



## Oxford AHSN Year 6 Q1 Report

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For the quarter ending 30 June 2018

**Cover image:** Our multi-award-winning Good Hydration! initiative helping care home residents live happy, health lives, won another prize in June – the NICE Shared Learning award.  
Read more on this project and access free resources at <http://bit.ly/good-hydration>

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## Chief Executive's Review

### Relicensing

There is light at the end of the tunnel regarding the relicensing process and I am pleased to see the increased alignment of our three main commissioners, for example in a combined quarterly assurance process. There has been a considerable burden on our programme teams in terms of additional planning, metrics and reporting.

The NHS England (NHSE) Board confirmed that all 15 AHSNs will be relicensed for a further five years. We have interim funding until the new Master Services Agreement has been agreed by the AHSN Network and NHS England and with our host, Oxford University Hospitals (OUH). NHS Improvement (NHSI) confirmed its approval of our Patient Safety Collaborative (PSC) local development plan. The Office for Life Sciences (OLS) commissioned an independent review of AHSNs with very limited engagement. OLS is issuing a template to all AHSNs for a revised local delivery plan of the Innovation Exchange policy. NHSI has commissioned PriceWaterhouseCoopers to undertake an independent review of PSCs - we remain optimistic that they will be recommissioned by NHSI.

We initiated five new national programmes this quarter and have started engaging local stakeholders. Once we had access to the detail we have identified issues with some of the claimed benefits. In the future we would like to have a more robust process for selecting national programmes by the AHSN Network in conjunction with its commissioners. We have identified a significant risk to delivery of this year's ROI target on two national programmes whereby the original projects benefited from significant pump-priming. We plan to make up the shortfall through our local programmes. We would also like to see the merger of the Economic Growth Innovation National Network and the OLS Innovation Exchange.

### Local Health and Care Record Exemplar

The Oxford AHSN brought together six local systems to support the successful bid for a Thames Valley LHCRE. Although Oxford AHSN is not responsible for managing implementation we will have a place on the oversight group.

### Case Studies

The Oxford AHSN has consistently produced at least three case studies every quarter. These are very powerful and tell the story of how AHSNs deliver improvements to patient care by forging collaborative partnerships better than dislocated metrics. Two of the latest case studies included in this report demonstrate how bringing clinicians together in a structured and supported way can deliver improvements to clinical practice for patients with arthritis and dementia. In addition to improving patient care, £3m was saved by the local NHS from the arthritis work through adoption of biosimilars. The third case study shows how we can help innovative companies gain market access using a web-based learning tool, supported by a European Innovation and Technology grant.

### Award

The Patient Safety and Clinical Improvement programme's Hydration in Care Homes quality improvement project started with a pilot study in four care homes within East Berkshire CCG in July 2016, with the aim to reduce urinary tract infection (UTI) hospital admissions by 5% each year through the introduction of seven structured drinks rounds per day and staff hydration training. To date there has been **an overall reduction in hospital admissions for UTI of 66%**. This initiative won the **NICE shared learning award for 2018** in June and has been shortlisted for three HSJ patient safety awards: care of the older person; patient safety in community; and QI project of the year. I would like to congratulate Patient Safety Manager Katie Lean and the team from Berkshire East. An image from this work is featured on the cover of this report.

**Research Needs**

In addition to being the Deputy Chair of the AHSN Network, I am leading the Innovation National Network for Research. In collaboration with the National Institute of Health Research and NHS England, I have commissioned a survey to determine local research needs in the NHS. Oxford AHSN has undertaken a procurement process which led to the appointment of ComRes to carry out the survey with Oxford AHSN coordinating all the key stakeholders. The survey will report in the autumn.

**AHSN Board**

I would like to thank Dr Nick Edwards who has chaired the Strategic and Industry Partnerships oversight group and has been involved with the Oxford AHSN since it was conceived back in 2012. Peter Ellingworth, CEO of the Association of British Healthcare Industries, is joining the AHSN Board.

**Professor Gary Ford CBE, FMedSci, CEO, Oxford AHSN**

## Oxford AHSN case studies

- Establishing networks to improve patient care in early inflammatory arthritis
- Spreading best practice in dementia through webinar programme
- Helping life science companies and entrepreneurs access healthcare markets

### Case study 1

**Programme/Theme:** Clinical Innovation Adoption

**Title:** Establishing networks to improve patient care in 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, as well as improving patient and GP awareness of the symptoms of EIA and the risks and consequences of delayed diagnosis and treatment. **It is estimated that the introduction of biosimilars related to EIA has resulted in over £3 million of savings across the Oxford AHSN region.**

#### Challenge identified and actions taken

There is strong evidence to suggest that if inflammatory arthritis is identified, diagnosed and treated at an early stage 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 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 and pharmacists. Since its inception in 2016 the network has focused on five core workstreams based on improving care for EIA patients (see Figure 1 below).

#### Supporting quote

*"We had particular problems around getting to see our EIA patients quickly and working with the network helped us to bring attention to our services from the management within the trust, to increase our staffing at specialist nurse level. That has really transformed the service."*

Malgosia Magliano, Consultant Rheumatology, Buckinghamshire Healthcare – EIA network member

#### Working in partnership with patients and public

Key to the success of this project has been strong engagement with patients and patient organisations. A patient champion was appointed at an early stage. For the planned patient education activity the network has been working closely with the National Rheumatoid Arthritis Society (NRAS) to run focus groups with patients with inflammatory arthritis who suffered unnecessarily as a consequence of delays in getting the treatment they needed.

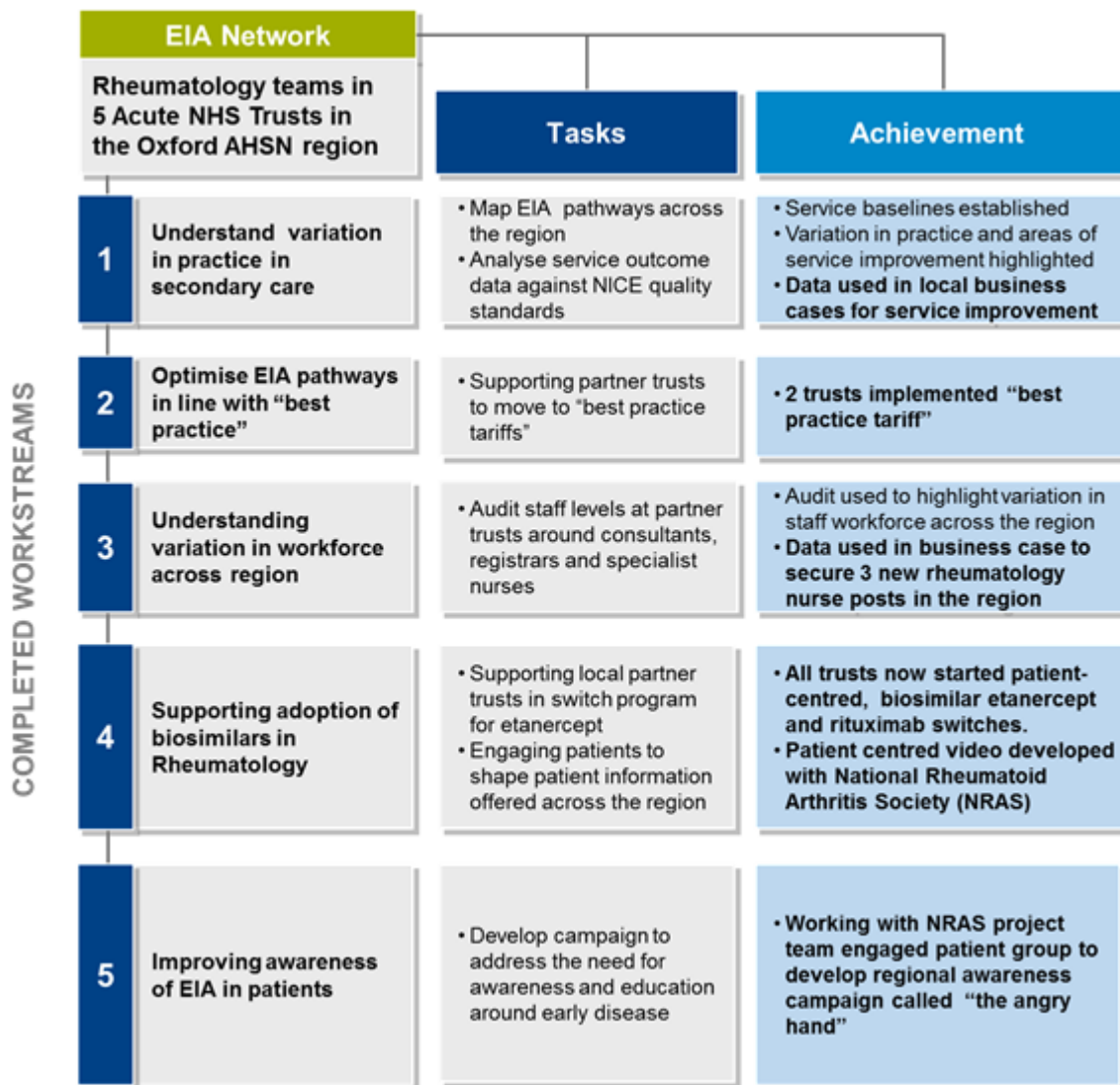


Figure 1 Completed workstreams

## Impacts

The formation of the network gave rheumatology leads across the region a forum to share best practice and resources, and to co-develop plans for improving care for EIA patients. In addition, the workstreams 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 in the areas listed below, freeing up time in local clinical teams so they can spend more time improving services for patients
  - Business cases
  - Patient tracking tools and databases
  - Patient information
  - Shared care guidelines
- Identifying areas needing improvement, highlighting where investment is required and helping teams make local business case for support to improve care for patients

Delivering cash releasing savings to the NHS through working with patients to switch them from branded biologic etanercept to biosimilar etanercept - for some these savings will be reinvested into rheumatology services to further improve patient care. From modelling uptake and price differentials between original and

biosimilar products, it is estimated that across the Oxford AHSN region the introduction of etanercept biosimilars has resulted in over £3 million of savings.

- As part of this a biosimilars information video (Figure 2) was developed to help answer critical questions for rheumatology patients being asked to switch to biosimilars (<https://www.youtube.com/watch?v=6P7kwu3UzmQ> )



*Figure 2 Screenshot from Oxford AHSN biosimilars patient information video*

- Raising awareness of Early Inflammatory Arthritis, the project team forged a collaboration and joint working group with Sandoz and the National Rheumatoid Arthritis Society. This brought together patients and lay people to design an engaging awareness campaign - a model called 'The Angry Hand – Don't ignore your joints' was developed (see Figure 3 below). This involved construction of a 12ft tall, articulating and talking blue hand with glowing red joints which was taken to busy central locations across the Thames Valley and London. The hand, which was voiced by a comedian, attracted, surprised and engaged the public. Video footage was collated and turned into a campaign film (<https://www.youtube.com/watch?v=b2sBz8hIELA>) which was publicised widely. The number of views received is over 13,000 – and counting! The campaign was awarded third place in the Best Public Awareness Campaign at the Pharmaceutical Marketing Awards 2018.



## The Angry Hand

Raising public awareness of early rheumatoid arthritis



Figure 3 Overview of the Campaigns Publicity

### National NHS priorities addressed

- Care and quality
- Health and wellbeing

### AHSN priorities addressed

- Long-term conditions
- Workforce development

### Future plans

The AHSN EIA network aims to continue to stay connected to industry and NRAS, and to mobilise task and finish groups as and when promising innovations emerge that are ready for spread.

Continuing to work with national stakeholders to shape educational campaigns aimed at primary care will be critical in ensuring that recognition of the early disease and referral from general practice does not pose a barrier to diagnosis and treatment.

### Contact

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## Case study 2

**Programme/Theme:** Mental Health

**Title:** Spreading best practice in dementia through webinar programme

### Overview summary

The Oxford AHSN has established a webinar programme to support the spread of best practice in dementia. So far 46 webinars have taken place covering a wide range of topics. The programme has over 370 subscribers with over 1,000 participants joining live and 900 more viewing the videos later. A 2017 survey found almost half of respondents had changed practice as a result of participating in the webinar programme. Engagement is spreading with a rising proportion of new viewers from outside the Oxford AHSN region.

### Challenge identified

The Oxford AHSN's aim – in line with the Prime Minister's Challenges of 2012 and 2015 – is to reduce variation in patient and carer experience and outcomes in dementia services, throughout the memory assessment and post-diagnostic pathway, and support the adoption of innovations that can improve care quality, working collaboratively with clinicians, social care and the voluntary sector.

### Actions taken

The Oxford AHSN launched a dementia webinar programme in 2014 to spread best practice, reduce variation and support continuous professional development. The initial aim was to build a culture of collaborative working across the Oxford AHSN region and reduce variation in dementia diagnostic and prescribing practice following initial referral to memory services. The webinars can be watched live at fixed times. These take place on a monthly basis and last about an hour, usually over lunchtime. There is an opportunity for viewers to ask questions. The webinar recordings can also be watched on demand.

### Impacts/Outcomes

So far 46 webinars have taken place covering a wide range of topics. These include:

- Diabetes and dementia
- Dementia and driving
- People with dementia getting lost
- The challenge of multi-morbidity in dementia
- How alcohol affects the brain and cognition
- Post-diagnostic support services
- Cognitive behavioural therapy (CBT) and mindfulness for people with dementia

The programme has over 370 subscribers with over 1,000 live attendances and 900 more viewing the videos later. Whole multi-disciplinary teams have taken part on a regular basis and followed up with their own discussions around best practice. A 2017 survey found 46% of respondents had changed practice as a result of participating in the webinar programme. This figure rose to over 50% for some individual webinars. The sessions most likely to lead to a change in practice covered Alzheimer's disease, epilepsy, mindfulness and post-diagnostic support. Engagement has been spreading with the proportion taking part in the live webinars from outside the Oxford AHSN region rising from 5% in 2016 to 15% in 2017.

## **Supporting quotes**

*“I’ve dialled in to a few of the webinars now and they have all been excellent. It’s a really convenient way of getting fresh information from a wide range of top speakers – without even having to leave my desk. I’ve learnt something new every time. Thank you!”*

Vicky Cartwright, Deputy Programme Manager, Royal College of Psychiatrists, 2018

*“The webinars are always of a consistently high standard and I very much appreciate them.”*

Anonymous contributor to webinar programme survey, 2017

## **National NHS priorities addressed**

- Care and quality
- Health and wellbeing

## **AHSN priorities addressed**

- Long-term conditions
- Mental health
- Workforce development

## **Future plans**

Future webinar subjects are being chosen based on feedback from participants. There is a desire to increase engagement with primary care and professional groups beyond doctors. A follow-up survey will measure further progress, particularly around changing practice.

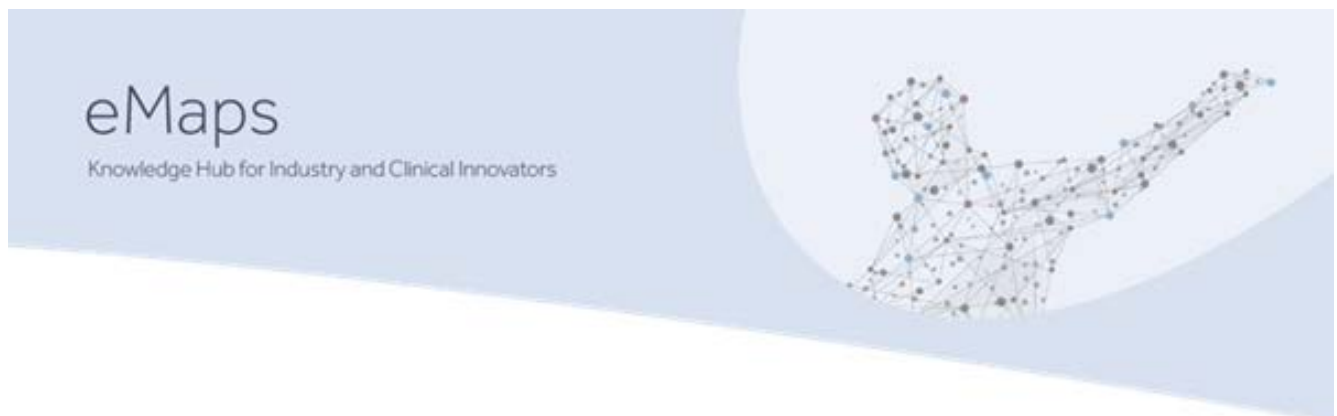
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## Case study 3

**Programme/Theme:** Clinical Innovation Adoption

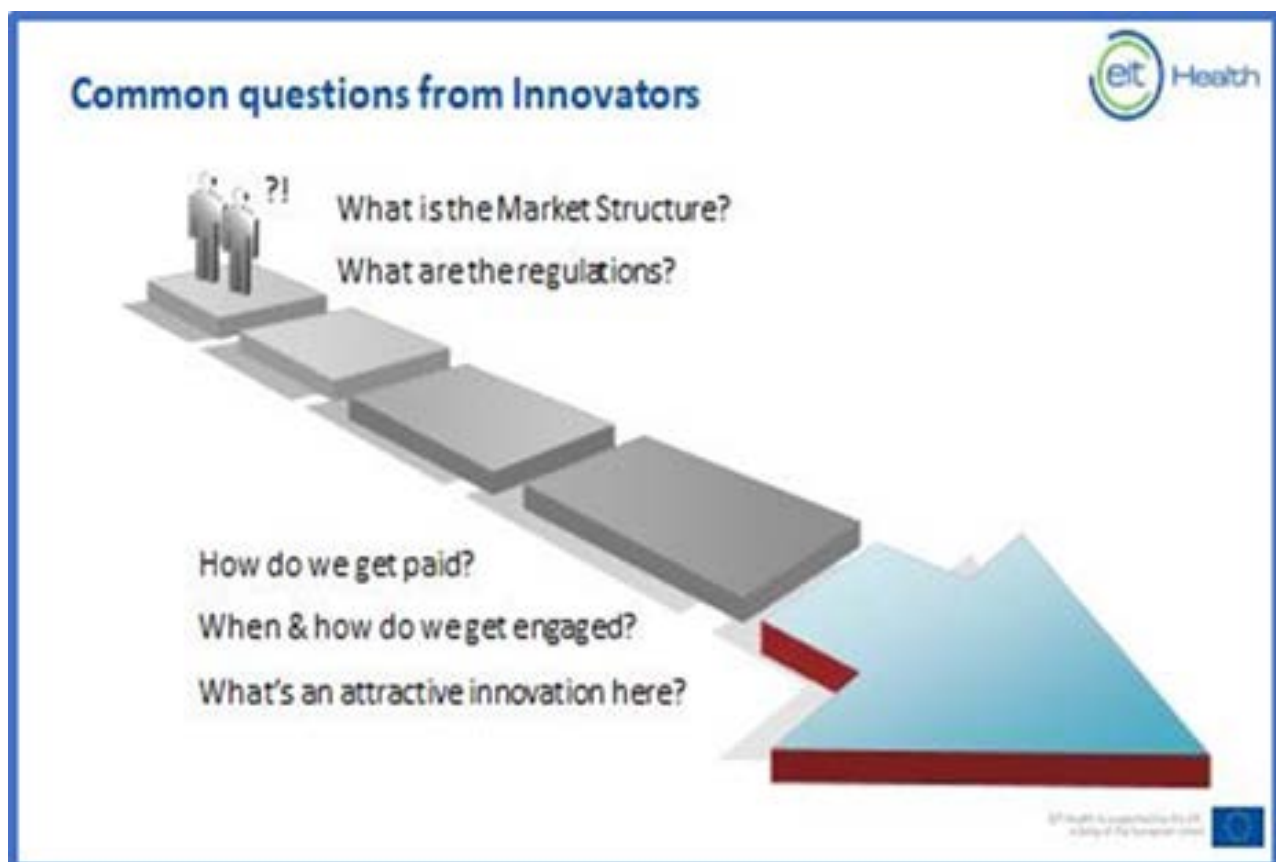
**Title:** Supporting life science companies and entrepreneurs to access healthcare markets



### Overview summary

The Oxford AHSN is leading on an international project to create a knowledge hub for industry, entrepreneurs and clinical innovators. The European Market Access for Partners (eMaps) project, funded by EIT Health, aims to develop a dynamic e-learning platform to help innovators' navigate the complex processes and pathways associated with accessing healthcare markets in Europe and the USA. The eMaps website is currently being tested and critically reviewed by SMEs ahead of a launch at the end of 2018. Up to 3,000 users are anticipated in 2019.

