

Oxford AHSN 2019-2020 Business Plan

Prof Gary A Ford CBE, FMedSci, CEO, Oxford AHSN

Contents

Chief Executive’s Introduction.....	3
Business Plan Summary	4
Governance	11
Patient Safety and Clinical Improvement	13
Clinical Innovation Adoption	23
Strategic and Industry Partnerships	30
Research and Development	37
Patient and Public Involvement, Engagement and Experience.....	38
Stakeholder Engagement and Communications	39
Appendix A - Risks Register & Issues Log.....	42
Appendix B-Organisation and Commissioners	43
Appendix C- Oxford AHSN Summary of Programmes	44
Appendix D - Research and Development Innovation National Network plan.....	47

Chief Executive's Introduction

In our seventh business planning year we have strengthened our three programme teams in response to local needs and the requirements of our three commissioners, NHS England, NHS Improvement and the Office for Life Sciences (OLS). We have recently appointed a Medical Director to strengthen clinical engagement and advise on prioritisation and delivery of innovation into the NHS. We have added to our Board to widen regional NHS leadership and industry leadership.

In 2019/20 we will complete the seven national programmes, commissioned by NHS England. Building on our successful Patient Safety Collaborative we will focus on the new national NHS Improvement specification to deliver improvements for the Deteriorating Patient and Maternity and Neo-natal Safety. Mental Health has always been a focus of Oxford AHSN and we have a vibrant programme with innovation to prevent mental ill-health and support people with serious mental health issues in emergency departments. We have doubled our resources in our Strategic and Industry Partnerships programme to meet the OLS requirement to develop fifteen Innovation Exchanges across the AHSN Network. Commercial innovators are benefitting from our real-world evaluation and economic studies. We will be launching our on-line market access tool with the support of a European Institute of Innovation and Technology Health.

The AHSNs are working closely to deliver national programmes and prioritise future collaborative work across the AHSN Network. Oxford AHSN is leading in several key areas, e.g., Atrial Fibrillation, the Research and Development Innovation National Network, Maternity and Neo-natal patient safety and the rollout of Elecsys sFlt:PIGF pre-eclampsia diagnostic. Oxford AHSN co-chairs the AHSN Network PPIEE group.

Oxford AHSN supports over 100 collaborate national and local projects. We have published 77 case studies in our quarterly reports since we started and ten of these are published on the AHSN Network Atlas.

AHSNs were established as regional partnerships to build collaboration between NHS services, industry and academia to deliver improved patient outcomes and economic growth by driving diffusion of innovation and good practice. Oxford AHSN has developed support for innovators and clinicians to introduce new ideas and technologies, supported adoption of 50 innovations, delivered six patient safety programmes, met with 500 companies and established 30 formal partnerships and leveraged £72m to improve health in our region and support economic growth during 2018-19. We have reviewed over 350 innovations to select the best-evidenced and most impactful innovations for our region. We have supported £125m cumulative inward investment into the region.

Oxford AHSN has developed deep expertise in evaluation and adoption of innovation and improvement in diagnostics, digital and medical technologies, and supported development of clinical networking in mental health, maternity, and patient safety underpinned by patient and public involvement. We will continue to build on these strengths and focus our work with local partners on the NHS priorities of Maternity safety, Mental health and urgent and Emergency care.

Engagement with frontline staff is very strong and continues to grow, e.g, primary care engagement in the AF and PINCER programmes. We are also looking at ways to build on our successful work in care homes, e.g. Good Hydration and application of NEWS2 in care homes. Keeping people well, safe and out of hospital is critical if we are to manage demand for NHS services. We meet with the STP and ICS Directors regularly and we review the plans and priorities of our NHS partners annually to inform our work.

Our long-standing partnership with Health Education England enables us to build capability and capacity in the innovation adoption and quality improvement across our health and social care system. We will be recruiting for two more cohorts of the "Practical Innovators Course" and developing learning sets to sustain PINCER in primary care and an eLearning tool for teaching a new way of teaching and assessing fetal auscultation by using simulation and audio from real cases.

It is my privilege to lead the Oxford AHSN team and work with partners in a region with outstanding organisations across health, academia and industry. I look forward to continuing our work with our local partners to improve patient outcomes and build a sustainable health system for our region's population.

