FINANCE PLAN

	Model Period Beginning	01-Apr-17	01-Apr-17	01-Apr-17	01-Apr-17	01-Apr-17	01-Apr-17
	Model Period Ending	31-Mar-18	31-Mar-18	31-Mar-18	31-Mar-18	31-Mar-18	31-Mar-18
	Financial Year Ending	2018	2018	2018	2018	2018	2018
	Year of the 5 Year Licence Agreement	5	5	Q1	Q1	Q1	Q1
		Opening Plan	Forecast	Opening Plan	Forecast	Actual	
<b>INCOME (REVENUE)</b>							
NHS England funding		2,298,668	2,304,119	574,667	576,030	576,030	
Partner contributions		411,500	443,896	102,875	110,974	87,881	
Other partner income		150,000	155,832	37,500	38,958	38,948	
HEETV income for continuous learning		118,300	145,984	29,575	36,496	0	
NHS England funding - PSC income		447,925	447,925	111,981	111,981	111,981	
<b>Total income</b>		<b>3,426,393</b>	<b>3,497,756</b>	<b>856,598</b>	<b>874,439</b>	<b>814,840</b>	
<b>AHSN FUNDING OF ACTIVITIES</b>							
Best Care Programme		686,785	508,286	271,925	234,089	226,610	
Clinical Innovation Adoption Programme		726,416	628,564	181,604	157,141	134,836	
Strategic & Industry Partnerships Programme		545,867	545,868	136,467	136,467	122,666	
Informatics Theme		402,202	407,445	100,551	101,861	104,709	
PPIEE Theme		111,108	248,608	27,777	62,152	46,223	
Patient Safety Collaborative		462,925	567,832	115,731	141,958	106,926	
<b>Programmes and themes</b>		<b>2,935,303</b>	<b>2,906,603</b>	<b>834,055</b>	<b>833,668</b>	<b>741,969</b>	
<b>CORE TEAM AND OVERHEAD</b>							
Pay costs		549,235	619,202	137,309	154,801	142,211	
Non-pay costs		347,783	334,194	86,946	83,549	74,566	
Communications, events and sponsorship		220,573	194,831	55,143	48,708	45,946	
<b>Total core team and overhead costs</b>		<b>1,117,591</b>	<b>1,148,227</b>	<b>279,398</b>	<b>287,057</b>	<b>262,723</b>	
<b>Total expenditure</b>		<b>4,052,894</b>	<b>4,054,830</b>	<b>1,113,453</b>	<b>1,120,725</b>	<b>1,004,693</b>	
<b>Net Income/Expenditure</b>		<b>626,501</b>	<b>557,074</b>	<b>256,854</b>	<b>246,286</b>	<b>189,853</b>	
Programme funding previously committed		626,501	557,074	256,854	246,286	189,853	
<b>Surplus/(deficit)</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-0</b>	

## Appendix A - Review against the Business Plan milestones




Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
Establishment of the Oxford AHSN	Annual Report				◆	
	Oxford AHSN 5 Year re-licensing			◆		
Best Care	Closure/handover of network activities to other entities.	✓				
	Launch of new structure to govern remaining clinical 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.	✓				
	Intra Operative Fluid Management Project Estimated Completion (commenced 2014/15)			◆		
	Catheter Acquired Urinary Tract Infection Project Estimated Completion (commenced 2014/15)		◆			




Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	Early Inflammatory Arthritis NICE Project Estimated Completion (commenced 2014/15)					
	Biosimilars – Chief Pharmacists picking this up for BOB STP	Closed				
	Fragility Fracture Prevention Service Estimated Completion (commenced 2015/16)					
	Falls Prevention Strategy Project Estimated Completion (commenced 2015/16)					
	Respiratory- Estimated Completion (commenced 2016/17)	Closed				
	Pneux (tracheal tube for ICU ventilator)					◆
	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					◆

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	National AHSN Innovation Project to be agreed- Estimated Completion (Commencing 2016/17)					◆
	Select 10 innovations for 2018/19				◆	
	Start delivery of 2018/19 innovation portfolio					◆
	National AHSN Innovation Project to be agreed- Estimated Completion (Commencing 2016/17)		◆			
Strategic and Industry Partnerships	Establish pipeline of innovations for commercialisation <ul style="list-style-type: none"> <li>ensure industry and academics can access the NHS clinicians they need to work on concepts and pilots of new products and services</li> <li>work with tech transfer offices and other partners to ensure commercialisation is more efficient and effective</li> </ul>	✓				
	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			◆		
	Initiate diagnostic evaluations	✓		◆		◆




Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	Establish digital innovation pathway and accelerator			◆		◆
	Oxford Martin School Project				◆	◆
	Support regional cluster activity		◆		◆	
	Deliver one new funding initiative				◆	◆
	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)		✓			



Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	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				
Informatics Information Governance Mobilisation of IG Working Group (Caldicott Guardians and Heads of IG) in order to produce, sign off and implement an IG Framework for the AHSN region.	Developing local capability through training Heads of IG and establishing peer group network			◆		
	Engaging CCGs to extend coverage to GPs				◆	
	Patient Engagement with PPIEE to develop a consent for contact approach				◆	
Demonstrate IG framework is working	Enable two region wide projects – Imaging and Maternity	✓				
Informatics Personal Health Records Platform development	Develop case for change as basis for consultation, now as part of the interoperability work					

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
Informatics Developing analytics	Demonstrate to users how they will be able to interact with the new platform and access reports.			◆		
	Run training sessions for users to access and refresh reports from the new data platform			◆		
	Training super users in the ability to create new reports.			◆		
PPIEE	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 including 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		◆	◆		

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	<b>Leading Together</b> <ul style="list-style-type: none"> <li>- Co-designed and co-delivered pilot for learning disabilities</li> <li>- Train the trainer programme held</li> <li>- Funding sought for further rollout</li> </ul>			◆	◆ ◆	
	<b>Informatics</b> Agreed set of person-centred care metrics developed and tested with local organisations			◆		
<b>Living Well Oxford</b>	<b>Public involvement</b> Evaluated and held celebrating success event for aging and dementia pop-up shop		◆			
	<b>Continued education</b> Links with PPI in Universities to be developed over the year	✓	◆	◆		
<b>Patient Safety</b>	Maintain, consolidate and sustain current clinical programmes and function of PSC	✓	◆	◆	◆	

Programme/Theme	Milestone	Year 5 Q1	Year 5 Q2	Year 5 Q3	Year 5 Q4	Year 6
	Design integrated approach to clinical adoption across PSC, Industry Partnerships and Clinical Innovation Adoption		 ♦	♦	♦	
	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 B- Matrix of Metrics

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)	<p>Best Care Programme</p> <p>The Best Care Programme is designed to deliver AHSN licence objective one: focus on the needs of patients and the local populations.</p>	TBC, following consultation process - update will be provided in Q1	<p>Secure funding for clinical networks</p> <p>Close networks that cannot secure funding</p>	1,2,3,4,5	£508,286	
2	Speed up innovation in to practice (B)	Clinical Innovation Adoption Programme	Number of innovations started	5 more projects in final stage of deployment	1,2,3,4,5	£628,564	

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
		<p>The Clinical Innovation Adoption (CIA) Programme aims to improve significantly the speed at which quality clinical innovation is adopted and in the process of adoption - improve clinical pathways and outcomes for patients.</p> <p>The goals of the programme are to;</p> <p>Support adoption of innovations at scale across the region to improve patient outcomes, safety experience and cost effectiveness</p>	<p>each year</p> <p>Number of completed innovations each year</p>	25 more innovators trained on Practical Innovators Course			
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
		<p>R&amp;D</p> <p>The R&amp;D Programmes aims are to improve R&amp;D in the NHS through closer collaboration between the Universities, NHS and Industry.</p>		Ongoing work to support the development of individual trust R&D strategic plans		£17,000	
		<p>Informatics</p> <p>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.</p>		<p>Bid for Data Lake (year 5)</p> <p>Data Lake implementation (year 6)</p>	1,2,3,4,5	£407,445	

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
		<p>PPIEE</p> <p>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.</p>		Plan for sustainability beyond March 2018	4	£248,608	
		<p>Team, overhead, communications, events and sponsorship</p>	<p>Number of subscribers to the Oxford AHSN Newsletter and Twitter followers per quarter</p> <p>Number of visits to Oxford AHSN website per month</p> <p>Number of attendees at all AHSN events per annum</p>	<p>Stakeholder roadshows (years 5 and 6)</p> <p>Independent stakeholder survey (year 6)</p>		£1,131,227	



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
4	Create wealth (D)	<p>Strategic and Industry Partnerships</p> <p>Aim is to help our region become the favoured 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.</p>	<p>Amount of investment leveraged in the region (including savings)</p> <p>Number of people employed in life science industry</p>	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
5	Patient Safety	<p>The principal aims of the collaborative will be to:</p> <p>Develop safety from its present narrow focus on hospital medicine to embrace the entire patient pathway</p> <p>Develop and sustain clinical safety improvement programmes within the AHSN</p> <p>Develop initiatives to build safer clinical systems across the Oxford AHSN</p>	<p>Increase adoption of AWOL project in Berkshire Healthcare and CNWL to increase return rates by 50% on all acute wards</p> <p>Maintaining and increasing the amount of premature babies born in a level 3 unit (<math>\leq 27</math> weeks gestation or <math>\leq 28</math> weeks in multiple pregnancy, or estimated fetal weight of 500g)</p>	<p>Three programmes showing safety improvement</p> <p>Plan for sustainability beyond March 2019</p>	1,2,3,4,5	£567,832	
						£4,054,830	

Appendix C- Risk Register and Issues Log

Risk Register

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of partnership and collaboration across the region	Insufficient engagement of clinicians, commissioners, universities and industry will prevent the AHSN from achieving its license objectives e.g. tackling variation, speeding adoption of innovation at scale and improving prosperity of the region	Low	Med	> 6 / 12 months	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.	AHSN Chief Executive	Programme SROs	06-Sep-13	Ongoing	AMBER