Watch this short explanatory film: <http://bit.ly/eMapsVid>



### How it works

eMaps is an innovative learning portal offering information, advice and tools relevant to international health markets that will:

- support SMEs to understand strengths and weakness in market readiness
- help SMEs to identify optimal routes to adoption and reimbursement
- demonstrate ways to overcome key market access challenges.

The model assumes that basic market investigation for suitability has already been carried out prior to planning a more detailed commercial market access strategy.

Information provided on the knowledge hub is country specific, initially covering the UK, Netherlands, Sweden, Spain, France and Denmark.

For each country learning content is available for three modules:

1. drugs and medicinal products
2. medical devices and diagnostics and
3. digital health products.

These have a number of chapters including

- a. market size and structure
- b. regulations and compliance in that market
- c. pricing and reimbursement considerations.

The chapters contain multiple components that provide the core learning content. Each component is made up of learning objectives, reflective learning questions and a bank of resources. Activities are interactive to aid learning.

Short case study interviews with SMEs which have successfully market launched are included. Participating SMEs were asked to think critically about the health and life science ecosystem in the UK and look to reflect on challenges or successes.

Core to modules in each market is a Product Market Readiness Assessment – a tool designed to understand strengths and weaknesses.

Some content will be available free and some will be for subscribers only to help sustain the initiative.

### **Future developments**

Following launch at the end of 2018, the next phase from January 2019 will expand coverage to include Germany, Italy and Portugal and the USA. In addition, an overarching market benchmarking module will be included to enhance the platform's value further to SMEs. Planned 2019 activity will build on existing assessments, adding a testing element to evaluate learners' knowledge in more detail and, where appropriate, award a continuing education certification and credit.

### **National AHSN priorities addressed**

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

### **NHS England priority areas**

- Driving economic growth

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## Operational Review

The NHS England Board confirmed that all 15 AHSNs will be relicensed for a further five years. We have interim funding until the new Master Services Agreement has been agreed by the AHSN Network and NHS England and with our host, OUH. NHSI confirmed its approval of our Patient Safety Collaborative (PSC) local development plan. OLS commissioned an independent review of AHSNs with very limited engagement. OLS is issuing a template to all AHSNs for a revised local delivery plan of the Innovation Exchange policy. NHSI has commissioned PwC to undertake an independent review of PSCs. We are optimistic that PSCs will be recommissioned by NHSI.

We have been working hard to secure grants and commercial income.

We published several significant articles in the quarter including Standardised Sepsis Pathway.

The Oxford AHSN played a key role in supporting the successful bid for a Local Health and Care Record Exemplar (LHCRE) bringing together leaders from six local systems.

The Oxford AHSN has three programmes – **Patient Safety and Clinical Improvement** which includes the Patient Safety Collaborative commissioned by NHS Improvement, **Clinical Innovation Adoption**, which addresses most of the NHS England national programmes, and **Strategic and Industry Partnerships** which delivers against the government's Life Sciences Industrial Strategy and the Office for Life Science Innovation Exchange requirements. Highlights from the three programmes are outlined below. Details can be found later in this quarterly report.

We delayed the production of the Q1 report to the end of July so that we could align it to the new assurance regime that has been agreed with the three commissioners: NHSE, NHSI and OLS. There is a very heavy burden of additional planning, metrics and reporting which is consuming a great deal of our programme teams' time. The quarterly report that goes to our commissioners focuses on national AHSN programmes whereas this quarterly report gives a full picture of the Oxford AHSN's activities for our board and local stakeholders.

We will revise our business plan to reflect the increased number of NHS England national programmes and the requirements of OLS – a template was issued on 20 July.

The Oxford AHSN is broadly on track against the business plan, approved by the Oxford AHSN Board, but there are risks to delivery of some of the NHS England national programmes.

### **Building the Network and Capability and Capacity**

The network continues to grow locally and nationally. Two of the case studies included earlier in this quarter's report, demonstrate how we have brought clinical communities together effectively to facilitate changes in clinical practice and improvements in patient care in arthritis and in dementia.

The third case study highlights how, supported by an EIT grant, our CIA programme is developing a web-based learning tool to help SMEs better understand market access.

CIA, with partners Bucks New University and Health Education England, ran the Adopting Innovation and Managing Change in Healthcare Settings education programme for a fourth cohort of 25 local NHS clinicians. An alumni event is planned for September 2018.

Patient Safety and Clinical Improvement support the growth of the Q community.

We held/participated in 10 significant events in the quarter with more than 500 people attending. We have run several events jointly with other AHSNs and local organisations, eg:

- Sepsis learning event led by the Oxford AHSN Patient Safety Collaborative
- South East regional frailty event with NHS England and Wessex/Kent Surrey Sussex AHSNs
- Technology Showcase with NIHR Oxford Biomedical Research Centre and Oxford University Innovation
- Working Together training events for patients and professionals with the NIHR CLAHRC Oxford and Clinical Research Network Thames Valley and South Midlands

Subscribers to the Oxford AHSN monthly email newsletter fell by more than half to just over 1,300 as a consequence of new GDPR regulations – but is already on the rise again. The number of followers of the main Oxford AHSN Twitter account (@OxfordAHSN) was *circa* 4,000 at the end of June with around 80 being added each month.

Content on our websites is regularly updated and expanded. These include [www.oxfordahsn.org](http://www.oxfordahsn.org), [www.patientsafetyoxford.org](http://www.patientsafetyoxford.org), <http://clinicalinnovation.org.uk/> and <https://www.healthandwealthoxford.org/>.

Along with several successful local life science companies and Oxford University Innovation I presented the work of Oxford AHSN to Jon Ashworth, the Shadow Secretary for Health and Social Care.

### **Patient Safety and Clinical Improvement programme**

- Our 'Good Hydration!' project won the 2018 NICE Shared Learning Award, and is shortlisted three times in the upcoming HSJ Patient Safety awards - watch this space!
- We published an article in the Royal College of Physicians [Clinical Medicine Journal](#) on the standardised sepsis pathway, agreed by all six acute hospital trusts in the region
- In an example of collaborative working and adoption and spread, our [Suspicion of Sepsis identification work](#) has formed the basis of a new national Sepsis Dashboard, designed and built by Imperial College Health Partners and Patient Safety Measurement Unit, which is expected to launch shortly
- We were pleased to welcome Dr Cheryl Crocker and Professor Jonathon Gray as they conduct a nationwide Learning Review of the Patient Safety Collaboratives, giving us an opportunity to showcase our work, discuss challenges and find further opportunities to work effectively with the other PSC and AHSNs across the country. Don Berwick sent a [video message](#) to the PSCs as part of this process, emphasizing the importance of our safety work as one of the largest patient safety initiatives in the world.
- We were delighted to welcome Alison Provins as a Lay Representative to our Oversight Group
- Steve McManus, CEO of the Royal Berkshire NHS Foundation Trust, and Chair of the Oxford PSC Oversight Board, and Katherine Edwards, Director of Patient Safety and Clinical Improvement, met with senior teams at Buckinghamshire Healthcare NHS Trust, Central and North West London NHS Foundation Trust, and Oxford Health NHS Foundation Trust, to discuss our current work programme, local needs and the opportunities for support offered by the PSC.
- Mental Health – building on the strong foundation of Oxford AHSN's three mental health networks, Fran Butler, Senior Programme Manager, is developing a sustainable mental health programme with local stakeholders. Fran is also rolling out SIM, one of the national programmes.

### **Clinical Innovation Adoption (CIA) programme**

A summary of achievements this quarter include:

- Initiation of the five NHS England national programmes (see section below)
- Initiation of ITT/ITP projects – myCOPD, Endocuff and Heartflow
- Initiation and agreement with Novartis to support a heart failure project
- Initiation and agreement to explore a prostate cancer project with Bayer
- Delivery of a WireSafe deployment workshop for all project leads from all AHSNs
- Submission of five bids – (1) for Prostate Cancer (2) Final year eMaps that will include USA, Germany, Italy and Portugal (3) Three AF detection projects. Outcomes awaited for all.

In keeping with the CIA programme selection approach, the new national programmes have been assessed using our methodology for Innovation Evaluation and Delivery Process Model starting at step 1, reviewing Innovation (due diligence) and step 2, baselining incumbent activities within the region. This process has enabled us to fill the information shortfalls in evidence for the nominated national innovations. It is disappointing that some of the national programmes, eg Escape Pain, do not come with fully developed implementation methodologies.

As well as the new five national projects, we have initiated a number of local projects supported by industry such as Heart Failure Medicine Optimisation. This has come about as a direct result of our successful engagement with GPs on the four atrial fibrillation projects which we have been successfully delivering over the past three years.

The Sleepio project with Big Health, supported by Innovate UK, designed to speed up the implementation of digital self-care into the NHS, is on track.

### **Strategic and Industry Partnerships (SIP) programme**

During the quarter, the SIP met with 73 companies. Overall the team is actively pursuing over 40 projects and has completed over 90 specific projects. In line with the OLS Innovation Exchange strategy, we have 30 strategic industry partnerships supporting companies to identify need, engage the NHS, undertake real world evaluations, support adoption and spread and gain investment.

Total investment into the region for the quarter as a result of SIP-based activities through collaborations and direct investments was over £300,000. During the quarter the SIP programme established three new partnerships with industry.

Dr Nicholas Edwards stepped down as the Chair of the SIP Oversight Group. The team would like to record its thanks for all the support and advice that he is given over the years, and for his continued support for the Oxford AHSN. Discussions for a successor are underway.

Achievements in Q1 include:

- The Oxfordshire ISfB programme formally commenced with the signature by all of the partners the GVA.
- During the quarter agreements were signed with the following companies: Curetis, Sensyne Health, Physiomics and Owen Mumford.
- A number of grant submissions were made during the quarter, including four company-supported applications in Wave 2 of the Innovate UK Digital Health Catalyst.
- Ashley Aitken was promoted to the position of Programme Manager (Diagnostics).
- Dr Vinit Agrawal joined the SIP team on 4 May as a methodologist.
- Nadine Frisk has been appointed as the Hub Manager for the Buckinghamshire Life Sciences Innovation Centre.
- Dr Pratheeba Vimlanath has joined the Oxford Martin School programme on Affordable Medicines as the lead on intellectual property.

Progress is being made in gaining approval to develop the Harwell Accelerator.

OLS has issued a template for a revised local delivery plan to deliver the Innovation Exchange model which is a response to the government's Life Sciences Industry Strategy. We will complete this by 5 August and revise our business plan accordingly.

### **NHS England National programmes**

Oxford AHSN has signed up to all the national programmes and delivery of ROI of £2.8m in 2018/19 and £5.5m in 2019/20 and £9.2m from local programmes over the two-year planning period (see table on ROI).

With the exception of PReCePT which is being delivered by Patient Safety and Clinical Improvement, delivery of all the national programmes is the responsibility of CIA.

Significant risks to ROI delivery have been identified in TCAM and Escape Pain with shortfalls of £664k and £260k forecast. Escape Pain is also expected to undershoot by £620k in 2019/20. We make up the shortfall through our local programmes.

Progress is being made in delivering the patient safety devices on ITP. All 15 AHSNs have selected to implement WireSafe in their business plans (2018-2020), and the Oxford AHSN has taken the national lead on this. Unfortunately, WireSafe was not placed on the national ITP tariff and this is a barrier to adoption on affordability grounds.



National programme	Aim	Progress against ROI	Comment
PINCER	GP medicine safety	Medicine managers and GP engagement underway	Slight shortfall in ROI this year but will make up for this next year
Atrial fibrillation	Detect and protect	On track to deliver forecast ROI	Presented to Milton Keynes GP Federation to encourage engagement which to date has been very poor
TCAM	Medicine safety and compliance	Reviewed local needs, analysed benefits and initiated discussions with local stakeholders	At risk as benefits claims are very high and appetite for this project amongst local stakeholders is not certain as this has been tried in the region before  Very unlikely to deliver claimed ROI this year
Escape Pain	Improve recovery from arthritis and reduce costs	Reviewed local needs, analysed benefits and initiated discussions with local stakeholders	At risk as requires significant pump priming. No implementation pack available from HIN. Complicated implementation involving several stakeholder groups  Very unlikely to deliver claimed ROI this year or next year
PRCePT	Prevent cases of cerebral palsy	Proceeding to plan with full launch planned in October	Risk is there are marginal benefits as current uptake is already highest in England at 80-85%
Emergency laparotomy	Improve recovery and reduce LOS	Clinical champion appointed, baseline assessment of current NELA practice underway	Information on implementation only available at end of June.  Original project had significant pump priming from Health Foundation
SIM	Reduce admissions of patients with mental ill health	Engaging stakeholders to determine appetite	Significant ROI claimed by Wessex AHSN. We need to review with stakeholders.
ITT/ITP	Drive uptake of products	Engagement underway	

### Supporting activities

Informatics supported the successful bid for a Local Health and Care Record Exemplar in the Thames Valley.

Informatics has updated the IG documentation for the new General Data Protection Regulations.

The Patient and Public Involvement, Engagement and Experience theme continues to appoint lay partners to the programmes and projects.

R&D - a survey of local NHS research and innovation needs is being undertaken on behalf of NHSE and NIHR and the 15 AHSNs. Led by Professor Gary Ford for the AHSNs, the work is being managed by Sonya Farooq from Oxford AHSN along with commercial partner ComRes, following a procurement process.

## Return on Investment

The Oxford AHSN will be measured by NHS England on delivering a return on investment in terms of NHS savings.

	Quarter: - 1		
<i>NHS Benefits only</i>			
	<b>18-19 Plan</b>		
	Annual Plan	YTD Actuals	Var to Plan (YTD)
<b>NHS Benefits - Oxford AHSN</b>	<b>For £44m investment</b>		
<b>National Schemes</b>	<b>£'m</b>		
PINCER	0.14	0.00	0.14
TCAM	0.88	0.00	0.88
SIM	0.73	0.00	0.73
Escape Pain	0.29	0.007	0.28
PRECEPT	0.0	0.00	0.00
Emergency Laparotomy Collaborative	0.37	0.00	0.37
Atrial Fibrillation	0.35	0.08	0.27
<b>Sub-Total National Schemes</b>	<b>2.76</b>	<b>0.087</b>	<b>2.67</b>
<b>AHSN Network Collaborative Programmes</b>			
Faecal calprotectin testing in primary care	0.12		0.12
<b>Sub-Total Network Collaborative Schemes</b>	<b>0.12</b>	<b>0.00</b>	<b>0.12</b>
<b>Local Schemes</b>			
ITT/ITP - PneuX	0.06		0.06
ITT/ITP - Urolift	0.01	0.004	0.01
ITT/ITP - Non Injectable Arterial Connector	0.50		0.50
ITT/ITP - Endocuff	0.00		0.00
ITT/ITP - Heartflow	0.00		0.00
ITT/ITP- MYCOPD	0.10		0.10
AF - Perfect	0.72		0.72
WireSafe NIA	0.05		0.05
The Deteriorating Patient integrated with SEPSIS	0.95		0.95
SEND	0.02		0.02
GDM-health	0.01		0.01
True Colours	0.02		0.02
SLEEPIO	0.16		0.16
AKI & Hydration in Care Homes	0.25		0.25
Mental Health Programme Anxiety & Depression	0.26		0.26
Maternity Network	0.10		0.10
POC - Specialist Paramedics & Out of Hours	0.01		0.01
Influenza POC in ED, Urgent Care &	0.06		0.06
POC Test for Urgent & Ambulatory Care (JD)	0.02		0.02
Faster & more accurate pre-eclampsia diagnosis	0.16		0.16
Rapid Identification of Stroke Mimics	0.34		0.34
COPD Exacerbation Alert	0.02		0.02
<b>Sub-Total Local Schemes</b>	<b>3.81</b>	<b>0.004</b>	<b>3.80</b>
<b>Economic Benefit to NHS</b>	<b>6.69</b>	<b>0.09</b>	<b>6.59</b>

## Key Performance Indicators (KPIs)

Programme	High level KPIs (measured annually unless otherwise stated)	As at Q1
Patient Safety and Clinical Improvement	Adoption of 2-3 proven improvements from outside the AHSN area	Precept started
	Implementation of 2-3 clinical improvement/innovation projects in mental health	Three mental health projects in progress
Clinical Innovation Adoption	Number of innovations adopted per annum	6 innovations
	Number of NHS organisations adopting	8 Trusts/170 Practices Practices/1 CCG - Bucks
Strategic and Industry Partnerships	Number of real world evaluations completed	3
	Amount of investment leveraged into the region through SIP activities	£312,000
Stakeholder engagement	Number of Twitter followers across all accounts (reported each quarter)	3,980
	Number of Newsletter subscribers (reported each quarter)	1,312
	Year on year increase in participants/attendees at AHSN-related events	500 in Q1 2017/18 and 2018/19

## Key Milestones – progress to date

Programme/Theme	Key milestones 2018/19	Q1 Progress
<b>Corporate</b>	Hosting agreement with OUH Commercial vehicle development	Deferred to Q2 AHSN Board and OUH Investment Committee have agreed to LLP subject to partnership agreement
<b>Patient Safety and Clinical Improvement</b>	Re-licence of Patient Safety Collaborative past March 2019	NHSI commissioned independent review
<b>Clinical Innovation Adoption</b>	Launch the eMAPs website for market access aimed at SMEs Delivery of five national innovation adoption programmes	On track Launched and engagement process started
<b>Strategic and Industry Partnerships</b>	Roll-out of faecal calprotectin POC  Roll-out of pre-eclampsia diagnostic test	Engagement with first 7 of 54 GP practice; Engagement with West Berks CCG Awaiting final confirmation from JR Engaging with other trusts in region
<b>Informatics</b>	Initiate Local Health and Care Record Exemplar	With support from AHSN local bid was successful. The AHSN is NOT responsible for management of LHCRE implementation. AHSN has a role on governance group.
<b>Stakeholder Engagement and Communications</b>	Independent stakeholder survey	Will review need should NHS E undertake national survey

## Finance

NHS England has confirmed the 6-month funding covering April to Sept 2018 in respect of their allocation as well as Office for Life Sciences. In addition to the Patient Safety Collaborative and other income we can now confirm our revised financial plan. Income for grants and commercial activities amounts to £1.4m, almost 24% of the total income. Our forecast is in line with our financial plan.

	Model Period Beginning	01-Apr-18	01-Apr-18
	Model Period Ending	31-Mar-19	31-Mar-19
	Financial Year Ending	<b>2018</b>	<b>2018</b>
Year of Licence Agreement		<b>6</b>	<b>6</b>
<b>INCOME (REVENUE)</b>		Opening Plan	Forecast
NHS England funding		2,783,500	2,783,500
Partner contributions		443,000	443,000
Other partner income		0	0
HEETV income for continuous learning		0	0
Office of Life Sciences Funding		831,000	831,000
NHS Improvement funding - PSC income		447,925	447,925
Other Income - Corporate Support		20,900	20,900
Other Income - Patient Safety Collaborative		10,000	10,000
Other Income - Clinical Innovation Adoption		523,370	523,370
Other income - Strategic & Industry Partnerships		736,391	736,391
Other income - Informatics		0	0
Other Income - PPIEE		96,583	96,583
<b>Total income</b>		<b>5,892,669</b>	<b>5,892,669</b>
<b>AHSN FUNDING OF ACTIVITIES</b>			
Patient Safety & Clinical Improvement		1,108,845	1,108,845
Clinical Innovation Adoption		1,547,019	1,547,019
Strategic & Industry Partnerships		1,369,856	1,369,856
Informatics		434,919	434,919
PPIEE		214,930	214,930
<b>Programmes and themes</b>		<b>4,675,569</b>	<b>4,675,569</b>
<b>CORE TEAM AND OVERHEAD</b>			
Pay costs		640,889	640,889
Non-pay costs		410,871	410,871
Communications, events and sponsorship		165,340	165,340
<b>Total core team and overhead costs</b>		<b>1,217,100</b>	<b>1,217,100</b>
<b>Total expenditure</b>		<b>5,892,669</b>	<b>5,892,669</b>
<b>Net Income/Expenditure</b>		<b>-0</b>	<b>-0</b>
Programme funding previously committed		0	0
<b>Surplus/(deficit)</b>		<b>0</b>	<b>0</b>

## Risks

Delivery of ROI for two national programmes – TCAM and Escape Pain is at significant risk as outlined above. We will mitigate the expected under delivery of savings from national programmes with local programmes.