Professor Gary Ford, CEO

Business Plan Summary

NHS England relicensing, Innovation National Networks, Accelerated Access Review and NHS Improvement Patient Safety Strategy

This is the Oxford AHSN's seventh business plan and covers the year ending March 2020. NHS England (NHS E) has indicated a financial settlement of £36m for the next year. NHS Improvement (NHSI) has committed to fund Patient Safety Collaboratives for 2019/20. NHSI has not decided on whether to continue funding Patient Safety Collaboratives after March 2020, the National Patient Safety Strategy is out to consultation. The AHSN Network is putting forward a strong case as we believe that patient safety and Patient Safety Collaboratives (PSC) are integral to the objectives of AHSNs and local improvement work. This is the last of three years of Office for Life Sciences (OLS) committing £36m to the AHSNs. OLS is considering its policy after March 2020.

STPs and ICSs

We will continue to support the local partners we work with including the three Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICS) we work with - Berkshire West, Buckinghamshire, Frimley Health and Care, Bedfordshire Luton and Milton Keynes and Oxfordshire CCG. and emerging Integrated Care Systems (ICS). We are focusing on the three NHS priorities: cancer, mental health, urgent and emergency care. Our new Medical Director will represent the AHSN on the Thames Valley Cancer Alliance to develop a cancer programme. We have grown our mental health programme in collaboration with Thames Valley Strategic Networks, the STPs and our own programmes. We have also brought together teams from local Emergency Departments to explore how collaborative work could support improvements in emergency care. We meet with the Directors and Clinical leads of the STP/ICS on a regular basis to ensure we take full advantage of aligning plans. Our CEO is on the BOB STOP Board and the BOB STP Executive Lead is on the Oxford AHSN Board. Each year we analyse local commissioners and provider strategic priorities to inform our programmes – this now forms the first Core Function of our Innovation Exchange that is being developed by our SIP programme.

All three programmes are engaged with adoption of innovation at scale. They work in close collaboration and support each other on technical matters and engagement with local stakeholders. The Oxford AHSN's workstreams are aligned with the priorities of the new NHS Long Term Plan and the requirements of our national commissioners, as well as the needs identified by our local NHS partners

We are building on our established strengths in maternity safety, mental health, sepsis, stroke, diagnostics, emergency medicine, digital and implementation of improvement and innovation at scale in the region. We are looking for opportunities to build on our existing care home programmes and increase innovation adoption in primary care.

Details of the plans of the three programmes and two themes follow in this document.

Growing team and effective governance

The Oxford AHSN delivers through its three programmes – Patient Safety and Clinical Improvement (PSC), Clinical Innovation Adoption (CIA) and Strategic and Industry Partnerships (SIP). CIA and SIP were established five years ago and have an excellent track record of working with innovators across the innovation pathway, ultimately speeding up the adoption of innovation in the NHS at pace and scale. Patient Safety and Clinical Improvement includes the Patient Safety Collaborative which was formed four years ago and has a highly experienced team of clinical leaders with deep expertise on quality improvement and clinical governance. The programmes work right across the innovation pathway from evaluation of products in real world settings to adoption at scale and quality improvement, either as stand-alone activities or to support innovation adoption. We support all categories of innovation – MedTech, diagnostics, digital, medicine and service improvements. These programmes are supported by two cross-cutting themes –Patient and Public Involvement Engagement & Experience (PPIEE) and Research & Development (R&D). In terms of research we have the benefit of Professor Gary Ford's extensive research

track record and networks to bring local research leaders together as well as supporting the national Research INN. Each of the programmes and themes is chaired by a member of the AHSN Board (see Annex B Organisation and commissioners). We report quarterly to the Oxford AHSN Board, to our three commissioners NHS E, NHS I and OLS, to the STP Directors and other stakeholders directly through email and indirectly through publishing our detailed Quarterly Reports on our website.

We have grown our experienced and diverse team to *circa* 47 clinicians and managers drawn from the NHS and industry. Ten members of the team are practicing clinicians or have clinical backgrounds. Sixteen people have started with the AHSN in the last twelve months. We have appointed a Medical Director who will support the three programmes through strengthening our clinical engagement and, in the assessment, and deployment of innovation in to the NHS. We hold team away days for the whole team twice a year to reflect on our work and build closer ties throughout the organisation. Our monthly team meetings provide opportunities for sharing patient stories and personal development. Many members of staff are members of Q. All staff are encouraged to undertake further training.

National programmes

Under the new licence there has been stronger collaborative working between the fifteen AHSNs. Central resources with a budget of £1.9m support the Innovation National Networks, the national programmes, the PSCs, communications and a secretariat to support the AHSN Network Chief Officers. Oxford AHSN COO is a member of the new AHSN Network Operations Group which has been formed to oversee AHSN delivery against the requirements of the three commissioners. Work to develop more of a robust selection process for national programmes is underway.