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
							<p>CIA analysis of strategic priorities of commissioners and providers.</p> <p>7 partner showcase events held across the region in 2016. Five more held May 2017. Showcasing local examples of effective collaboration towards better patient care.</p> <p>Oxford AHSN commissioned a stakeholder survey on the effectiveness and impact of the Oxford AHSN. 26% response rate (536 responses) Results positive. We will commission another survey in 2018.</p> <p>In addition to the local survey, Oxford AHSN also took part in the National YouGov Stakeholder Survey but response numbers (circa 20) statistically invalid to draw any conclusions</p> <p>Active engagement with STPs and ACSs</p>					

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
6	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease	Med	Med	> 6 / 12 months	<p>NHS England has confirmed that AHSNs will be re-licensed. We must be successful in securing a new licence. No indication thus far from NHS Improvement that funding will continue for patient safety beyond March 2019.</p> <p>We are actively pursuing industry partnerships, joint venture opportunities, and grants to reduce our reliance on NHS England and NHS Improvement funding. Action has been taken reduce our costs by £1m and we have a robust financial plan for the next two years. Review January 2018</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul – 14	Ongoing	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	<p>Overarching comms strategy that is refreshed regularly.</p> <p>Website refreshed regularly and new content added – visits per month increasing</p> <p>Followers and subscribers increasing.</p> <p>Links being enhanced throughout the region through Comms networks.</p> <p>Partner showcase events with all partners.</p> <p>Level of engagement closely monitored across all programme and themes (see KPIs).</p> <p>Oxford AHSN survey was commissioned by the Board.</p> <p>Stakeholder participation in AHSN growing each quarter.</p>	AHSN Chief Operating Officer	Head of Communications	19/01/15	90% complete	

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
					Pipeline of publications. Updates provided to partner boards.					

**Appendix D - Oxford AHSN case studies published in quarterly reports 2013-2017**

Quarterly report	Case study summary	Programme/Theme
Q1 2017/18	Improving patient outcomes following high-risk surgery through better use of technology	Clinical Innovation Adoption
	Improving return rates to psychiatric wards	Patient Safety
	The Hill – putting innovation at the heart of healthcare in Oxford	Strategic and Industry Partnerships
	Improving the care and life chances of young people who develop psychosis through effective early intervention	Best Care (Early Intervention in Psychosis)
Q4 2016/17	Digital health initiative leads to better monitoring and fewer hospital visits for women who develop diabetes during pregnancy	Clinical Innovation Adoption
	Better data sharing through regional information governance framework	Informatics
	Catalysing innovation and driving economic growth in Buckinghamshire	Strategic and Industry Partnerships
	Lives of more premature babies saved through improved referral pathways	Best Care (Maternity)
Q3 2016/17	Promoting workforce health and wellbeing through our Get Physical initiative	Corporate
	Improving detection and management of atrial fibrillation (AF)	Clinical Innovation Adoption
	New standard measures to improve care for patients with IBD developed by international collaboration	Wealth Creation
	Leading together – patients and professionals take a collaborative approach to solve health issues	PPIEE
	Better network-wide data sharing improves patient care	Best Care (Maternity)
Q2 2016/17	Digital survey results	Wealth Creation
	Imaging patient info films	Best Care
	Sustainability project	Wealth Creation
Q1 2016/17	Bicester healthy new town	Wealth Creation
	Children’s immunisation	Best Care
	Perinatal SHaRON	Clinical Innovation Adoption
Q4 2015/16 (annual report)	Memory clinic accreditation update	Best Care
	Meds optimisation CBT programme	Best Care



	AWOL project	Patient Safety
	J&J collaboration	Wealth Creation
	CAUTI project	Clinical Innovation Adoption
Q3 2015/16	EIP data based approach	Best Care
	Leading Together programme starts	PPIEE
	Get Physical event review	Corporate
Q2 2015/16	Targeted medicines support	Best Care/Patient Safety
	Memory clinic accreditation	Best Care
	IPC stockings	Clinical Innovation Adoption
	Alumni Summit review	Wealth Creation
Q1 2015/16	A&D recovery rates	Best Care
	Pre-term birth location saves lives	Best Care
	In2vu data visualisation	Informatics
Q4 2014/15 (annual report)	GDm remote monitoring	Clinical Innovation Adoption
	IOFM benchmarking	Clinical Innovation Adoption
	Sustainable energy	Wealth Creation
Q3 2014/15	Developing patient leaders	PPIEE
	CFT – heart attack test	Wealth Creation
Q2 2014/15	Memory clinics	Best Care
	Managing acute appendicitis	Best Care / Patient Safety (PSA)
	A&D recovery	Best Care
Q1 2014/15	Dementia network launch	Best Care
	Medicines optimisation launch	Best Care
	Wealth creation explained	Wealth Creation
	GDm remote monitoring	Clinical Innovation Adoption
Q3 2013/14	App development route map	Wealth Creation
	2023 Challenge	Wealth Creation