**Dr Paul Durrands ACA CMILT, Chief Operating Officer, Oxford AHSN**

## Patient Safety and Clinical Improvement

Entering the first quarter of the year, we were pleased to receive confirmation of our Local Delivery Plans for 18/19, and are now working towards developing work in the three national workstreams of deterioration, safety culture and maternity, whilst maintaining work which meets local needs.

Highlights in Q1 18/19 include

- Our Hydration project won the 2018 NICE Shared Learning Award, and is shortlisted 3 times for the upcoming HSJ Patient Safety awards- watch this space!
- We published an article in the Royal College of Physicians [Clinical Medicine Journal](#) on the standardised sepsis pathway, agreed by all 6 acute hospital Trusts in the region has been published
- In an example of collaborative working and adoption and spread, our [Suspicion of Sepsis identification work](#) has formed the basis of a new national Sepsis Dashboard, designed and built by ICHP and PSMU, which is expected to launch shortly
- We were pleased to welcome Dr Cheryl Crocker and Professor Jonathon Gray as they conduct a nationwide Learning Review of the Patient Safety Collaboratives, giving us an opportunity to showcase our work, discuss challenges and find further opportunities to work effectively with the other PSC and AHSNs across the country. Don Berwick sent a [video message](#) to the PSCs as part of this process, emphasizing the importance of our safety work as one of the largest patient safety initiatives in the world.
- We were delighted to welcome Alison Provins as a Lay Representative to our Oversight Group
- Steve McManus, CEO of the Royal Berkshire NHS Foundation Trust, and Chair of the Oxford PSC Oversight Board and Katherine Edwards, Director of Patient Safety and Clinical Improvement met with senior teams at Buckinghamshire Healthcare NHS Trust, Central and North West London NHS Foundation Trust and Oxford Health NHS Foundation Trust, to discuss our current work programme, local needs and the opportunities for support the PSC can offer.



Meeting with the Learning Review panel

## Workstreams

### The Deteriorating Patient (including Sepsis, mortality reviews and AKI)

The aim of the national deteriorating patient workstream is to reduce avoidable harm and enhance the outcomes and experience of deteriorating patients across England. This will be achieved by improving the reliability of recognition, response and communication. The ambition of the workstream is for people to use a clear and common language when patients are deteriorating.

This includes when healthcare staff are communicating with each other in teams, across

different parts of the healthcare system and when clinicians are having conversations with patients and their carers.

In our region this work is largely being contributed to via our sepsis programme.

## Sepsis

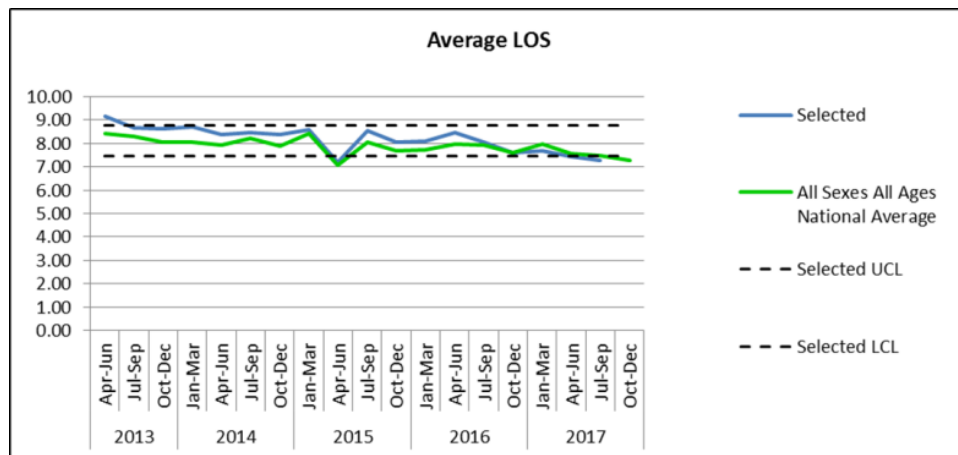
Sepsis is the number one cause of hospital mortality. It is under-recognised, under-estimated and under-treated. It is the most expensive admission diagnosis.

This programme focuses on standardising sepsis management across the whole care pathway throughout the Oxford AHSN region. Locally there have been several achievements in Q1 2018/19 within the sepsis programme including:



- The standardised sepsis pathway, agreed by all 6 acute hospital Trusts in the region has been published as a short article in the Royal College of Physicians [Clinical Medicine Journal](#) and presented as a [poster](#) at Bristol Patient Safety Conference 2018.
- This regional sepsis pathway is now being updated to include NEWS 2 with sign off planned at our July 2018 Sepsis Stakeholders meeting

- Implementation of the regional sepsis pathway is associated with continued reductions in length of stay. Further data is expected via a national Sepsis Dashboard in July 2018, using our published [Suspicion of Sepsis](#) coding methodology, developed by Imperial College Health Partners and the Patient Safety Measurement Unit (PSMU)



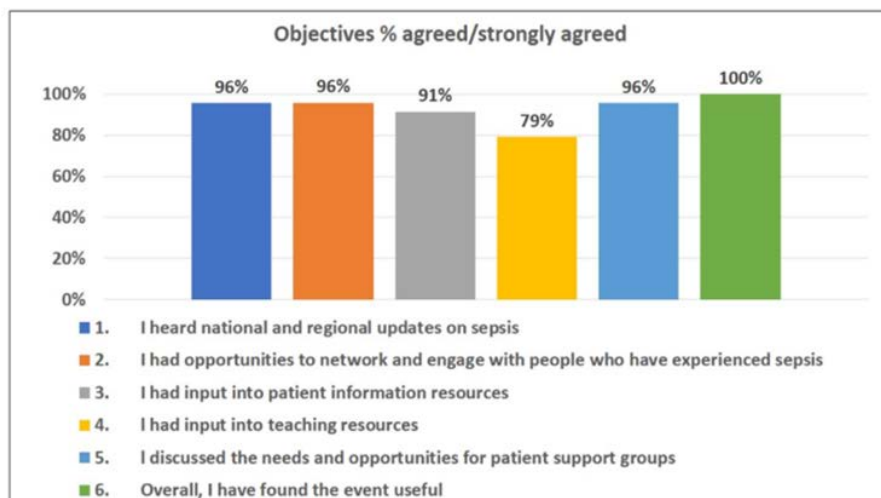
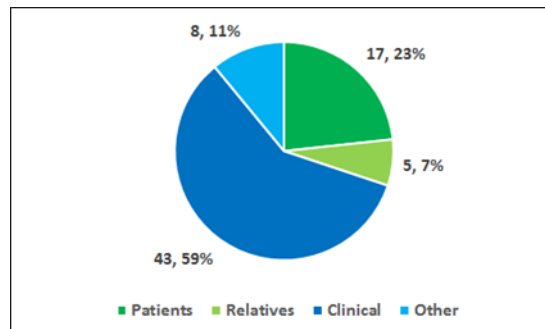




- We held a patient engagement event "Sepsis – a regional patient-centered learning event" in May 2018. Over 70 people attended this event on 1st May, bringing together patients and relatives who have experienced sepsis, and clinicians who manage patients with sepsis. The programme included patient stories, national (Ron Daniels, UK Sepsis Trust, CEO) and regional sepsis updates (Andrew Brent, regional Clinical lead) and interactive workshops to improve

sepsis care, information and support for people in our region. The full evaluation report can be found [here](#).

- This event has been awarded 5 hours of continuing professional development (CPD) accreditation.
- Outputs from this event include:
  - Regional patient-led support group set up for Oxfordshire & Berkshire with support from UK Sepsis Trust. (Groups already in place for Beds, Herts & Bucks and Hampshire (Basingstoke) to serve rest of region).
  - Regional patient information updated with feedback from patient-centered learning event – to be signed off at next stakeholders meeting



## Mortality Reviews

Following on from the success of the sepsis programme, and with the advent of the National Quality Board requirements to implement a framework for Identifying, Reporting, Investigating and Learning from Deaths in Care, two of our partner organisations requested the development of a regional group. Further scoping established all our partner organisations would benefit from such a programme.

This programme aims to improve the standardisation of mortality review processes within the community, mental health and secondary care settings and to support the development of quality improvement projects based on the thematic learning from mortality reviews.

In Q1 2018/19 the second regional meeting was held. There are now **15 organisations represented**. Further links are being established with the Berkshire Integrated Care System mortality review group.

Training has been provided to a further 27 staff on the Royal College of Physicians Structured Judgement Review tool.



The expected funding from HEE for 4 research fellows working across the AHSNs to support this work has been significantly delayed. We are in ongoing discussions with HEE as to how will now proceed.

Future plans include a shared learning event and a formal review of regional themes.

## Acute Kidney Injury (AKI)

AKI became a national priority in 2015 and the programme within the PSC continues to strive to reduce the burden of AKI and improve outcomes and quality of life for people within our region with a number of projects.

### Hydration in Care Homes

The Hydration in Care Homes quality improvement project started with a pilot study in 4 care homes within East Berkshire CCG in July 2016, with the aim to reduce urinary tract infection (UTI) hospital admissions by 5% each year through the introduction of 7 structured drinks rounds per day and staff hydration training. To date there has been **an overall reduction in hospital admissions for UTI by 66%**. In July 2017 the project commenced in a further 5 care homes who are showing a similar improvement of 44% reduction in the first 9 months. The average cost of a UTI admission to hospital is £1331.00; to date a saving of £31,944.00 has been made. There have been **346 staff within care homes trained in hydration and the project has been shared throughout the Oxford AHSN region and wider**. Care home residents enjoy the benefit of adequate hydration through a wide variety of drinks, ice-lollies, fruit and vegetables.



**An online package of resources and training to support more widespread adoption of this**

**project is now available through the patient safety collaborative website.** In conjunction to this six YouTube cartoon presentations are in the final design stages which incorporate the training sessions for staff in short clips.



This project has demonstrated sustainability in the pilot care homes and was presented in May 2018 at NHSI gram negative blood stream infections – ensuring board assurance against national standards conference.

It recently won the **NICE shared learning award for 2018** and has been shortlisted for three HSJ awards, care of the older person, patient safety in community and QI project of the year.

### **AKI in the community**

A quality improvement project commenced in June 2018 in partnership with Great Western Hospital, Swindon to ensure that patients are informed how to care for their kidneys in the community. The overall aim is to ensure that 95% of patients who have had an AKI alert, have a discussion and leaflet about AKI and hydration. Baseline data noted that 19% of patients knew they had AKI and > 80% would like their information in a leaflet format. The project's first Plan Study Do Act (PDSA) cycle is based around training staff on the importance of hydration and AKI, followed by ensuring each patient has a leaflet explained to them by a member of staff. This project is working towards empowering the patient and reducing re-admissions with acute kidney injury.

Oxfordshire CCG is working with GPs to ensure that patients who have/or had an AKI alert are correctly followed up in the community setting. Care bundles were designed with GPs and released in November 2016 to promote a tailored plan of care in the community, ensuring the kidneys return to normal function. A baseline of these follow up bloods are being collated and analysed to prioritise improvement work within Oxfordshire.

### **Regional Emergency Department Collaborative**

The Emergency Department (ED) Collaborative was established in 2017 and involves key stakeholders from the five Trusts in the Thames Valley region. The first event in September 2017 was led by Buckinghamshire Healthcare and was so successful that the collaborative agreed to host regular events.

The collaborative events aim to improve patient safety and experience within busy emergency departments by bringing together multidisciplinary group of healthcare professionals to share best practice and encourage spread and adoption within the region.

The March 2018 event at the Madejski Stadium focused on caring for vulnerable patients in the Emergency Department and was opened by Steve McManus CEO RBH. Steve's key message was directed at the importance of leadership and an open culture where the freedom to speak up is supported at a senior level.

58 staff from all five trusts shared their work which included redesigning a frailty pathway, introducing an alcohol specialist nurse service, development of a picture exchange communication system for patients with learning disabilities and a presentation focusing on understanding the needs of a small group of frequent attenders who use a disproportionate amount of ED staff time and resources.

The ED Collaborative convenes again on 06 September 2018 hosted by Milton Keynes where the focus will be on sharing work to demonstrate a positive safety culture in the regional emergency departments.

## **Safety Culture – National Workstream**

The Safety Culture workstream is a national workstream and aims to create the conditions that will enable healthcare organisations to nurture and develop a culture of safety through raising awareness of the impact of culture on safety. By building capability for changing culture through employing a variety of different interventions at different levels, the workstream will aim to influence and create the key conditions to allow safety to flourish.

This builds on existing work we have done in this year, which includes shared learning across boundaries, communities of practice, learning from incidents and deaths across the region and coaching for improvement.

In terms of PSC involvement this is relatively new, and we have agreed that the approach will involve the use of some of the following methods:

- Listening exercises to enable patients and staff to raise awareness of the things that matter to them
- Leadership & Board level development
- Positive Incident reporting and learning from excellence
- Team building to improve understanding of the importance of relationships, behaviour and staff well being
- SCORE surveys in maternity to help understand how staff feel about their organisation followed by debriefing sessions and feedback to the organisation.
- Shared learning events, established within maternity and the emergency department workstreams, and to be spread to the Specialist Paediatric programme
- Utilisation of the measuring and monitoring framework for safety culture in workstreams as appropriate

Work continues on scoping how the PSC can best deliver on the national safety culture agenda to ensure effectiveness and sustainability.

The PSC PS programme leads have met with the Oxford CCG Primary Care lead to inform and appraise her of initiatives underway in other PSCs which could potentially be adopted in our region. She has taken this back to colleagues to discuss.

A collaboration with the academic lead for Patient Safety at the University of Buckingham Medical School [UBMS] resulted in the PSC programme leads delivering an hour long teaching session on 'Patient Safety in Clinical Practice' to 50 final year medical students on 22/06/18 at the new Academic Centre in Milton Keynes. The session was very well received by both students and the UBMS, with an invitation for further collaboration, and a repeat of the session has been booked for 2019.

The 2018 PSC Conference will be a collaboration with the RBFT to deliver a 'Learning from Excellence' event. This will be held in Reading in October (date TBC) and will cover 'aspects of excellence' along the patient pathway from the perspectives of Chief Executive through to service users.

## Maternity

### Maternal and Neonatal Health Safety Collaborative – National Workstream

The Maternal and Neonatal Health Safety Collaborative is a three-year programme to support improvement in the quality and safety of maternity and neonatal units across England led by NHS Improvement. The Patient Safety Collaborative is supporting Trusts within the region throughout this programme.

Wave 2 Trusts (Royal Berkshire Hospitals and Frimley Health) commenced the programme in April 2018. Quality Improvement (QI) diagnosis has taken place and improvement plans are underway for projects in improving the detection of deterioration of women/babies in labour and hypoglycaemia in the newborn.

Wave 1 Trust (Oxford University Hospitals) is progressing with their QI projects in improving thermoregulation of the extreme preterm newborn and ensuring IV antibiotics are given to women with suspected sepsis within 1 hour of admission in maternity assessment unit. On average 89% of babies are now arriving to the neonatal unit with a temperature within normal parameters and women with suspected sepsis are now receiving IV antibiotics within 52 minutes of diagnosis.

Within the national programme Trusts are encouraged to undertake a safety culture survey to assess their unit and identify areas for improvement. The survey undertaken is SCORE (Safety, Communication, Operational, Reliability & Engagement). This has been undertaken in all three of the Trusts in the active waves and de-briefing of staff has so far taken place in Oxford University Hospitals and Royal Berkshire Hospitals.

The local learning system is intended to support Trusts in quality improvement methodology and look at system level improvement where appropriate. The first regional event hosted by Oxford PSC was held on the 20<sup>th</sup> April 2018 where 19 colleagues representing all Trusts in the region attended. It covered support for the local programme as well as learning on the importance of the diagnosis phase of improvement, specifically process mapping.

#### Prevention of Cerebral Palsy in Preterm Labour (PReCePT)



PReCePT is a multiorganisational Quality Improvement approach to the adoption and spread of Magnesium Sulphate (MgSO<sub>4</sub>) for neuroprotection of preterm babies of less than 30 weeks gestation. The aim is to reduce the number of very preterm babies born with cerebral palsy by up to 700 per annum (throughout England) through achieving uptake of MgSO<sub>4</sub> in eligible mothers by 85% or more.

Baseline data is being gathered for the Oxford AHSN region and the project aims to start on the 1<sup>st</sup> October 2018. A “Get ready for PReCePT” event was attended in London in May 2018 which gave clear direction from the national team as to how to take this forward regionally. Midwives will be appointed locally to run this project and a regional neonatal lead to ensure the smooth running of the project.

The Maternity Programme has previously unified the regional guideline in the Thames Valley region: MgSO<sub>4</sub> for Eclampsia and Neuroprotection (as the Maternity Clinical Network in 2015). The Maternity Network Steering Group has agreed that this regional should be expanded to support the PReCePT programme of work.

#### Region-wide guidelines

Region-wide guidelines address risk in patient safety in maternity through reduction of unwarranted variation, sub-optimal clinical practice and complication for staff who regularly rotate between different units. To date, the Maternity programme has, in collaboration with senior doctors and midwives from each

acute trust in the Thames Valley, ratified and implemented 9 regional guidelines to optimise care in the region.

In the last quarter, the portfolio has grown with an additional four regional guidelines; which have been ratified by this multidisciplinary group:

**1. Cardiotocograph (CTG) interpretation sticker and teaching package**

Led by the regional consultant midwives, this sticker supports the physiological interpretation of the fetal heart rate during labour. This has resulted in all the trusts in the region agreeing to the use of Federation of Gynecology and Obstetrics (FIGO) methodology for intrapartum fetal monitoring. To support clinicians in its use, the regional consultant midwives designed and developed a training package, narrated by the Clinical Lead for Maternity, Mr. Lawrence Impey. All acute trusts in the Buckinghamshire, Oxfordshire and Berkshire West (BOB), Sustainability and Transformation Partnership (STP) have implemented the sticker and the training package. The remaining trusts are undergoing a governance review of the sticker before full implementation. An analysis for the sticker being “fit for purpose” is being planned, however, this cannot occur until the sticker has been embedded in all sites.

**2. Improving the Care of Women with Medical Disorders in Pregnancy**

This guideline has been developed with Dr Lucy Mackillop, one of four Obstetric Physicians in the UK currently based at Oxford University Hospitals NHS Foundation Trust. It addresses and formalizes a referral process whereby a woman with a medical disorder is referred to the area of most expertise and therefore the best place for her to be seen. This can be for an opinion only and does not necessarily mean the woman’s care is completely transferred (depending on the local skillset of the referring trust). It also supports a two-way communication process between the referring and receiving trusts. The guideline also supports a national ambition to set up a regional maternity medicine network; the scoping for which is being led by the Thames Valley Strategic Clinical Network.

**3. Managing Cervical Length at <24 weeks to Prevent Spontaneous, Severe Singleton Preterm Labour Guideline and Audit**

In collaboration with the Patient Safety Academy (PSA), the team took a new approach to this guideline’s development. With the PSA’s expertise in Human Factors, the guideline has been developed with junior doctors from multiple trusts to fine tune the pathway algorithm. This has resulted in a pathway to ensure that emergency (rescue) cerclages are performed safely in a group of women that are in a high-risk situation. To support this, a regional audit on the outcomes of emergency (rescue) cerclage is planned. The team is expecting regional Information Governance sign-off soon which will allow the audit to proceed at pace.

**4. Soluble FIT / PIFG Ratio in the Management of Suspect Pre-eclampsia**

With the Strategic and Industry Partnerships (SIPs) programme, the Maternity Programme ratified this regional guideline to support the implementation of the ELECSYS blood test which can successfully rule out those pregnant women who do not have and have a low chance of developing Pre-eclampsia. Guy Checketts of the SIPs programme is project managing the implementation of the test in the laboratories.

**Shared Learning Events**

The Maternity Programme held its fifth Shared Learning Event on the 20<sup>th</sup> June 2018. These are a series of events where rare & interesting cases and improvement work is shared in a non-judgmental multidisciplinary setting. As of 2018, they are run in collaboration with the Thames Valley SCN. Delegates are encouraged to have meaningful discussions around the impact of these cases and project and are further encouraged to share their learning with colleagues at their own trusts. Where appropriate the maternity programme facilitates and supports new projects inspired by these events.

There was a real energy in the room as colleagues shared their learning from important topics such as:

- A pregnancy complicated with autoimmune disease and obstetric cholestasis

- A case of maternal sepsis and the learning from it
- Empowering women to self-monitor their blood pressure at home with pregnancy induced hypertension
- Reflections on implementing a new teenage pregnancy pathway

Going forward, the programme of presentations, CPD accreditation, communication and general evolution of the events is going to be developed with a wider remit in mind. The next event is planned for early 2018.

### **Reduced Fetal Movements**

Following the publication of the *Saving Babies' Lives Care Bundle*, there has been increased awareness around reduced fetal movements (RFM). The care bundle focusses on the care surrounding RFM as fetal movement that has genuinely stopped is a pre-terminal event, however, most presentations are not representative of this and although there has been increased awareness, there has been very little effect on perinatal mortality. The effect it has had is a much greater induction rate and increased use of ultrasound scans.

To understand practice across the region, the maternity programme undertook a clinical audit of women who presented with RFM in October 2016. The data has been heavily analysed in the last quarter, specifically looking at the local (unit) and regional burden of RFM with the context of the outcomes experienced by the women in the audit. Reports have been shared with key stakeholders in the maternity programme. This will now be used as a baseline to assist in the development of a regional risk assessment concept which will in turn inform an induction of labour guideline.

### **Oxford Growth Restriction Identification Programme (OxGRIP)**

This service improvement is an initiative to increase the identification of small for gestational age babies (SGA) before a poor outcome (i.e. stillbirth). It has been running for 24 months in Oxford University Hospitals NHS Foundation Trust; whereby all women are offered a risk stratification and non-invasive tests at the 20-week anomaly scan. This determines a care pathway for them to follow during their pregnancy and allows the maternity service to optimally manage women, subsequently reducing the risk of stillbirth.

Over the last quarter, the project team has focused heavily on data collection, cleansing and analysis of the quality control data (quality of scans provided) and impact data. Using QI measurement techniques, a high-level analysis on the impact burden on services, mortality and outcomes during implementation has neared completion. A small internal report on this will be completed over the summer. Tentative, initial data suggests that the project has been successful in reducing poor outcomes in the third trimester of pregnancy.

### **Regional Maternity Governance Group**

As a regional request from the Local Maternity System and the Maternal Neonatal Health Safety Collaborative, the Maternity Programme set up the Regional Maternity Governance Group to improve the safety of maternity care so that by 2020/21 all services are investigating and learning from incidents and are sharing that learning through the LMS and with others.

The group has representation from Obstetric, Midwifery, Paediatric and Neonatology Clinical Governance Leads from the five Trusts in the region. The second meeting of the Regional Maternity Governance Group was in April. It is currently chaired by Veronica Miller (Clinical Director for Women's Services, Oxford University Hospitals NHS Foundation Trust).

The group has agreed to the following:

- A name that is inclusive and representative of the membership: Regional Maternity Governance Group
- Terms of Reference



- A purpose: to share learning from clinical incidents and ensure the learning is embedded within each organisation
- A strategy: to reduce variation in practice in the investigation of clinical incidents
- A communication plan which ensures that group members are responsible for communicating key messages and reporting into relevant groups/boards in their own organization

To date representatives from each trust shared serious incident cases, discussed the investigative process and identified common themes. The third meeting will be held on the 13<sup>th</sup> July 2018 where Jenny Kurinczuk (National Programme Lead MBRRACE- UK) will assist the group with queries regarding the implementation of the Perinatal Mortality Review Tool (PMRT). This is a national review tool to support high quality standardized perinatal reviews on the principle of 'review once, review well'. Longer term the expectation is that the group will present at the Maternity Shared Learning event for wider dissemination of learning across the region

## **Safer Care in Mental Health**

This project has focused on the adoption and spread of a successful quality improvement initiative within three integrated Trusts in the region to increase the number of patients returning safely and on time from leave to 95%.

In June 2017 the Campbell Centre in Milton Keynes, part of Central North-West London (CNWL) signed up to the project followed by Topas Ward in Bletchley in October 2017.

Aims include

- To raise awareness among staff and patients of the importance of ensuring that patients on planned leave return safely.
- To ensure that staff follow the correct procedure when a patient does not return within ten minutes of the agreed time
- To coach the team in QI methodology and share the learning among staff and patients as appropriate

Progress

Initially there has been demonstrable improvement across the wards with regards to completion of safer leave forms, with the percentage of patients returning on time and safely from leave averaging at between 82-87%, an improvement from between 66-70%. However, there were continuing issues with engagement and ability for the on-site team to support the project.

Future plans

The Oxford PSC Oversight Board in April 2018 to close the project. An executive summary of the PSCs involvement in the project has been shared with the senior leadership and safety team at CNWL and a conference call to discuss the summary in more detail completed. The handover is now complete as of June 2018 and the PSC continues to have a positive and supportive relationship with all of the teams involved.

The aim is to write up the learning from the PSC involvement with the safer leave project and share with an appropriate audience for example the Q community.

## **Specialised Paediatric Care in the Community**

This programme contains two patient safety improvement projects for children with complex needs who are cared for at home; one for those fed via gastrostomies and one those with long term level 3 ventilation needs. In many instances, children have both these dependencies, as well as others.

### Paediatric Gastrostomy Project [PG]

Stratification of the PG project into four workstreams has provided clarity about necessary actions, with workstream leads being supported by the programme manager.

Workstream 1 is focused on empowering parents to care safely for their children, and to know when and how to escalate if necessary. A training package is being trialed with parents and a questionnaire being developed to evaluate its effectiveness. This workstream is led jointly by nurses from the acute and community sectors, and Bethan Page whose PhD research is in this field.

The objective of Workstream 2 is upskilling regional specialist healthcare professionals [HCPs]. The original plan had been to develop a regional training package but lack of capacity has necessitated this being scaled back. However, a date has been set for a multi-professional training and shared learning day in October, and topics and format are being developed. The day will include presentations from parents about their experiences and needs.

Workstream 3 looks to raise awareness of non-special HCPs in the region to who may be called to support parents/patients out of hours. Contact is being made with regional paediatric EDs to facilitate this.

The final workstream is around communication and itself has two strands. Firstly, it is planned to develop a Patient Passport, potentially based on a model from Bristol Childrens' Hospital but some logistical challenges have been identified which need to be overcome first to ensure this is viable and sustainable. The second strand is to establish a Community of Practice for the regional specialist HCPs. Potential platforms for this are being investigated, and the CoP will be launched at the Shared Learning event in October.

### Long Term Ventilation Project [LTV]

The Steering Group for this project has now met twice. At the second meeting in May, it was felt important to expand the membership to include other key stakeholders, and following the meeting Dr Jeremy Hull Paediatric Respiratory Consultant at the JR, Oxford and CNS Jayne Gallagher who works with him were both invited to join and have accepted.

The LTV pathway document developed by the Thames Valley Children's Palliative Care Network is in its final draft and has been sent out for consultation by the Steering Group to relevant stakeholders and experts. Feedback to date has been excellent and very supportive. A gap analysis tool is in development to enable care providers to self-assess against the pathway, as a first step to implementation.

## Q Community



Q is an initiative connecting people who have health and care improvement expertise across the UK. It is being led by the Health Foundation and supported and co-funded by NHS Improvement.

In Q1 2018/19 we have run a [webinar](#) to support new members in navigating the Q website and what is available to members. Tangible benefits include:

[Q visits](#) – free interactive learning opportunities for members to visit organisations doing interesting and relevant work within and outside of the health and care sector, which can be applied to their area of work e.g. Nissan for LEAN, continuous improvement at NHS Blood & Transplant, Cambridge University Department of Engineering.

[IHI Open School](#) - free access to resources and on-line courses via IHI

[BMJ Quality](#) – free subscription to BMJ Quality & Safety and support to publish open access academic papers in BMJ Open Quality

[Specialist Interest Groups](#) – and regional on-line forums to share and collaborate.

[Events](#) – national and regional events to network, learn new techniques and ideas for improvement in healthcare, as well as webinars

[Q lab](#) - brings together people and organisations to make progress on complex challenges facing health and care in the UK, through a 12-month process. First one focused on peer support.

The team has benefitted from learning additional facilitation techniques via a [Liberating Structures](#) workshop; submitting bids for up to £30,000 to support quality improvement projects via the [Q Exchange](#). The Oxford PSC team is supporting two in OUHFT Emergency Department:

- [When time is life](#) - ergonomics to improve time-critical-sepsis care. A Human Factors and Ergonomics approach to improving early recognition and potentially life-saving treatment of sepsis, in collaboration with the [Patient Safety Academy](#).
- Mental Health Care for Emergency Department [Frequent Attenders](#): A Regional Collaborative. A collaboration between Emergency Departments in the Thames Valley region to enable us to share best practice for frequent attenders requiring mental health care, to better understand patient flow and to design collaborative strategies based on our collective knowledge.

We are continuing to promote the Q Community which is now open for applications since 14 June 2018.

## Mental Health

The Senior Programme Manager for Mental Health is now in place with an objective of building a sustainable mental Health programme across the AHSN. The role is aimed at supporting ICSs and STPs by engaging stakeholders in these and other organisations and drawing on the skills, opportunities and support from the other Oxford AHSN programmes and themes to enable transformation across the mental health services in the Oxford AHSN region.

So far the focus has been engaging with stakeholders around the AHSN geography including ICSs, STPs, CCGs, trusts, and including Public Health England and Health Education England. The mental health programme manager continues to liaise with the other programmes within the AHSN, for example with SIP regarding new innovations with a mental health focus, and with other AHSNs regarding their mental health priorities with a view to seeing where collaboration or spread can take place.

**Innovation Adoption** We are liaising with local organisations regarding SIM (Serenity Integrated Mentoring) and there is significant enthusiasm for this. The mental health programme manager is working with the national lead Paul Jennings to move this innovation forward.

An initiative to build a regional collaborative for people working in mental health care within ED departments is being developed and has been the subject of a Q Exchange bid – see above under Q.

The best practice network for health professionals who in-reach into care homes held one of its regular CPD meetings, with the focus this time on depression in older adults. This included a presentation by an Old Age Consultant Psychiatrist, and an evidence review presentation by Rasanat Nawaz also from the Patient Safety team.

## **Anxiety and Depression**

This programme is now based in the Patient Safety Programme as part of the Mental Health programme.

Health Economics Evaluation of new, Integrated IAPT services is being developed. A very successful half day workshop was held in June with all service leads, data and project leads as well as with Professors Clark and Stuckler to ensure imminent analysis of healthcare utilisation pre and post treatment is based on clean data and agreed protocol. As we now have received actual SUS (acute and secondary care) costs from the CSU for cohort 1 we will be able to complete cohort 1 now (585 patients, 500 with SUS data) using this for secondary care use. For primary health care utilisation and costs we will use the patients self-reported data and a TV agreed cost structure (for GP appointments, specialist nurses etc). We have started work to prepare for cohort 2 analysis, followed by a wedge evaluation.

**Enhancing patient outcomes:** The Anxiety and Depression Network now pro-actively supports the introduction of digital, web-based therapies for Post-Traumatic Stress Disorder (PTSD) and Social Anxiety Disorder (SAD) with centralised roll-out and staff training. Recovery rates have been maintained at 55%

## Clinical Innovation Adoption (CIA)

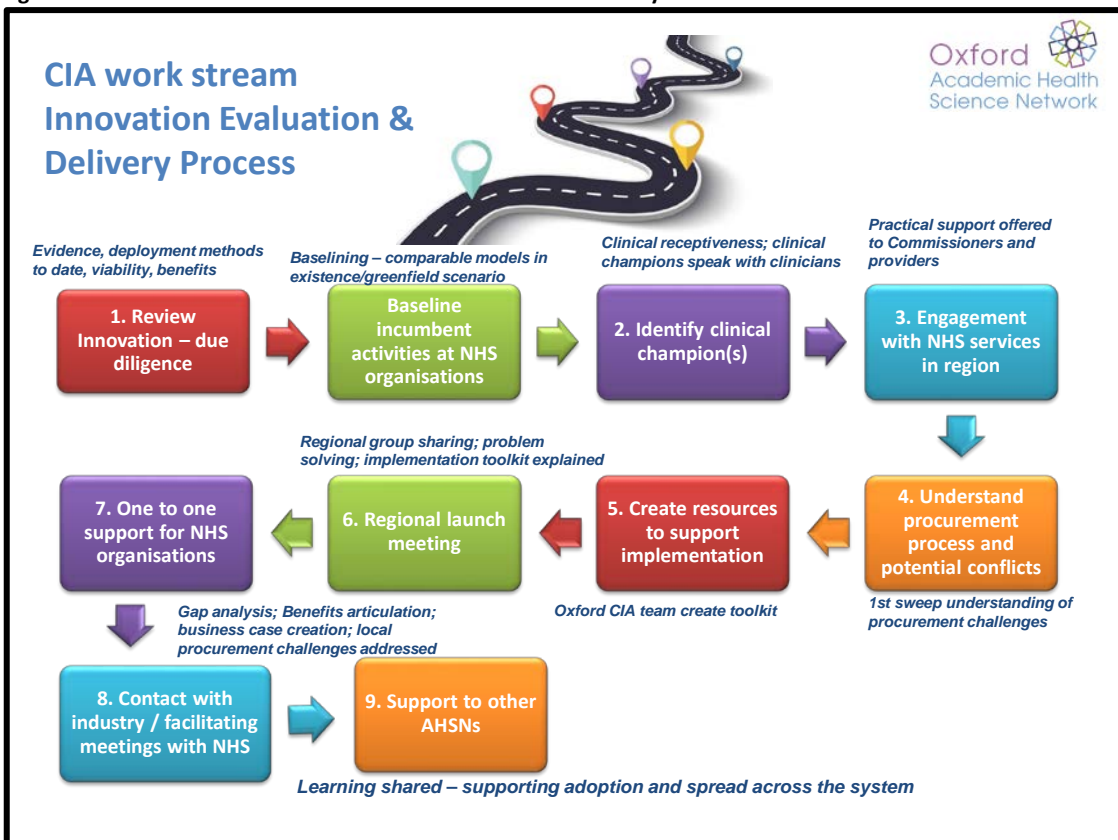
The drive to demonstrate widespread adoption has led to confirmation of seven national programmes of which CIA will deliver on five – Emergency Laparotomy, Atrial Fibrillation, PINCER, TCAM and Escape Pain.

As a networking organisation Oxford AHSN, is pleased that AHSNs are moving towards working on national spread. In the future, the AHSN Network and their commissioners’ selection processes should develop the capability to provide assurance of innovation choices through effective due diligence, competitor analysis and horizon scanning; transparency of such an approach will ensure that AHSNs as regional change agents maintain their hard-earned reputation for providing top-class innovation adoption guidance within their regions.

In the meantime, and in keeping with the CIA programme selection approach, we have reviewed these projects using our methodology for Innovation Evaluation and Delivery Process Model (figure 1 below) starting at step 1, reviewing Innovation (due diligence) and step 2, baselining incumbent activities within the region. This process has enabled us to fill the information shortfalls in evidence for the nominated national innovations by providing the choices that competitors offer and product benefit comparisons; If the case stacks up and can demonstrate benefit above other choices, we go a long way towards overcoming resistance to change.

As well as the new 5 national projects, we have initiated a number of local projects supported by industry such as Heart Failure Medicine Optimisation. This has come about as a direct result of our successful engagement with GPs on the four Atrial Fibrillation Projects that have been successfully delivering over the past three years. Growing awareness of us has resulted in proactive GP Alliances such as Wokingham and Bucks, reaching out with suggestions on priorities leading to the CIA team contributing to validating new Primary Care Urgent Care Model that could be shared locally and nationally and shaping required training programmes that will provide improved skills capabilities; These projects have built relationships and goodwill leading to other new opportunities.

Figure 1 below: CIA work stream Innovation Evaluation & Delivery Process



A summary of achievements this quarter include:

- Initiation of the five national programmes
- Initiation of ITT/ITP projects – myCOPD and Endocuff and Heartflow
- Initiation and agreement with Novartis to support a heart failure project
- Initiation and agreement to explore a prostate cancer project with Bayer
- Delivery of the WireSafe deployment workshop for all project leads from all AHSNs
- Submission of 5 bids – (1) for prostate cancer (2) Final year eMaps that will include USA, Germany, Italy and Portugal (3) Three AF detection projects. Awaiting outcomes for all.

Activities of interest include:

- Publication of the Stay in the Bay evaluation Article (CLAHRC/BHT/Oxford AHSN): Oxford University Press article in Age and Ageing.
  - Article (free access):  
<https://academic.oup.com/ageing/advance-article/doi/10.1093/ageing/afy097/5054440?guestAccessKey=d0f8fa52-dbb2-4634-af89-a8f8c0f3c860>
- Uploading of the eMaps (Market Access for Partners) video to YouTube  
<http://clinicalinnovation.org.uk/project/emaps-knowledge-hub-industry-clinical-innovators/>
- A New Model of Urgent Care Within Primary Care (Brookside Group Practice/Oxford AHSN):  
<http://clinicalinnovation.org.uk/wp-content/uploads/2018/07/A-New-Model-of-Urgent-Care-within-Primary-Care.pdf>

Summary Table of Projects:

#		Project Titles	Start	End		Related INN
1	National	Atrial Fibrillation - Detect Innovation	Sep-17	Sep-18	ongoing	Medical Technology
2	National	PINCER	Mar-18	Dec-20	Started	Medicines
3	National	Escape-Pain	Apr-18	Mar-19	Started	Quality Improvement (QI)
4	National	TCAM (Taking Care Around Medicines)	Apr-18	Mar-19	Started	Quality Improvement (QI)
5	National	Emergency Laparotomy	Apr-18	Mar-19	Started	Quality Improvement (QI)
6	Local	Heart Failure (detect and treat - Novartis)	May-18	Dec-20	Started	Quality Improvement (QI)
7	Local	Urgent Primary Care modelling	Sep-17	May-18	closing	Quality Improvement (QI)
8	Local	Cancer - Prostate	Jul-18	31/12/2020	confirmed	Quality Improvement (QI)
9	Local	Sleepio (Innovate UK)	Apr-18	Dec-20	Started	Digital
10	Local	Innovation Course cohort 5 (Bucks New Uni/Oxford AHSN)	Sep-18	Jun-20	Started	Quality Improvement (QI)
11	Local	Innovation Course cohort 6 (Bucks New Uni/Oxford AHSN)	Mar-19	Feb-20	new	Quality Improvement (QI)
12	Local	Falls Project 2/Phase 2: FallSafe Bundles	Jan-17	Mar-19	ongoing	Quality Improvement (QI)
13	Local	Patient Safety - Wiresafe	May-17	Jun-19	ongoing	Medical Technology
14	Local	Atrial Fibrillation - Pharmacist Lead (Pfizer)	May-17	Jun-18	Closed	Medicines/QI
15	Local	Atrial Fibrillation - anti-coagulation project (Pfizer)	May-17	Sep-18	Closed	Medicines/QI
16	ITT/ITP	Patient Safety innovation - Pneux Tracheal Tube (ITT/ITP)	Jun-17	Jun-19	ongoing	Patient Safety
17	ITT/ITP	Patient Safety Innovation - Non Injectable Connector	Jul-17	Jun-19	ongoing	Medical Technology
18	ITT/ITP	Surgical - benign prostatic hyperplasia - Urolift (ITT)	Sep-17	Jun-18	Finish Sep 18	Medical Technology
19	ITT/ITP	MyCOPD	Apr-18	Mar-19	Started	Digital
20	ITT/ITP	Endocuff	Jan-18	Mar-19	Started	Medical Technology
21	ITT/ITP	Heartflow	Mar-18	Apr-20	Started	Medical Technology
22	International	eMAPS II (EIT Health funding - France, Spain, Denmark)	Jan-18	Dec-19	Started	Innovation & Economic Growth
23	International	eMAPS III (EIT Health funding - USA, Germany , Portugal and Italy)	Jan-19	Jan-20	new	Innovation & Economic Growth

## National Projects – Q1

### Atrial Fibrillation

#### Detection

Activities in Q1 have focused primarily on the NHS England funded detection programme.

60/95 Kardia mobile (Alivecor) devices have been handed out to GPs and Community Staff across Oxfordshire and Berkshire. Guidance produced by the AHSN AF network has been shared with everyone who has a device and the requirement to register the devices so that data can be centrally tracked has been explained. To date, only 8 users have registered their devices and efforts are being made to encourage all users to register so that all usage can be tracked.

No Cardiocity devices (8) have yet been handed out as we have struggled to engage with the IT staff who cover the practices and are required to install the necessary software. This has been escalated within the relevant CCGs and will shortly be escalated within the relevant Commissioning Support Unit.

#### Anticoagulation

The Buckinghamshire Excellence in AF project has been written up and discussions are underway with Bayer regarding publicising the project.

The Berkshire East Excellence in AF project is due to close this quarter and will be evaluated ahead of Q2. The business case for extending the Oxfordshire Anticoagulation Optimisation project has been approved by Oxfordshire CCG subject to contract variation and the fully commissioned service will commence in October.

The Pharmacist-led anticoagulation initiation project has been on pause as the lead pharmacist had left their NHS post. We have identified a highly skilled pharmacist, able to work on a sessional basis, who is able to pick this up from September 2018. We anticipated that the project will end at the end of December 2018 and will be evaluated in Q4.

#### Bids

Three bids for funding for support with AF detection projects have been submitted to industry in Q1. The funding requested totals £60k.

The Pfizer/BMS alliance IGLC bid process is currently live and we are working with stakeholders on developing a strong and innovative bid.

#### Return on investment

AF is one of the AHSN Network's national projects. Two targets have been set, to be achieved within the first two years of the new license period (2018/19 and 2019/10).

The targets which will be monitored through the 2017/18 and 2018/19 QoF performance are:

- Achieve 85% detected prevalence (2016/17 QoF performance in our region was 75%)
- Achieve 84% anticoagulation rate in patients with high risk of stroke (2016/17 QoF performance in our region was 82.6%)

The detection target is a challenge. The gap between 75 % and 85% of detected prevalence is 5827 patients. However, since 2013/14 prevalence has increased by 6-12% per annum without any centrally focused efforts. The impact of the mobile ECG devices and detection campaigns on top of the October 2018/19 should provide assurance on whether the historical growth in detected prevalence is likely to



continue.

The various anticoagulation projects that have been delivered by Oxford AHSN over the past two years should ensure that the majority of CCGs in our region achieve the 84% target when the 2017/18 QoF is published. Two CCGs, Oxfordshire and Milton Keynes are unlikely to hit the target in the 2017/18 QoF. Work continues across Berkshire and Buckinghamshire on anticoagulation rates and additional funding has been sought from industry to develop these projects further.

The AF project represents a significant proportion of the overall return on investment expected from the portfolio of national projects. Because the savings (from strokes prevented) are cumulative it is critical that Y1 (18/19) ROI is achieved. Planned ROI for the Oxford AHSN AF programme and our anticipated delivery is shown below. As of Q1 2018/19 we are working on the assumption that ROI will be achieved in full. This assumption will be revisited in Q3 when the 2017/18 QoF is published.

	18/19					19/20				
	Q1	Q2	Q3	Q4	Year End	Q1	Q2	Q3	Q4	Year End
Forecast ROI (000)	88	88	88	88	352	297	297	297	297	1187
Expected ROI	88	88	88	88	352	297	297	297	297	1187
+/- ROI	0	0	0	0	0	0	0	0	0	0

### **Emergency Laparotomy Collaborative (ELC)**

ELC is a national project that embeds QI in local teams to improve the mortality of emergency abdominal surgery. Based on ELPQuIC, the project aims to deliver 6 key themes using a care bundle approach, The bundle elements are:

1. Use of Early Warning Score (EWS) to identify deteriorating patients
2. Use of a sepsis screening tool to identify septic patients
3. Definitive surgery within 6 hours of decision to operate
4. Fluid optimisation using goal-directed fluid therapy.
5. Postoperative critical care (Level 2 or 3) for all patients.
6. Consultant delivered care throughout the perioperative journey

**The project takes methodology from the previous ELC project ran between three AHSNs in the South and looks to scale this to other areas. The project is being coordinated nationally by Kent Surrey and Sussex.**

### **Q1 Activities**

- Leads from the CIA programme and the Patient Safety Collaborative have been involved in phone

calls and more recently a web cast from the KSS AHSN explaining the ELC programme as it was run with the original partners

- The Oxford AHSN has been expecting information on the implementation process and what the role of the AHSN should be in delivery of ELC. Unfortunately, information has only been available at the end of June rendering the first quarter of this financial year redundant in terms of progress, investment and ROI.
- All AHSNs are still awaiting reports/ access to NELA data to help understand which trusts in the region are in most need and which are achieving above average outcomes for Emergency Laparotomy
- Contact has been made with a potential clinical lead, for this project who is very interested.

### **Key Activities Next Quarter**

- KSS and NELA are developing implementation toolkits to support PSCs/ AHSNs roll out
- Need to reengage NELA leads in local trusts and assemble “collaborative”
- Baseline trusts current EL outcomes, identify trusts in greatest need and prioritise resource
- Develop project plan around “breakthrough series” methodology and forecast resource requirements in terms of clinical leads, project management and admin and analyst support.

### **Data and Metrics Project Plans to Collect**

- Total number of cases
- Bundle implementation
- 30-day in-hospital mortality
- 30-day risk adjusted in-hospital mortality
- Length of stay
- Reduced length of stay
- Lives saved

### **Barriers to Delivery of Forecast ROI**

- The Oxford AHSN perceives the forecast ROI rates provided from the original ELC project may be difficult to reach and may be optimistic.
  - The original project had significant funding from Health Foundation which is not available for roll out in this project. The resource available for an Oxford AHSN roll out is likely to be small and not likely to be equivalent to that in the original work.
  - When the original ELC project initiated, the NELA audit was relatively new and the margin for improvement was significant when compared to current practice. NELA is a national audit of which most trusts participate and use already to highlight variation and drive improvement. It is expected that the potential size of the margin for improvement has reduced over the last four years of NELA audits and improvement activity
- For some trusts in our region delivering the complete bundle simply will not be possible.
  - Some trusts will be taking part in the FLO-ELA clinical study which requires EL patients to be randomised for goal directed therapy
  - Some trusts have bespoke early warning score systems that do not fit that recommended in the bundle

## ROI

- The first quarter has essentially been redundant due to an absence of information about the project shape
- The Oxford team aim to run engagement over the next quarter in an attempt to start implementing some of the bundle in engaged trusts by Q3
- As a result ROI projections have been moved forward for this quarter, and may be changed in the next quarter once more information is available around the number of trusts taking part, the margin for improvement in these trusts and which elements of the bundle will be applicable.

	18/19					19/20				
	Q1	Q2	Q3	Q4	Year End	Q1	Q2	Q3	Q4	Year End
Forecast ROI	0	92	92	183	367	192.25	192.25	192.25	192.25	769
Expected ROI	0	0	92	183	275	192.25	192.25	192.25	192.25	769
+/- ROI	0	-92	0	0	-92	0	0	0	0	0

## ESCAPE-pain

ESCAPE-pain (enabling self-management and coping with arthritic pain using exercise) is an evidence-based rehabilitation programme for people over 45 years with hip or knee pain. The programme integrates education, self-management and coping strategies with an individualised exercise regime, and is typically delivered by physiotherapists in outpatient departments. Each programme consists of 12 sessions run over 6 weeks, with typically 12 patients per session. The benefits include:

- Improvements in pain and physical/mental wellbeing
- Less reliance on medication
- Reduced need for surgery
- More cost-effective than standard physiotherapy
- Lower utilisation of healthcare resources

ESCAPE-pain is a national programme that is being led by the Health Innovation Network (HIN), South London.

## Q1 Activities

ESCAPE-pain is a new programme for the CIA team and so Q1 has focused on understanding the programme and benefits it delivers. Research has also been undertaken in determining the services provided within the region and / or plans that are being developed. For example, one commissioning area has recently undergone an extensive MSK service redesign programme which spans all sectors of the health economy, including a change to contracting arrangements.

A number of discussions and webinars have been held with the HIN to understand how they have managed ESCAPE-pain within their area. It is apparent there has been significant funding from both

grants (Arthritis Research UK and Sport England) and the HIN to facilitate the adoption of the programme. No further grant opportunities are currently available.

Initial discussions with stakeholders in the Oxford AHSN region have highlighted there may be some opportunities to incorporate ESCAPE-pain into existing pathways and services. These opportunities will be further explored in Q2. Other activities for Q2 will include engaging with all key stakeholders across the region to explore the potential to integrate ESCAPE-pain into the MSK service pathway.

One Sport England site (Places for People) commenced their first ESCAPE-pain class in Q1. The CIA Manager will be meeting with the team in Q2 to understand their service and pathways further.

### **Return on Investment**

The ROI for ESCAPE-pain is very challenging. The figures below outline the target for 2018/19 and 2019/20 and proposed attainment.

	18/19					19/20				
	Q1	Q2	Q3	Q4	Year End	Q1	Q2	Q3	Q4	Year End
<b>Forecast ROI (000)</b>	72.5	72.5	72.5	72.5	290	170	170	170	170	680
<b>Expected ROI (000)</b>	7.4	7.4	7.4	7.4	29.6	15	15	15	15	60
<b>+/- ROI</b>	-65.1	-65.1	-65.1	-65.1	-260.4	-155	-155	-155	-155	-620

In order to achieve the target in 2018/19, 40 programmes need to be held (12 patients per programme). In 2019/20, this increases to 92 classes throughout the year.

### **Taking Care Around Medicines (TCAM)**

#### **Quarter 1 activities**

Activities in Q1 have focused on researching the project to find out what has worked well in other geographies and also on engaging with local stakeholders.

TCAM has previously been tried in this region with some limited success and there is a level of re-engagement that needs to take place. We have engaged with the national lead for the project who was helpful in mapping out the potential approaches we could take. A Trust by Trust approach was felt to be the best option to ensure strong implementation.

Initial scoping conversations with a range of stakeholders have suggested that Buckinghamshire would be a good place to start and the CIA Manager has met with the Chief Pharmacist to discuss the approach and the best method of engaging with the LPC.

Next steps:

- Meet with Buckinghamshire LPC
- Site visit to Southampton to see TCAM in action

- Workshop for Buckinghamshire stakeholder to develop plans for implementation

## Data

TCAM falls within the AHSN Network's portfolio of national projects and central reporting is required. The data required includes:

- 1) Number of trusts with TCAM referral pathways in place
- 2) Number of trusts with TCAM pathways in regular use
- 3) Proportion of referrals acted on by community pharmacy
- 4) Proportion of accepted referrals that are completed
- 5) Readmission rates (specific if possible, if not generic)

## Return on investment

The AHSN Network calculations are based on Oxford AHSN engaging with two Trusts on TCAM from Q1 of 2018/19. The CIA team current assessment is that one Trust will implement from Q3 2018/19 with a potential second implementing in Q1 of 2019/20. This represents a projected underachievement in ROI as shown in the table below.

	18/19					19/20				
	Q1	Q2	Q3	Q4	Year End	Q1	Q2	Q3	Q4	Year End
Forecast ROI	221	221	221	221	884	461.5	461.5	461.5	461.5	1846
Expected ROI	0	0	110	110	220	461.5	461.5	461.5	461.5	1846
+/- ROI	-221	-221	-111	-111	-664	0	0	0	0	0

## PINCER

The aim of the PINCER quality improvement tool is to identify at-risk patients who are being prescribed drugs that are commonly and consistently associated with medication errors so that corrective action can be taken to reduce the risk of occurrence of these errors.

The latest version of the PINCER quality improvement tool (July 2015) was updated to search solely for currently registered patients so that only existing potential prescribing errors are highlighted, in order to better support practices in identifying trends in potential prescribing errors by providing clearer contemporary results.

This quality improvement tool was developed in partnership with the PINCER Trial team at The University of Nottingham. The PINCER Trial was led by Professor Tony Avery, Professor of General Practice at The University of Nottingham. The results of the trial, published in The Lancet (February 2012 - see an abstract online), showed that the PINCER intervention is an effective method for reducing a range of clinically important and commonly made medication errors in primary care.

This quality improvement tool can help practices by:

- identifying at-risk patients
- helping prevent unnecessary harm to patients, and might also reduce the costs associated with

dealing with prescribing errors, which sometimes require hospital admission

PINCER is a national project that sits within the Medicines Optimisation Innovation National Network. It has been designated a national project in that there will be an expectation of delivery for most AHSNs

## **Q1 Activities**

### **Understanding the Innovation**

- A number of calls were held both the PINCER team at PRIMIS and with senior programme managers in AHSNs where PINCER has been implemented previously

### **CCG Engagement**

- Presented concept for regional PINCER project at Thames Valley Heads of Meds Management meeting in Jun. CCG leads were interested although raised a number of challenges which will need to be addressed if project is to be a success.
- In Buckinghamshire, the medicines management team were particularly interested, and through collaboration we presented PINCER to a number of GP forums in Aylesbury Vale,

### **GP Engagement**

- PINCER project was presented at 3 GP Prescribing meetings in Aylesbury, High Wycombe and Amersham

### **Key Activities Planned Next Quarter**

- A PINCER workshop with representation from all CCGs, the PRIMIS team and experts from other regions is being scheduled for September 18. Here it is hoped progress will be made on both the design of the project and on overcoming barriers

### **Data and Metrics Project Plans to Collect**

- Total number of practices implementing the programme
- The number of potentially hazardous errors corrected
- Quality of life gain through correcting potentially hazardous errors
- Avoided hospital admissions resulting from implementation

### **Barriers to Delivery of Forecast ROI**

- CCG leads and GPs alike all saw the benefit of PINCER but raised key issues around resource. A key component for PINCER is the access to Pharmacists who are able to run the list of patients at risk and manage the corrective action required to ensure that the patient isn't put at risk again. This resource can either come from
  - Practice based Pharmacists – Funded by GPs. CCGs perceive there to be challenges in getting pharmacists to take on PINCER responsibilities without providing an incentive (Prescribing incentive schemes have been used for this in Wessex)
  - CCG Pharmacists – Currently there is a lack of CCG Pharmacists available within CCGs and there are perceptions that this is likely to take 0.3-0.4 FTE per CCG to make this happen
- Different CCGs have taken different approaches to making prescribing safer historically, but many have some sort of system or process already in place.
  - West Berks is using ECLIPSE a CCG level system that can run searches similar to PINCER system
  - East Berks is using OPTIMISE RX a system which alerts prescribers in real time if they are about to prescribe a drug contraindicated for a patient

Some CCGs question the rationale for switching if their existing process is delivering improvements in safety. As a result, the Oxford AHSN has raised questions with the national group to clarify what can be and cannot be

considered equivalent to PINCER.

## ROI

- Despite engaging with CCGs early, a lack of information on what the AHSN offer is on PINCER (i.e. nationally negotiated license fees, clear role of AHSN in project), we foresee PINCER not to be implemented until Q3 in this financial year. As a result we have moved Q1 and Q2 forecast forward.

	18/19					19/20				
	Q1	Q2	Q3	Q4	Year End	Q1	Q2	Q3	Q4	Year End
<b>Forecast ROI</b>	33.5	33.5	33.5	33.5	134	33.5	33.5	33.5	33.5	134
<b>Expected ROI</b>	0	0	33.5	67	102	67	33.5	33.5	33.5	167.5
<b>+/- ROI</b>	-33.5	-33.5	0	33.5	-33.5	33.5	0	0	0	33.5

## ITT/ITP

### UroLift

Estimated end date: September 2018 (depending on approval of business case)

### Q1 progress

The Oxford AHSN has continued to engage with Trusts who wish to implement UroLift. Support has been provided to Milton Keynes Hospital for the business case development and approval. This is currently going through the Trust's internal approval processes, and it is anticipated the first list could be scheduled for Q3.

Wexham Park Hospital (WPH - Frimley Health) is actively working towards scheduling the first list of patients. Training is being arranged for staff and it is anticipated the first list could be within Q2.

Trust/Activity	2017	2018				Status
	Q4	Q1	Q2	Q3	Q4	
OUHT	15	5				Green
RBH	5	10				Green
Milton Keynes	0	0				Yellow
Frimley Health – FPH	20	13				Green

Frimley Health - WPH	0	0				
BHT	n/a	n/a				

Great Western will be undertaking a 10-patient trial.

### **Return on Investment**

The target ROI for 2018/19 is £10,000 and for 2019/20 is £10,000. The figures below are based on the implementation of the service at the sites above, plus an increase in activity at current Trusts.

	18/19					19/20				
	Q1	Q2	Q3	Q4	Year End	Q1	Q2	Q3	Q4	Year End
<b>Forecast ROI (000)</b>	2.5k	2.5k	2.5k	2.5k	10k	2.5k	2.5k	2.5k	2.5k	10k
<b>Expected ROI</b>	4k	4k	6k	6k	20k	6k	6k	6k	6k	24k
<b>+/- ROI</b>	+1.5k	+1.5k	+3.5k	+3.5k	+10k	+3.5k	+3.5k	+3.5k	+3.5k	+14k

### **myCOPD**

myCOPD is a comprehensive web-based, self-management programme for people with severe or very severe COPD on acute or community pathway. It helps patients to manage their condition more effectively through delivering 3 important functions:

1. Education and inhaler training
2. Self-management
3. Pulmonary rehabilitation

The benefits include:

- Corrects 98% inhaler technique errors
- Improves medication compliance
- 95% patients improve symptom scoring
- Reduces acute admissions

myCOPD is available on NHSE's Innovation and Technology Tariff until the end of 2018/19, with the ITT funding licences up to a maximum of 20% of total COPD patient population per CCG.



## **Q1 Activities**

This is a new programme for the CIA team and so Q1 has focused on engaging and meeting with key stakeholders across the region, including the company. There is interest across the region and the next steps will focus on providing support and guidance to those stakeholders to assist the decision-making processes.

## **Endocuff Vision**

This is a new project for the CIA team. Bowel cancer remains the second largest cause of cancer-related mortality in the UK. By improving the adenoma detection rate (ADR) and cancer detection through increased colonoscopy performance, there are many patient benefits. Furthermore, earlier diagnosis of cancer is also associated with lower healthcare costs. A 1% improvement in ADR is associated with a 3% reduction in colorectal cancer, while a higher ADR is linked with lower colorectal cancer mortality.

Endocuff Vision fits around the top of a compatible colonoscope, and contains a set of flexible hinged arms. During insertion, the arms of the device lie flat against the colonoscope but when withdrawn, the arms fan out which straighten and flatten the colon. This has been demonstrated to increase the detection of adenomas and cancers compared with standard colonoscopy.

Endocuff Vision is available under the Innovation and Technology Payment 2018/19, via the zero-cost model. This means it is free for providers to use.

## **Q1 Activities**

The CIA team have attended the NHSE webinars to understand more about the device.

A scoping call with the Endocuff Vision team has been arranged for early Q2.

## **Next steps**

Engage with Trusts to understand interest in device and introduce the Endocuff Vision team.

## **HeartFlow**

### **Background**

HeartFlow FFRCT Analysis is a novel software technology which estimates fractional flow reserve (FFR) in coronary arteries, using CT coronary angiography (CCTA). FFR measured from invasive angiography has been used widely in clinical practice for many years and helps determine whether a person's coronary disease warrants revascularisation. Examples of revascularisation include the insertion of stents or surgical bypass grafting. The HeartFlow Analysis helps clinicians determine whether such an intervention is likely to improve a patient's longer-term outcomes or not. Improved resolution and gating of CT coronary angiography has allowed the extent and anatomical severity of coronary lesions to be assessed non-invasively, and 'HeartFlow Analysis' is the first technology to allow an assessment of FFR to be made during the same investigation.

The expected outcomes from the implementation of HeartFlow are:

- Improved diagnosis of coronary artery disease (CAD)
- Better treatment decisions for patients who have suspected CAD
- Saving of around £214 per patient

HeartFlow is offered under the Innovation and Technology Payment (ITP) in 2018/19 and is available to providers through a zero-cost model.

### **Eligibility criteria**

The requirements for HeartFlow are consistent with those required for Cardiac CT. In addition to these Trusts must have:

- An imaging team with CCTA expertise meeting the recommendation of the Royal College of Radiology and Society of CCT.
- Annual CCTA volume of >700 scans or prior experience with HeartFlow

### **Activities in Q1**

A scoping call has been held with the HeartFlow team.

Trusts are being contacted to see if a) they meet the eligibility criteria b) they are interested in the innovation.

In the Oxford AHSN region Frimley Health NHS Foundation Trust is already using HeartFlow and the CIA team is advising on how to access this via the zero-cost model.

### **Next steps**

Clarify which centres in the Oxford AHSN region meet the eligibility criteria.

Engage with Trusts that are eligible and introduce HeartFlow team.

## **LOCAL PROJECTS**

### **Sleepio (Innovate UK funded)**

The Sleepio project is designed to speed up the implementation of digital self-care into the NHS safely and effectively, to patient benefit, and at scale. The project involves a partnership between the Oxford AHSN and Big Health Ltd, the digital medicine company that designed the Sleepio web-based tool.

Both organisations share the ambition to replace less effective sleep medication with more effective digital self-care. There is currently no implementation pathway or commissioning model in the NHS to enable such innovation. The Sleepio project therefore aims to identify the optimal commissioning approach, and to deliver a digital implementation toolkit to catalyse implementation, whilst ensuring excellent patient outcomes and best value for money.

Key activities include:

- Sleepio to be made available as an alternative to prescription sleeping pills for an entire geography, at no cost to citizens.
- Different approaches to promoting Sleepio access (via GPs and direct to citizen self-help) will be tested and evaluated.

- The emerging evidence will be used to develop a sustainable commissioning model and implementation blueprint for rapid adoption across the NHS.

### **Activities in Quarter One**

#### **WP2 Commissioner Engagement**

- Stakeholder map of local commissioners developed and shared with Steering Group for input/sign-off.
- Interview questions and pre-read material to inform and engage commissioners developed and finalised.
- Thirteen (13) commissioner interviews completed between 18 May and 8 July with subjects from across the geography and various sectors (e.g. GP commissioners, medicines management, prevention)
- All interviews included at least three interviewers, and participation from both AHSN and Big Health colleagues to ensure that feedback could be gathered effectively and any questions could be answered about the project.

#### **WP4 GP Engagement**

- GP surgeries in Buckinghamshire being identified and approached for potential participation.
- Job description for sessional support drafted and approved by GP Lead.
- Initial draft of GP engagement packs prepared and edited.

#### **WP5 Population Engagement**

- Initial stakeholder map created and placed on Google drive for further development. It is acknowledged that – given the potentially wide applicability of Sleepio – the stakeholder map will not be exhaustive, but will continue to develop over the duration of the project.
- Broad key messages to be communicated drafted; but will require tailoring for the audiences at which Sleepio may be specifically targeted for the purposes of this project.
- Conversations with potential stakeholders to explore potential interest conducted (including: Oxfordshire Mind; Berkshire Early Intervention in Psychosis Service; and Oxfordshire County Council)

#### **WP6 Health Economic Evaluation**

- Tendering process conducted to seek potential suppliers for Health Economic Evaluation work.
- Office for Health Economics successfully awarded contract and kick-off meeting with all partners conducted.
- Meeting with OUH Caldicott Guardian to ensure project complies with Information Governance arrangements. Collaborating with AHSN Informatics colleagues around data storage options.

#### **ROI**

- Projections around ROI are likely to arise from the cost avoidance of prescriptions of hypnotics for Insomnia and reduced GP visits for sleeplessness. There are no significant risks to achieving this ROI at the current time.

	18/19					19/20				
	Q1	Q2	Q3	Q4	Year End	Q1	Q2	Q3	Q4	Year End
Forecast ROI	0	0	80	80	160	80	80	0	0	160
Expected ROI	0	0	80	80	160	80	80	0	0	160
+/- ROI	0	0	0	0	0	0	0	0	0	0

## Heart Failure – Case finding and medicines optimisation

### Background

There is significant variation in heart failure prevalence rates between practices and between CCGs. Many patients who are diagnosed with heart failure are not coded on the heart failure register and therefore may not have regular reviews of their medication.

Additionally, many patients with heart failure are not given the optimum treatment – e.g. not on maximum tolerated doses of ACE-I/ARB and eligible patients are not always started on newer drugs.

There is variation in admissions and readmissions between practices and CCGs and optimisation of medication can contribute to reducing this variation, leading to a reduction in admissions and readmissions.

### Innovation/Solution

Oxford AHSN is finalising a joint working project with Novartis focused on:

- Case finding and register cleansing
- Optimising medication prescribed in primary care
- Supporting pathways for specialist-initiated medications

This will be delivered through clinical audit, clinical review and quality improvement methodology

In addition to the case finding and optimisation project the intention is to provide an opportunity for CCGs to engage in improvement and education activities across the whole heart failure pathway - prevention, diagnosis, optimisation of medication, management of exacerbation, self-management and end of life care.

The Joint Working Agreement (JWA) for the project is expected to be signed in Q2 of 2018/19 with the project commencing the delivery phase in Q3.

### Data

The following data will be collected at project start and end, and used to inform the evaluation and return on investment calculations:

- Number of people on the heart failure register
  - Number of people on maximum tolerated dose of medicine
  - Number of admissions in patients with a primary diagnosis of heart failure
  - Number of readmissions in patients with a primary diagnosis of heart failure
- Patient and GP feedback on the project will also be sought.

**Return on investment**

ROI will be delivered through a reduction in admissions and readmissions for patients with heart failure. Detailed ROI projections will be worked through following completion of the audit process in the first practice as there is currently some uncertainty over what the impact on prescribing budgets will be.

***Falls Prevention Projects***

**End date: March 2019**

**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.

Trusts engaged in project	
Oxford Health NHS Foundation Trust	Buckinghamshire Healthcare NHS Trust
Frimley Health NHS Foundation Trust	Berkshire Healthcare NHS Foundation Trust

The project is estimated to reduce falls by 25% on wards implementing the FallSafe care bundles.

**CIA update for Q1**

- Oxford Health, Berkshire Healthcare and Frimley Health have commenced the implementation phase of the project
- A separate project with the community wards at Oxford Health commenced during Q1.
- Buckinghamshire Healthcare Trust commenced the project on 7 wards during Q1.

**Buckinghamshire Healthcare NHS FT Stay in the Bay (SITB) Improvement Project:**

The BHT's Stay in the Bay project received funding from Sign up to Safety Improvement Plan and started deploying the 'desk' to wards in April 2016. The project looked at how increasing nursing presence on wards can reduce the number of falls that happen and the level of harm resulting from a fall. BHT asked the CIA team to support the project for two key reasons (1) barriers to implementation on some wards (2) evaluation and evidence collation of whether SITB is effective.

Through this collaborative working approach with the committed and enthusiastic team at BHT, the Trust now has implemented SITB within 17 of their 25 wards. As part of the regional meetings, the CIA team included the CLAHRC and worked with them to obtain funding to evaluate SITB using regression modelling of Datix data.

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

This project worked with colleagues at Buckinghamshire Healthcare to complete an evaluation on the desk in a bay intervention. The final paper has been accepted for publication in the Age and Ageing Journal, the results of which showed a 26.71% reduction in the falls per 1000 OBDs (occupied bed days) and concluded that portable nursing stations were associated with lower monthly falls rates.

#### **Update for Q1**

- The paper on the SITB evaluative project has been accepted for publication in July 2018.
- Discussion with the CLAHRC to determine if the statistical model could be used for other projects

Project closed

### ***Adopting Innovation and Managing Change in Healthcare Settings Programme***

Popularity of this course has continued. Cohort 4 started with 25 new students in March 2018 and cohort 5 will start in September 2018 with an estimated 25 students joining the programme and this will bring the total to 121 healthcare staff trained under this programme. The course now caters to a more cross-organisational and team approach reflective of transformational change projects within STPs/ACSS. The first alumni event is scheduled for September 2018.

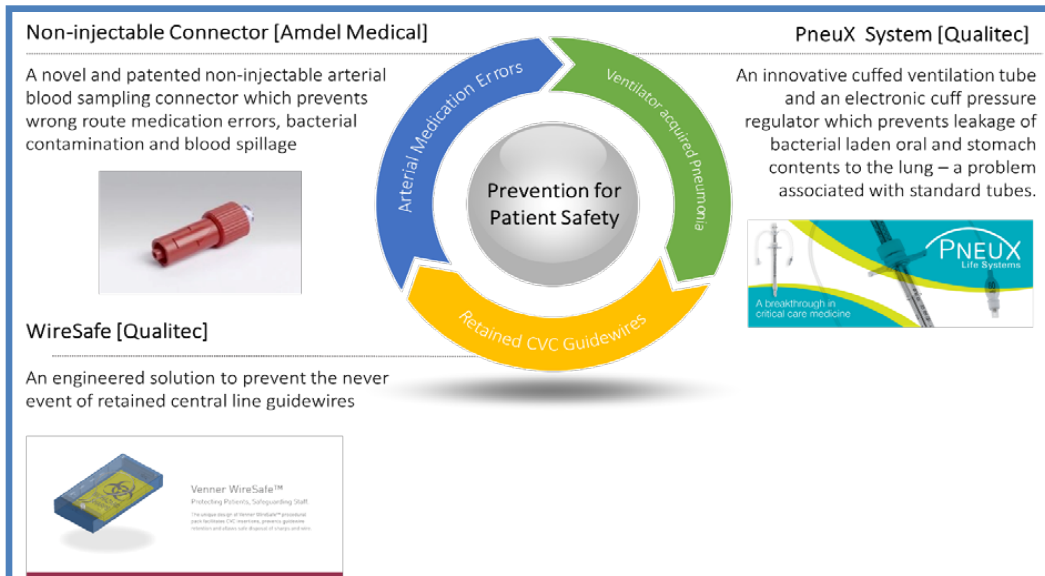
### ***Patient Safety Devices***

#### **Project Overview**

#### ***Non-injectable Connector – ITT/ITP***

#### ***PneuX System – ITT/ITP***

#### ***WireSafe – Local***



As reported last quarter, 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: Two of these innovations are on the ITT (PneuX and the Non-Injectable Connector). WireSafe was not awarded one of the ITP tariffs in 2018/19. All 15 AHSNs have selected to implement WireSafe in their business plans (2018-2020), and the Oxford AHSN has taken the national lead on this.

**Progress during Q1**

The table below outlines the commitment and implementation to date from all Trusts within the region with. The Oxford AHSN has continued to engage with other AHSNs following requests for advice and discussion on the approach taken within the Oxford AHSN region.

Trusts/Sites	Engaged	Adopted/in process of adopting patient safety innovations (out of 3)	Pneux=P Wiresafe=W NIC= N
Royal Berkshire Hospital	√	3/3	P/W/N
Great Western Hospital	√	2/3	P/N
Buckinghamshire Healthcare	√	2/3	P/W
Frimley Health – Frimley Park	√	3/3	P/W/N
Frimley Health – Wexham Park	√	1/3	N
Oxford University Hospitals	√	1/3	N
Milton Keynes Hospital	√	2/3	W/N

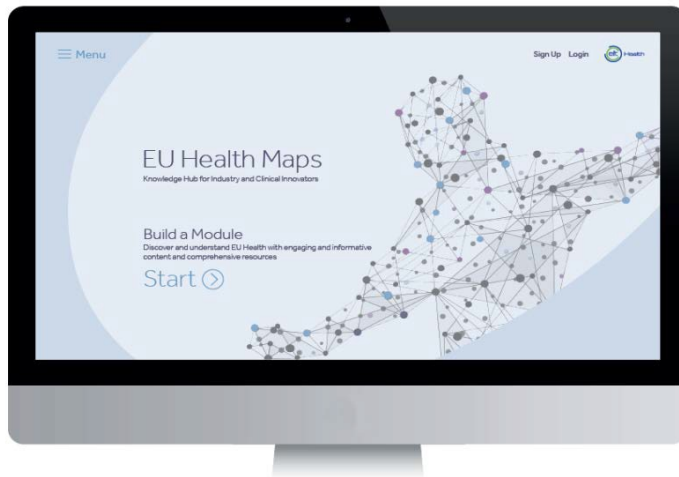
The Oxford AHSN is leading nationally on the WireSafe, and has planned a national workshop for all AHSNs in July 2018. This is to provide information, support and guidance with implementation within other regions.

## International Project

### European Market Access for Partners (eMaps)

Website - Home Page

imageworks 



This is a web-based learning platform developed to address two components for successful acceleration into a market by:

- Creating a clear understanding of how, when and with whom to engage
- Sharing an understanding of how different health insurance and procurement arrangements work.
- EU Health MAPs aims to build on collaborative working to facilitate accelerated opportunities for EIT Health partners, industry, SMEs and entrepreneurs to work with health care providers so as to accelerate innovation adoption.

During Q4: The first phase of eMaps was completed working with the Netherlands and Sweden. The second phase has been initiated working with France, Spain, Denmark and Switzerland.

During Q1: Another bid application will be made to EIT Health for the final phase of activities 2019. The intention is to work with Germany, Portugal and Italy; the Oxford AHSN will deliver the US module.



## Strategic and Industry Partnerships

### Overview

During the quarter, the SIP met with 73 companies. Overall the team is actively pursuing over 40 projects and has completed over 90 specific projects.

Total investment into the region for the quarter as a result of SIP-based activities through collaborations and direct investments was over £300,000. During the quarter the SIP programme established three new partnerships with industry.

Dr Nicholas Edwards stepped down as the Chair of the SIP Oversight Group. The team would like to record its thanks for all the support and advice that he is given over the years, and for his continued support for the Oxford AHSN. Discussions for a successor are underway.

Achievements in Q1 include:

- The Oxfordshire ISfB programme formally commenced with the signature by all of the partners the GVA.
- During the quarter agreements were signed with the following companies: Curetis, Drayson Health, Physiomics and Owen Mumford.
- A number of grant submissions were made during the quarter, including four company supported applications in Wave 2 of the Innovate UK Digital Health Catalyst.
- Ashley Aitken was promoted to the position of Programme Manager (Diagnostics).
- Dr Vinit Agrawal joined the SIP team on the 4<sup>th</sup> May as a methodologist.
- Nadine Frisk has been appointed as the Hub Manager for the Buckinghamshire Life Sciences Innovation Centre.
- Dr Pratheeba Vimlanath has joined the Oxford Martin School programme on Affordable Medicines as the lead on intellectual property.

A summary of key projects completed within the year or ongoing is set out below:

	Project Title	Partner	Status
<b>Genomics, Diagnostics &amp; Precision Medicine</b>			
1	100,000 Genomes Project	Oxford Genomics Medicine Centre	Project complete
2	Flu point of care testing in Emergency Department	Roche	Data analysis ongoing
3	Flu point of care testing in AMU	Fujifilm	Data analysis ongoing
4	Pre-eclampsia diagnostic test in maternity units	Roche	Business case approval in 2 centres
5	Faecal calprotectin diagnostic test	Various	Project underway
6	GP out of hours diagnostic test	Abbott	Awaiting data analysis

7	Point of care test to rule out stroke mimics	Sarissa	Project underway
8	COPD diagnostic tests for patient stratification & exacerbation alert	Mologic	Project underway
9	Point of care test for breathlessness in urgent and ambulatory care	Jupiter Diagnostics	Project underway
10	Point of care test for cardiac markers	Osler Diagnostics	In preparation
<b>Digital Health &amp; AI</b>			
11	Chemotherapy precision dosing for prostate cancer	Physiomics	Funding awarded and project to commence shortly
12	Enabling better health and self-care at scale with digital sleep medicine	Big Health	Project preparation underway
13	Autonomous speech-based clinical outcome measures	Ufonia	Project underway
14	Smart penpal	Adelie Health	Project underway
15	Inflammatory bowel disease	Takeda, J&J	Project underway
16	Digital health collaboration with GDM-health, SEND and COPD-EDGE	Drayson Technologies	Opportunity identification
<b>Innovation and Economic Growth</b>			
17	Buckinghamshire Life Sciences Innovation Centre	Bucks New University, Bucks Healthcare Trust, J&J, GE Healthcare & others	Funding awarded and project to commence shortly
18	Bicester Healthy New Town	Cherwell District Council, Oxfordshire CCG, A2 Dominion	Ongoing
19	The Hill	Oxford University Hospitals NHS FT	Funding awarded and project to commence shortly
20	Harwell Campus	Harwell campus partners	Ongoing activities
21	Harwell Multidisciplinary Accelerator	Harwell campus partners	Planning
22	Affordable Medicines	Structural Genomics Consortium, Oxford Martin School, Office of Health Economics	In progress

<b>23</b>	Oxfordshire Transformative Technologies Alliance Science & Innovation Audit	Oxford University, SRFC, OxLEP, Oxford Brookes University, RACE, AEA, Satellite Applications Catapult	Report published & follow options under consideration
<b>24</b>	iTAc	Birmingham University, Oxford University, Dundee University, Crick Institute, Medicines Discovery Catapult	Planning
<b>25</b>	Sustainability	Zexu, Carbon & Energy Fund	Monitoring of specific projects
<b>Partnerships</b>			
<b>26</b>	J&J Strategic Partnership	J&J/Janssen	Ongoing projects
<b>27</b>	Strategic Partnership	Novartis	Exploratory
<b>28</b>	Strategic Partnership	Abbott	Engaging wider stakeholders in Germany, ADD, APOC and ARD
<b>29</b>	Strategic Partnership	Roche	Building links with Germany
<b>30</b>	Strategic Partnership	Biomerieux	Building links with French R&D team

## **1. Genomics, diagnostics and precision medicine**

### Oxford GMC

The Oxford AHSN has completed its work with the Oxford NHS Genomic Medicine Centre (GMC) for the 100KGP. The next steps in transforming the genetic testing service in the UK, including provision of Whole Genome Sequencing (WGS) to clinicians for mainstream service delivery is dependent on the new structure and National Test Directory due to be announced by NHS England.

### Flu point of care testing in Emergency Department (Roche Diagnostics)

The study at the Royal Berkshire Hospital was completed very successfully in January and the health economic evaluation is underway shortly.

### Flu point of care testing in AMU (FujiFilm)

The FujiFilm assessment went well but the device will not currently connect to the patient record so BHT is looking at the Alere test for next season. The AHSN will support BHT and Alere with this evaluation.

### Faster and more accurate diagnosis of pre-eclampsia (PE) using the ELECSYS<sup>®</sup> test (Roche Diagnostics)

The ELECSYS<sup>®</sup> Pre-eclampsia (sFit-1 & PIGF) developed by Roche Diagnostics is being implemented through maternity units to (i) deliver improved patient safety, (ii) reduce unnecessary admissions, (iii) ensure women get the right treatment for their actual need, (iv) reduce overall cost to the system and (v) improve capacity management within the system.

- Guy Checketts was invited to be on the discussion panel at a clinical adopters meeting for ELECSYS in Manchester in April, alongside Dr Manu Vatish (Oxford University Hospitals NHS FT) and Professor Tim James (Oxford University Hospitals NHS FT).
- The SOP for implementation of the ELECSYS pathway at the John Radcliffe Hospital has been submitted to the Innovation Governance Manager and is expected to be approved at the end of June, allowing full roll-out across the maternity service to commence. The date for publication of the INSPIRE paper authored by Dr Vatish, which adds a significant amount of clinical insight into the interpretation of the ELECSYS test results, is still unknown.
- Following a hiatus where lack of departmental funds has meant there has been no means to pay for the ELECSYS test, Stoke Mandeville has received approval to apply for charitable funds as a means of paying for the cost of the tests for the first year. This will serve to prove both the clinical and business cases and allows the project to move forwards.
- Following a referral to senior laboratory management via the CCG, a representative from the Royal Berkshire Hospital labs has now been assigned to discuss the ELECSYS project with the clinical and finance teams, although there are no guarantees of implementation in the context of their shared services and current tender situation.
- Great Western Hospital have confirmed their desire to implement a remote pathway sending samples to the John Radcliffe laboratories and have the full support of their Clinical Director. Discussions are now underway to confirm both the mechanism for sending the samples to the John Radcliffe and the shape of the remote clinical pathway.
- A submission to the NICE Implementation Collaborative (NIC) Board for a project speeding up the adoption of pre-eclampsia testing. The project will focus on developing an implementation toolkit, which will include pathway, training and patient/carer support. The project will also focus on completing the business case, and work with financial directors and clinicians to agree funding and implementation. The availability of another test recommended by NICE will be investigated.

### Faecal Calprotectin (FC) diagnostic testing in primary care (national programme)

The Faecal calprotectin (FCP) diagnostic test helps to differentiate between Irritable Bowel Syndrome (IBS) and Irritable Bowel Disease (IBD) and (i) generates benefits for patients through the prevention of unnecessary invasive procedures, (ii) provides financial savings through a reduction in referrals to secondary care, and (iii) a reduction in waiting lists and increase in diagnostic yield for hospitals.

- The first group of GP's within Aylesbury Vale CCG are being trained at the end of June on implementation of the FCal pathway, with a view to rolling it out to all 54 GP practices in October. Support is being provided nationally by the Pacific Project (NHS BSA) in respect of defining and reporting on metrics and provision of case studies.
- Discussion with Berks West CCG has resulted in invitation to present the FCal project at their June Planned Care Steering Group Meeting, with a view to rapid adoption across all West Berks GP practices. (They are also interested in learning more about other AHSN projects, particularly POC testing).
- The Oxford AHSN is supporting the uptake and adoption of the national FCal project across the AHSN's network and with other CCG's through networking and the sharing of experiences and insights

#### GP out of hours diagnostic test (Abbott)

An evaluation for the use of POC testing in the Out of Hours GP vehicles for use in an at home setting using the Abbott i-STAT system was completed earlier in the year. Initial data collection was completed and further work is being undertaken to add to the initial data. This will be followed by a health economic analysis and a project report.

#### Pre-hospital point of care testing (Abbott)

The assessment of the Abbott i-STAT system in a pre-hospital setting, which commenced in September, has been completed with South Central Ambulance Service. The health economic evaluation will be undertaken in the next quarter.

#### Detecting BV which has implication in pre-term labour and miscarriage

Mologic have now met with the maternity service at the John Radcliffe and agreed to proceed with an evaluation of BVPro. Oxford AHSN will provide the health economic analysis and reporting to show cost effectiveness.

### ***Grant funded projects***

#### Stroke Point of Care testing (Sarissa)

Sarissa Biomedical was awarded an Innovate UK SBRI grant to the value of £2 million for a project entitled “Purines for rapid identification of stroke mimics” to evaluate in a paramedic setting. The company is developing a simple Point of Care diagnostic blood test (SMARTChip), which measures blood purine levels to distinguish true stroke from mimics.

#### COPD exacerbation for patient stratification (Mologic)

Mologic’s Innovate UK SBRI grant for £2 million focuses on the development and evaluation of two tests for COPD (“COPD Exacerbation Patient Alert” and “Patient Stratification”). This work was presented at the Molecular Diagnostics Conference in Lisbon.

#### Point of care test for urgent and ambulatory care (Jupiter Diagnostics)

Jupiter Diagnostics has been awarded a Biomedical Catalyst grant for £350K covering a novel Point of Care test for breathless. The project will cover the development, testing and clinical validation of the diagnostic test.

### ***New Projects***

#### Point of care test for cardiac markers (Osler Diagnostics)

Osler Diagnostics has been awarded an Innovate Health & Life Sciences Technologies Award for £1.3 million to develop a POC device for critical cardiovascular markers. This innovative electrochemical method that is smaller, faster, cheaper and more accurate than existing options.

## ***Other projects***

An NDA has now been signed with CREAVO allowing next steps to drive adoption of their novel technology for detecting ischaemia in ED.

Precision Medicine Centres of Excellence meetings were held in Glasgow and Cardiff respectively. Oxford AHSN is supporting the ISCF Challenge Fund bid for Pathology and Imaging and will be a partner for the health economics and route to market work packages around the Exemplar Project.

Grant application were submitted as follows:

- Innovate Phase 2 Global Vaccine Technologies with Hammersmith Hospital (Imperial College) for detection of Guillan-Barré Syndrome
- ERC with UCL Department of Psychiatry for pharmacogenomics evaluation in psychosis
- Innovate BMC with Absolute Antibody and CFT for novel method of developing highly specific and sensitive antibodies
- NIHR i4i Product Development Award with UCL Department of Psychiatry and Jupiter Diagnostics for anti-toxicity testing panel for psychosis patients

## **2. Digital and Artificial Intelligence**

The new General Data Protection Regulation came into effect in May 2018. The team has actively engaged with two national initiatives – the second wave of the Innovate UK Digital Health Catalyst and the NHS Test Bed wave two. Four SME applications were submitted to the digital health catalyst that involved the AHSN as a partner – Better Spaces, Cera Care, My Clinical Outcomes and Ultromics, Of these the application submitted by Ultromics has been shortlisted for interview. Under the Test Bed wave 2, eight Expressions of Interest (EOIs) were initially selected for further development. Of these three full submissions were made, MECC – A Health Creation Programme submitted by the BOB STP, another submitted by Berkshire Healthcare NHS Foundation Trust, and a bid by Buckinghamshire ICS title.

Chemotherapy precision dosing for prostate cancer (Physiomics).

Prostate cancer chemotherapy precision doing app: The Oxford AHSN is a delivery partner in an Innovate UK funded project for the development of a prostate cancer precision dosing app.

### Inflammatory Bowel Disease

The industry funded programme for Inflammatory Bowel Disease using True-Colours Ulcerative Colitis (TCUC) as a patient reported outcomes measure (Takeda, J&J) has made progress during the quarter. Key outputs include the establishing engagement with the UK IBD Registry & HOPEs, discussion of transition to a web-based InfoFlex platform, the PROM function and how to move adapting this to integrate what is currently there and the TC to get “the best of both worlds”. In addition, IG requirements have been identified for the successful upgrade of the InfoFlex IBD PMS v2 platform. A meeting with J&J MEG was held on 21<sup>st</sup> May to discuss progress to date.

### Endoscopy project

Established engagement with the Endoscopy teams at Bucks Healthcare and Oxford University Hospitals. Work is ongoing to review the surveillance endoscopy service provision at these sites, as well as a review of current options available and costs involved for nurse endoscopist training programmes.

### Enabling better health and self-care at scale with digital sleep medicine (Big Health)

Sleepio, is a digital sleep improvement programme based on Cognitive Behavioural Therapy techniques, clinically proven to help overcome even long term poor sleep without pills. Funded by a £1M wave one Digital Health Technology Catalyst grant from Innovate UK the most effective ways of introducing digital self-care into the NHS safely and effectively, and at scale is being tested.

### Autonomous speech-based clinical outcomes measures (Ufonia)

The project has commenced and is currently on track for delivery. The AHSN contribution around the business plan will begin in the next quarter.

### Insulin penpal for the transformation of a mechanical insulin pen into a smart device (Adelie Health)

Having won a £20,000 Proof of Concept award from STFC (Harwell), the company has generated its first physical proof of concept for the Insulin PenPal. The device can connect via Bluetooth to a smart phone and allows the user to track injection timing and dosage given. The grant was also used to undertake an IP review and draft a strategy for funding the next steps of the product development.

Andy Hill is providing ad hoc support the company's CEO Liam McMorrow and it is expected that Adelie Health will secure further grant funding in due course and its first equity funding in the next 2 to 3 months. Through introductions made by the AHSN Adelie Health is in contact with a number of potential partners for product development, manufacturing and commercialisation.

## **3. Innovation and Economic Growth**

The projects under the Innovation and Economic Growth stream have continued to progress steadily:

### The Buckinghamshire Life Sciences Innovation Centre

This is being funded through the Local Growth Fund and ERDF. Although the final agreement with DCLG has yet to be signed, there has been good progress across a number of fronts. The final draft of a Hub Agreement between the partners (Buckinghamshire New University, Buckinghamshire Healthcare NHS Trust, Buckinghamshire County Council, Buckinghamshire CCG and the Oxford AHSN. Nadine Fisk has been appointed as the Hub Manager and take up her post in June.

### Bicester Healthy New Town

Now in the third year (<https://www.cherwell.gov.uk/info/206/bicester-developments/429/healthy-new-town>) the Bicester HNT programme is providing a series of case studies to the national NHS E team to support the development of national guidance. Plans for sustaining the programme into the next year are under review.

## The Hill

The Hill is an innovation hub, which is located at the John Radcliffe Hospital. The Innovation Support for Businesses partnership has now commenced following signature of the Collaboration Agreement between Oxfordshire County Council, Oxfordshire LEP, Oxford University, Cherwell District Council, Oxford City Council and Oxfordshire University Hospitals NHS FT. A Project Inception Visit took place on the 12<sup>th</sup> June.

## ProjectAccelerate – Harwell multidisciplinary accelerator

The proposed joint venture between STFC and the AHSN to develop a multidisciplinary business accelerator reached an important milestone with the investment committee of OUH Trust agreeing to support the creation of a special purpose vehicle that will hold shares for the AHSN in the accelerator limited company. The OUH board will review this recommendation and make a final decision on it in July.

The accelerator development board met for the second time in early June to review progress to date and agree next steps. The draft business plan is at a late stage of development and the next draft will be completed by the close of June, ahead of meetings with potential investors in the project. Drafting of a shareholder agreement for discussion at these investor meetings is underway.

Andy Hill has been spending time with leaders of other accelerator programmes (HS.Live, BioCity, ICURE and Stevenage Lifesciences Catalyst) as part of the ongoing market research to underpin programme development.

Affordable Medicines Programme: The Affordable Medicines Programme is a collaboration between the Structural Genomics Consortium, the Office of Health Economics and the Oxford AHSN (see <https://www.oxfordmartin.ox.ac.uk/research/programmes/affordable-medicines>) and is supported by a grant from the Oxford Martin School. Dr Pratheeba started at the Oxford Martin School Programme on Affordable Medicines on 1<sup>st</sup> April focusing on intellectual property.

## Local Industrial Strategy Trailblazer

Oxfordshire has been invited by the Government to develop a Local Industrial Strategy (LIS) which will help shape the future of Oxfordshire's economy over the next 20 years and will also have a significant impact on the future UK economy as we leave the European Union. The Oxfordshire LEP is leading the initiative and the Oxford AHSN is providing support in the life sciences sector. The LIS will help to build on Oxfordshire's existing world-class assets and economic strength, as well as unlocking our global potential. This work will build on the Science and Innovation Audit and a draft plan is expected to be ready for review in the Autumn.

The Oxford AHSN is also providing support into the Thames Valley Life Sciences Sector Deal which is part of a response to the industrial strategy.



## iTAc

The innovative Therapeutics for Ageing consortium (iTAc) submitted an expression of interest to the Innovate UK Industrial Strategy Challenge Fund expression of interest. The team continues to support the commercial development of the industry opportunity.

## **4. Other Activities**

The SIP team will continue to support strategic partnerships with industry, including the collaboration with Johnson & Johnson/Janssen. Under the Sustainability Programme we will continue to monitor the implementation of carbon and energy savings projects across various trusts within the region. New collaborations are developing with Novartis, Otsuka and Celgene.

### **Conferences and Events**

The Technology Showcase on Therapeutics, Small Molecules and Biologics was held on 13<sup>th</sup> June at the Said Business School. The organising partners included the Oxford BRC, Oxford University Innovation and the Oxford AHSN (see <https://oxfordbrc.nihr.ac.uk/wp-content/uploads/2018/02/Programme-4.pdf>). The event was attended by 197 delegates.

The Oxford AHSN organised and co-chaired the Channel Shift to Digital Outpatients on June 22<sup>nd</sup> at Reading. This event was well attended by 100 colleagues from 28 trusts (19 out of 26 productivity trusts), NHSE, GIRFT, primary care, CCG, CSU, and Integrated care systems from across the five southern AHSNs.

Julie Hart spoke at the 2<sup>nd</sup> Annual Precision Medicine Congress in Munich and Molecular DX Europe in Lisbon.

Nicki Bromwich presented at the New Horizons in Health and Social Care, Thames Valley Strategic Clinical Network, NHSE annual conference on the 12<sup>th</sup> June at Reading.

Guy Checketts was part of a discussion panel with Manu Vatish at a Roche meeting on pre-eclampsia in Manchester on 24<sup>th</sup> April.

Andy Hill presented at Harwell HealthTec Connect event at the Harwell Campus on the 27<sup>th</sup> June.

## Research & Development (R&D)

The June R & D Group committee was chaired by Stuart Bell with representation from Buckinghamshire New University, Buckingham University, Open University, University of Reading, Oxford Brookes University, Berkshire Healthcare, Milton Keynes University Hospital and the South Central Research Design Service. Gary Ford opened the meeting with the Chief Executive's summary including updates on:

- The relicensing process which has confirmed a 5-year period with funding committed for the first 2-years (£44,000,000 across all AHSNs).
- The Office for Life Science has confirmed an additional £13,000,000 across all AHSNs for working with companies on innovations to clinical pathways, with diagnostics and digital being Oxford AHSNs focus.
- The Patient Safety Collaboratives' funding comes to an end March 2019 and is currently being reviewed with Oxford AHSN pushing for renewal.
- AHSN Board membership is to be increased to include Peter Ellingworth, Chief Executive, Association of British HealthTech Industries, a senior executive from Bayer and a senior academic representative from the wider Thames Valley.
- The CLAHRCs are being renamed AHRCs with the existing structure being maintained with minor changes. The leader has to be a practising clinician, there has to be an implementation lead to work with the AHSN and there is a 25% matched funding requirement. There will be a broader area of work beyond Buckinghamshire and Oxford with £9,000,000 over 5 years to create infrastructure.

Sean Mackney updated the group on Buckinghamshire New University's Research and Enterprise agenda for partnership growth and development, introducing its enterprise, engagement, innovation and applied research, along with the approach and strategic opportunities moving forward. This was followed by Lesley Baillie (Open University) speaking on the Professional Doctorate in Health and Social Care and their delivery through international Affiliated Research Centres and plans to develop the scheme further. Finally, Sophie Hyndman (South Central Research Design Service) explained the background to the RDS, its role and the services it can provide.

A survey of local NHS research and innovation needs is being undertaken on behalf of NHS England and the National Institute for Health Research (NIHR). All 15 Academic Health Science Networks (AHSNs) covering England are collaborating in this work. NHS England in partnership with the NIHR published a joint paper (as per the following link <http://bit.ly/supportingNHSresearch>) endorsed by the NHS England Board, at the end of last year which recommended 12 actions to support and apply health research within the NHS. An Invitation to Tender (ITT) was issued, on behalf of NHS England and the NIHR, by Oxford AHSN to invite bids for the design, delivery, analysis and reporting of a survey of local research and innovation needs of the NHS. Post ITT evaluation, a successful contractor has been appointed to deliver survey information involving stakeholder views from all 15 AHSN regions. This supports the delivery of action 5 in the joint paper mentioned above. This work is led by Professor Gary Ford and Dr Louise Wood, Director of Science, Research and Evidence at the Department of Health and Social Care with publication of the final report scheduled by October 2018. The work is being managed by Sonya Farooq from Oxford AHSN along with commercial partner ComRes.

Following the above mentioned joint paper and the consultation on Excess Treatment Costs that followed, the Thames Valley and South Midlands Clinical Research Network are involved with the review of national processes with the intention of aligning. NHS England and the NIHR are working together to develop a new system for attributing ETCs which should be in place by the start of next financial year to be administered by the Research Networks, working closely with Chief Investigators.

Berkshire Healthcare R & D group hosted a "Research Collaborations for Better Patient Care" conference at the University of Reading, which was attended by ~120 delegates from Trusts and Higher Education Institutions across the Thames Valley and beyond. The keynote speaker was Jonathan Sheffield, Chief Executive Officer, NIHR Clinical Research Network, and the three sessions were based on "Improving lives

through research”, “Collaborating for research” and “Clinical research is the future” with a diverse range of speakers from the Health Research Authority, Berkshire Healthcare, the University of Reading, the Thames Valley Clinical Trials Unit, Oxford University Hospitals an engaging “Research Blast” forum showcasing the wide range of work being carried out by researchers from across the Thames Valley Universities and NHS Trusts.

## **Informatics**

### **Q1 2018/19**

As we start the new license period we continue to host 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.

We are constantly striving to better the service that we can offer and data that can be drawn upon to progress the projects within the Oxford AHSN region and beyond.

### **NHS Digital**

The newly developed Intra-AHSN / NHS Digital data application has been approved at NHS Digital iGuard This application was case-tested by EMAHSN which also gained approval and we are now able to finalise the template for distribution to all of the AHSN's as part of the intra-AHSN collaboration initiative.

As part of this the Oxford AHSN will be applying to vary the terms of its existing data sharing agreement (DSA) with NHS Digital to align with this new Intra AHSN agreement. The benefits of this will be to receive National data and we will also be trying to leverage the guidance from NHS Digital which allows the storage of data in the cloud.

### **Visualisation Platform and Self-Service**

The Informatics Team have finished the phase 2 prototype Self-Service Reporting Tool and will be demonstrating it to the Programmes in the coming weeks.

The report server is up and running, test reports finalised and ready for demo and beta testing. This is being built up as a case study around how it can be used on a practical level by the Project Managers.

We have also produced a data visualisation for the Laker Bid showing Indices of Deprivation. Which was a heat map showing the average IMD and Health & Disability rankings by Local Authority.

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

Informatics have been working with the Chair of Caldicott guardians to develop and update the Oxford AHSN IG Framework and associated documentation. We have done this in collaboration with the IG Forum to advise and with the General Data Protection Regulation (GDPR) in mind.

### **GDPR**

As data is our main currency, we are passionate about making sure that our environment is as secure as possible and that we are fully compliant with the data that we hold

We reviewed and re-drafted our suite of IG agreements to come into line with the General Data Protection Regulation (GDPR) which will come into effect in May 2018. We developed these documents with guidance from both external legal representation and the Chair of the UK Caldicott Guardian Council. This provided a robust set of documentation that will continue to allow the free flow of data from the reference Trusts that

will be engaged as part of this process. Meanwhile the IG framework continues to be used to benefit projects across the network

We hold a complete log of all activity we conduct in relation to GDPR activities as both the Informatics function, but also for the AHSN as a whole.

### **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.

### **Connected Care Assessment (CCA) (Formally Place-Based Digital Maturity Assessment Development)**

This extensive work for NHS England, 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 is ongoing.

The engagement with stakeholders has now finished. We ran four workshops, a round table with the Academy of Medical Sciences and attended a number of regular meetings to gather feedback. This was to both gather opinion on what matters to stakeholders and to present a proposed approach to assessment, which has been refined with support of the steering group throughout. The testing phase has started to see if the approach works for a number of place based systems. The focus for testing is a number of STPs.

Informatics attended a workshop in Liverpool with NHSD and AHSN Network and presented on the Connected Care Assessment process.

### **LHCRE**

Informatics were instrumental in coordinating and putting together the bid for the Thames Valley & Surrey LHCRE submission, which was handed over to NHS England on 25 April.

We held a Thames Valley & Surrey population health management workshop, bringing together representatives from across the region to discuss current population health management plans for each system and plans to link them together.

Informatics hosted a Thames Valley & Surrey patient facing apps workshop bringing together representatives from across the region to discuss current plans for patient portals/patient facing applications for each system and plans to link them together within a LHCRE.

We held a GDE Leads meeting with representatives from all 6 GDE hospitals in our region invited.

## **Connected Care Assessment**

Informatics attended and supported Helen Bradburn in performing the Connected Care Assessment for Norfolk & Waveney STP in Norwich and contributed to the write up of the report to help support Norfolk & Waveney accelerate their regional digital plans.

## **Sleepio**

The Informatics Team have been working with James Rose and Matt Williams to propose some options around the data flow, architecture and IG requirements. We also facilitated a meeting with the Sleepio Team and Chris Bunch, Caldicott Guardian for OUH to advise on the above.

## **Programme and Theme Support**

### **Patient Safety Collaborative**

#### **Hydration Data**

For each of the 13 care homes in the area, there are spreadsheets detailing the number of incidents of UTIs, split between those requiring antibiotics and those requiring hospital admission. Helen recently undertook further updates to a piece of work, which involved linking data from each of these care home spreadsheets into a central summary spreadsheet. This spreadsheet shows monthly and quarterly incidents for each of the individual care homes alongside one another and also overall monthly/quarterly figures for the region. It also shows average days between UTIs, pre-intervention and post intervention for the individual care homes.

This work is part of the Hydration project under the Patient Safety Programme, aimed at reducing UTI's in care homes in order to reduce the risk of patients developing Acute Kidney Injury.

#### **Cervical Screening**

Informatics have been co-ordinating the Information Governance (IG) with the IG leads of all Trusts to sign the data sharing protocols

#### **Reduced Foetal Movement (RFM)**

Phase 3 of the RFM project involved redesigning the RFM dataset to show the data by episode rather than by patient. The dataset had previously been provided to us with each RFM patient featuring on a separate row. Helen wrote some new SQL queries to design a dataset where each row would be a separate patient episode associated with a particular outcome. This then allowed Mr. Impey and the team to analyse the data by episode using SPSS.

The project aim is to understand RFM patients better, thereby improving safety and outcomes. We previously provided analysis and detailed metrics for RFM earlier on in the year, the results of this analysis should eventually be published in a paper.

#### **Long Term Ventilation**

The Team conducted an NRLS data base search to help with this project. We have also been liaising with NHSI to update the DSA's.

### **A&E Frequent attenders**

Informatics have been looking at the frequent attenders of A&E, both at the same hospital and those who travel across the region to attend multiple hospitals.

### **Strategic Industrial Partnerships (SIP)**

#### **Inflammatory Bowel Disease (IBD)**

Informatics have been advising on the project and arranging the IG between OUH, Oxford Health and Hampshire

### **Clinical Innovation Adoption**

#### **Anticoagulation Analysis**

In May Helen met with Mary Collins, Anticoagulation Optimisation Pharmacist, to discuss further data requirements and she made further updates to the spreadsheets. Additional analysis was provided for patients with a TTR % below 65%, NICE recommends that these patients are reviewed. Snapshots for Jan to April 2018 were added into the existing dataset, a new breakdown of TTR average by GP and month and TTR average by diagnosis and month were also created. There were also changes made to the way that the data was linked due to an issue with the data.

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

### Governance and partners

We have completed the process of evaluating process both our Oversight Group and Operational group and will agree slightly revised Terms of Reference for both by this autumn.

### Our lay partners

We continue to appoint lay partners through a selection process including developing a role description and interview. This quarter we appointed 2 lay partners to work on the Sleepio Project – Douglas Findlay as the lay partner with experience of PPI methods and Georgina McMaster the lay partner with lived experience.

### Training and development

Our approach to development and training relates to the three levels shown below.



For 2017/18 we have developed a comprehensive programme of training and development with our partner organisations the CLAHRC, CRN and local trusts.



# Working Together: Training and Development Programme | 2018

**For healthcare professionals, researchers, patients, carers and the public**

**30**  
April

## **Working Together: approaches and techniques**

For people with some experience of PPI

**The Gateway Aylesbury, 12pm-5pm**

**05**  
June

## **Writing for lay audiences**

For people with some experience of PPI

**Oxford Academic Health Science Network, 10am-12.30pm**

**11**  
September

## **Lay partners on staff interview panels**

For people with some experience of PPI

**The University of Reading, 10am-1pm**

**06**  
November

## **Working Together: an introduction**

For people new to patient and public involvement

**Unipart Oxford, 10am-12.30pm**

**For more information or if you are interested in taking part:**

**email: [PPIEE@oxfordahsn.org](mailto:PPIEE@oxfordahsn.org)**

**web: [bit.ly/workingtogetherprogramme](http://bit.ly/workingtogetherprogramme)**



**WORKING  
TOGETHER**

Patient and Public Involvement  
in the Thames Valley

### Level 1 and 2 training

We continue to deliver introduction to PPI lunchtime sessions and have developed and run a first *Writing for Lay Audiences* workshop that was attended by professionals, including comms specialist and lay partners. It received very positive feedback and we will rerun it later in the year. We have also run our third session on methodologies for participation, covering coproduction, social media and priority setting

### Level 3 training - The Leading Together Programme

[Our Leading Together Programme for Learning Disabilities has commenced and is being co-delivered with the advocacy organisation My Life, My Choice. We are running a formative evaluation alongside the Programme.](#)

[We submitted a bid to the European Technology Fund to develop an international leading Together Programme and attended](#)

### 2019/20 Programme

We have held our first planning meeting with partner organisations to design our programme for 2018/9 and agreed a joint *Working Together* logo to brand our joint work.



### **Network development**

We will continue to develop the network through a new section to the AHSN website, regular news updates and a second annual meeting in 2018 which will focus on the learning disabilities work.

We are in the process of developing a new Working Together website that will highlight all our PPIEE work, including that of partner organisations.

### Lay Partner Peer Support

The first meeting of this new network was held in May and attended by nine partners from nine organisations. We are planning a second session in the autumn.

### **Thames Valley and Surrey LHACRE**

We helped to develop and write the PPIEE components for the successful LHACRE bid. We did this in conjunction with National Voices who will continue to be our partner in this project going forwards.

## Stakeholder Engagement and Communications

In Q1 2018/19 the Oxford AHSN continued to develop and hone its engagement with a wide range of stakeholders on a local, regional and national level. We continued to focus on more targeted, collaborative events and attracted more than 500 people to these in the three-month period.

Some of these were solo events, some were in conjunction with other AHSNs while others were run jointly with different partners.

Examples included:

- Sepsis learning event led by the Oxford AHSN Patient Safety Collaborative (73 attendees of who more than a quarter were patients/carers)
- South East regional frailty event with NHS England and Wessex/Kent Surrey Sussex AHSNs (33 attendees from Oxford AHSN region)
- Technology Showcase with NIHR Oxford Biomedical Research Centre and Oxford University Innovation (200 attendees)
- Working Together training events for patients and professionals with the NIHR CLAHRC Oxford and Clinical Research Network Thames Valley and South Midlands (two events, 48 attendees in total)

In addition, our Chief Operating Officer Dr Paul Durrands, presented the work of the Oxford AHSN to Jon Ashworth, the Shadow Secretary for Health and Social Care, along with several successful local life science companies and Oxford University Innovation.

The key events are listed in the table at the end of this section along with awards won and key publications this quarter. These include a Guide to the AHSN Network which sets out the breadth and depth of our joint work with the other 14 AHSNs covering England. The AHSN Network stand at the NHS Confederation conference in June was visited by Simon Stevens, Chief Executive of the NHS, who praised AHSNs as 'change catalysts' for the NHS.

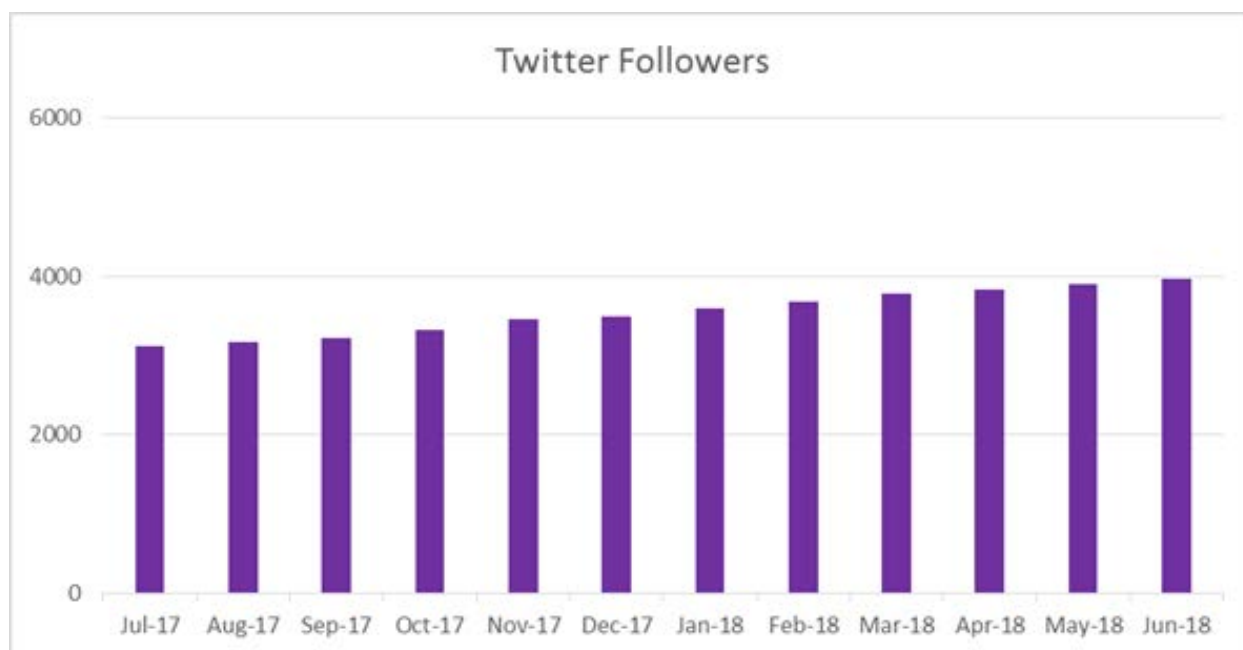
Our Head of Communications Martin Leaver is serving a second term as co-chair of the AHSNs' Communications Forum which works closely with the 15 AHSN Chief Officers.

The number of subscribers to the Oxford AHSN monthly email newsletter fell by more than half to just over 1,300 as a consequence of new GDPR regulations – but is already on the rise again.

Content on our websites is regularly updated and expanded. These include:

- [www.oxfordahsn.org](http://www.oxfordahsn.org)
- [www.patientsafetyoxford.org](http://www.patientsafetyoxford.org)
- <http://clinicalinnovation.org.uk/>
- <https://www.healthandwealthoxford.org/>

The number of followers of the main Oxford AHSN Twitter account (@OxfordAHSN) was just shy of 4,000 at the end of June with around 80 being added each month. The peak for interactions this quarter was 4 April with 7,546 impressions over a 24-hour period. Two of the top three tweets related to our award-winning care home hydration initiative (see cover image) with the top tweet receiving 8,881 impressions. Across the three months the @OxfordAHSN account generated 115,300 impressions. Other popular Twitter accounts related to Oxford AHSN include Patient Safety (@PS\_Oxford) and Strategic and Industry Partnerships (@Nick\_ScottRam), both of which have more than 600 followers. @MH\_OxfordAHSN was launched to support our mental health-related workstreams, and collaborative work is promoted through @AHSNNetwork.



#### Events organised or supported by Oxford AHSN, 2018/19

Date	Event	Content
<b>April 2018</b>	Mortality case record review Working Together Pre-eclampsia Healthtec Connect	Training for all trusts in Oxford AHSN region Patient and Public Involvement event Guy Checketts was part of a discussion panel at a Roche meeting. Andy Hill presented at the Harwell Campus.
<b>May 2018</b>	Sepsis learning event South East regional frailty event	Patient-focused sharing event organised by Oxford Patient Safety Collaborative Improving health and wellbeing of frail older people – joint event with KSS and Wessex AHSNs; followed up with webinar in July
<b>June 2018</b>	Working Together New horizons in health and social care Technology showcase Buckingham University Digital outpatients	Patient and Public Involvement event NHS England South East Medical Directorate conference Joint annual event with NIHR Oxford Biomedical Research Centre and Oxford University Innovation; focus on therapeutics Patient safety team presentation to medical students The Oxford AHSN organised and co-chaired this event for 28 provider trusts, NHSE, GIRFT, primary care, CCG, CSU, and

	<p>New Horizons</p> <p>NHS Confederation</p> <p>Maternity shared learning event</p> <p>Digital opportunities to transform outpatients</p>	<p>Integrated care systems from across five AHSN regions in the south.</p> <p>Nicki Bromwich presented on digital health initiatives at Thames Valley Strategic Clinical Network annual conference.</p> <p>Contributed to collective AHSN Network presence</p> <p>Oxford PSC best practice regional sharing event</p> <p>Joint event with NHS Improvement and five other AHSNs</p>
<b>July 2018</b>	<p>Maternity shared learning event</p> <p>Patient Safety Congress</p> <p>WireSafe workshop</p> <p>NICE question time</p> <p>Innovators programme open evening</p>	<p>Linking to national maternity and neonatal QI initiative</p> <p>Oxford PSC contributing to sessions and in running for three awards for care home hydration project</p> <p>Training event for patient safety device organised by Oxford AHSN for all AHSNs</p> <p>Oxford AHSN stand at event highlighting NICE shared learning award for hydration project</p> <p>Follow up to similar event in Jan 18 prior to deadline for applicants for cohort 5 starting in the autumn</p>
<b>September 2018</b>	<p>Health and care innovation Expo</p> <p>Working Together</p> <p>Venturefest Oxford</p> <p>Innovators programme celebration event</p>	<p>Oxford AHSN contributing to shared AHSN Network presence</p> <p>Patient and Public Involvement event</p> <p>Oxford AHSN delivering digital health/life sciences strand of industry partnership event</p> <p>100 people have taken part in first four programmes for frontline healthcare innovators</p>
<b>October 2018</b>	<p>Learning from excellence conference</p> <p>Excellence in cancer</p> <p>Heart Rhythm Congress</p> <p>Paediatric safety programme shared</p>	<p>Patient safety event with Royal Berks trust</p> <p>Contributing to Thames Valley Cancer Alliance event</p> <p>AHSN-led session on reducing AF-related strokes including Oxford AHSN contribution on developing specialist pharmacists to optimise anticoagulant therapy</p> <p>Oxford PSC initiative</p>

	learning South East region medical directorate conference  National patient safety collaborative conference	Oxford AHSN contributing to agenda and coordinating shared stand with four other AHSNs – patient safety focus  All 15 PSCs represented
<b>November 2018</b>	Working Together Leading Together celebration event	Patient and public involvement event Highlighting impacts of co-production course for patients and professions
<b>December 2018</b>		
<b>January 2019</b>		
<b>February 2019</b>		
<b>March 2019</b>		

### Key publications 2018/19

Publication	Programme/Theme/Details
<b>A new model of urgent care within primary care</b>	CIA with Brookside practice <a href="http://clinicalinnovation.org.uk/wp-content/uploads/2018/07/A-New-Model-of-Urgent-Care-within-Primary-Care.pdf">http://clinicalinnovation.org.uk/wp-content/uploads/2018/07/A-New-Model-of-Urgent-Care-within-Primary-Care.pdf</a>
<b>Guide to the AHSN Network</b>	2018 Impact report – all <a href="http://www.ahsnnetwork.com/wp-content/uploads/2014/12/A4-Impact-Report-Web.pdf">http://www.ahsnnetwork.com/wp-content/uploads/2014/12/A4-Impact-Report-Web.pdf</a>
<b>Responding to NICE – developing a regional sepsis pathway</b>	Patient Safety and Clinical Improvement, paper published in ClinMed, the Journal of the Royal Colleges of Physicians, June 2018 <a href="http://www.clinmed.rcpjournals.org/content/18/3/263.full">http://www.clinmed.rcpjournals.org/content/18/3/263.full</a>

<b>Sepsis – a regional patient-centred learning event</b>	Patient Safety and Clinical Improvement, Evaluation report
<b>Oxford AHSN Q4/Annual Report</b>	All <a href="http://www.oxfordahsn.org/wp-content/uploads/2018/04/Annual-Report-Q4-201718.pdf">http://www.oxfordahsn.org/wp-content/uploads/2018/04/Annual-Report-Q4-201718.pdf</a>

### **Awards won 2018/19**

<b>Award</b>	<b>Programme/Theme</b>
<b>NICE Shared Learning</b>	Good Hydration! Oxford PSC Care Home Collaboration

## Appendix A- 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	<p>Leadership supporting a culture of collaboration, transparency and sharing.</p> <p>Agreed organisational Vision, Mission and Values.</p> <p>Oversight Groups in place for each Programme and Theme, broadening representation across our stakeholders.</p> <p>Celebrate successes through Case Studies &amp; Events.</p> <p>Regular monthly newsletter and Twitter. Regular refresh of website and monitor usage.</p> <p>Quarterly review of breadth and depth of engagement by programmes and events.</p> <p>CIA analysis of strategic priorities of commissioners</p>	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>and providers.</p> <p>Focussed events for clinicians and managers to foster collaboration for better patient care.</p> <p>Oxford AHSN commissioned a stakeholder survey. 26% response rate (536 responses) Results positive. We will commission another survey in 2018.</p> <p>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 ICSs</p>					
2	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease	Med	Med	> 6 / 12 months	NHS England has confirmed that AHSNs will be re-licensed. Discussions started with NHS E and NHS I regarding funding of PSC beyond March 2019.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul - 14	Ongoing	AMBER

#	Prog/Theme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date added	Date mitigated	RAG
							<p>OLS has confirmed funding for AHSNs for 3 years</p> <p>Actively pursuing industry partnerships, JVs and grants to reduce reliance on NHS E and NHS I funding.</p>					
3	Oxford AHSN Corporate	INNSNational Programmes – weak local uptake		Med	Med	>6/12 months	<p>Identify clinical leadership. Ensure evidence based is robust. Collaborate with other AHSNs already implementing projects. Robust governance through CIA, Patient Safety and Clinical Improvement and SIP Oversight Groups. Ensure strong local case for implementation.</p>	AHSN Chief Operating Officer	AHSN Chief Operating Officer	19 February 2018	Ongoing	Amber

## Issues Log

#	Programme / Theme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date Added	Current Status	Date Resolved
2	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.</p> <p>Level of engagement monitored across all programme and themes.</p> <p>Website refreshed regularly - visits per month increasing.</p> <p>Twitter followers and newsletter subscribers increasing.</p> <p>Oxford AHSN stakeholder survey.</p> <p>Quarterly report sent to all key stakeholders</p> <p>Pipeline of publications and case studies.</p>	AHSN Chief Operating Officer	Head of Communications	19/01/15	90% complete	

**Appendix C- Oxford AHSN case studies published in quarterly reports**

Quarterly report	Case study summary	Programme/Theme
<b>Q1 2018/19</b>	Spreading best practice in dementia through webinar programme	Mental Health
	Establishing networks to improve patient care in early inflammatory arthritis	Clinical Innovation Adoption
	Supporting life science companies and entrepreneurs to access healthcare markets	Clinical Innovation Adoption
<b>Q4 2017/18</b>	Showcasing developments in NHS MSK, falls, fracture and frailty services	Clinical Innovation Adoption
	Improving detection and management of AF	Clinical Innovation Adoption
<b>Q3 2017/18</b>	Digital Health Roadmap published to guide digital health developers	Strategic and Industry Partnerships
	Reducing urinary tract infections in care homes by improving hydration	Patient Safety
	Stillbirth prevention - Oxford Growth Restriction Identification programme saves a life	Patient Safety/Best Care: Maternity
<b>Q2 2017/18</b>	Point of care test evaluation points the way to quicker diagnosis of common childhood illnesses	Strategic and Industry Partnerships
	Oxford AHSN insights on digital health feed into key report on Oxfordshire's tech cluster	Strategic and Industry Partnerships
	Defining and measuring suspicion of sepsis	Patient Safety
<b>Q1 2017/18</b>	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)
<b>Q4 2016/17</b>	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)
<b>Q3 2016/17</b>	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)
<b>Q2 2016/17</b>	Digital survey results	Wealth Creation
	Imaging patient info films	Best Care
	Sustainability project	Wealth Creation
<b>Q1 2016/17</b>	Bicester healthy new town	Wealth Creation
	Children’s immunisation	Best Care
	Perinatal SHaRON	Clinical Innovation Adoption
<b>Q4 2015/16 (annual report)</b>	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
<b>Q3 2015/16</b>	EIP data based approach	Best Care
	Leading Together programme starts	PPIEE
	Get Physical event review	Corporate
<b>Q2 2015/16</b>	Targeted medicines support	Best Care/Patient Safety
	Memory clinic accreditation	Best Care
	IPC stockings	Clinical Innovation Adoption
	Alumni Summit review	Wealth Creation
<b>Q1 2015/16</b>	A&D recovery rates	Best Care
	Pre-term birth location saves lives	Best Care
	In2vu data visualisation	Informatics
<b>Q4 2014/15 (annual report)</b>	GDm remote monitoring	Clinical Innovation Adoption
	IOFM benchmarking	Clinical Innovation Adoption
	Sustainable energy	Wealth Creation
<b>Q3 2014/15</b>	Developing patient leaders	PPIEE
	CFT – heart attack test	Wealth Creation
<b>Q2 2014/15</b>	Memory clinics	Best Care
	Managing acute appendicitis	Best Care / Patient Safety (PSA)
	A&D recovery	Best Care
<b>Q1 2014/15</b>	Dementia network launch	Best Care
	Medicines optimisation launch	Best Care
	Wealth creation explained	Wealth Creation
	GDm remote monitoring	Clinical Innovation Adoption

<b>Q3 2013/14</b>	App development route map	Wealth Creation
	2023 Challenge	Wealth Creation