Oxford AHSN is leading in several key areas – Atrial Fibrillation national programme, the Research and Development Innovation National Network, Maternity and Neo-natal patient safety and rollout of the pre-eclampsia diagnostic.

We started five of the seven programmes from scratch in 2018/19 and suffered significant delays as materials to support implementation were not available until part way through the year. We have reviewed the trajectory of the seven programmes against the original targets set 15 months ago.

The AF programme will overperform and both PINCER and Emergency Laparotomy will deliver against the original target.

PINCER is on track to be implemented against the original target. By the end of Q1 we will have trained 192 GP practices who will be licensed to use the system.

Although TCAM is projected to achieve target, delivery is at risk because it is dependent on two of three acute trusts making significant changes to their IT systems in Q1.

PRECePT- our region has the best compliance for uptake of MgSO₄ in the country – a programme we started a few years ago. We are sustaining rates of compliance of 85% plus. The stretch target of 95%, the origin of which is unclear, is unrealistic and is sensitive to very few births that could easily occur out of hospital.

SIM - AHSNs that have started SIM for the first time have experienced significant challenges. Implementation is dependent on the agreement of the local mental health providers and the local police force. We are optimistic that one of our three mental health providers will reach agreement with Thames Valley Police to implement SIM in the coming year even though it was rejected by the previous Chief Constable of Thames Valley Police. However, the long lead time in gaining agreement and implementing SIM means that it is unlikely that any patients will benefit in 2019/20 from the methodology.

ESCAPE-Pain is also challenging with similar exercise classes already in the system. There is interest in the leisure sector to adopt ESCAPE-Pain. We do not believe the original target for patient numbers will be achieved.

AHSN Network national programmes – Oxford AHSN targets

Programme	Contracted Metric	Reason for Higher or Lower Estimate	Business Plan (2019/20)	2019/20 revised AHSN Network target	2019/20 excess or shortfall
AF	Number of previously unknown AF patients diagnosed with AF	Target increased as per GF negotiations at AHSN AF network level. Should be achievable based on 2017/18 QoF output	5,983	3,000	2,983
SIM	Number of high-intensity users covered by SIM	Interest in 2 out of 3 mental health providers. Business case developed for one provider. Even if this is accepted by Thames Valley Police, (the previous Chief Constable rejected SIM last year), the lead time to set up the service is 9-12 months. Unlikely to see any patient throughput in 2019/20	4	4	0
TCAM	Number of completed referrals using TCAM	Completely dependent on the 2 lead trusts being able to support IT transformation. If this is unachievable Q3 and Q4 targets under threat. Conservative assumptions on referral levels if we can achieve implementation with two Trusts	453	453	0
ESCAPE-Pain	Number of people completing the ESCAPE-PAIN programme	Lower estimate as possible new sites are working through the approval process and therefore may not come to fruition. The new figures are based on the assumptions that: 1. leisure sites can recruit appropriate participants 2. Ravenscroft Physiotherapy receive approval from commissioners to commence ESCAPE-pain and do so from Q3	80	570	-490
Emergency Laparotomy	Number of emergency laparotomies in hospitals implementing the pathway	Target unchanged. Assumption based on real-world figures whilst three Trusts have a long way to tackle case ascertainment, the other three have little room for improvement and two of those showing signs this year of falling away from 2017-18 achievements. Additionally, as ELs are falling nationally, this makes attainment of the target further challenging. Activity figures located at https://data.nela.org.uk/Reports/Hospital-reports.aspx .	983	803	180
PINCER	Number of GP practices adopting PINCER	On target	192	192	0
PRCePT	Number of additional mothers where MgSO4 given	Revised figure is close to stretch target of 95% - which is challenging when considering small numbers and other confounding factors	11	23	-20

Oxford AHSN is supporting uptake of products under several national schemes – The Innovation and Technology Payment, the Innovation and Technology Tariff, Rapid uptake products and the Accelerated Access Collaborative.

Oxford AHSN PSC which is part of our Patient Safety and Clinical Improvement programme is participating in the following national NHSI Patient Safety Collaborative programmes:

1. Early recognition of physical deterioration across care settings
2. Medicines safety – not defined; we hope this will medicines safety in care homes
3. Maternal and Neonatal Health Safety Collaborative (Oxford AHSN PSC is leading)
4. Adoption and spread of test innovations

Patient Safety and Clinical Improvement is responsible for delivering PReCEPT and SIM and is home to Oxford AHSN's mental health programme. The programme also supports CIA on delivery of the Emergency Laparotomy programme.

Our Clinical Innovation Adoption programme is responsible for delivering five of the seven national programmes. It also supports a portfolio of local programmes and, the development and rollout of eMAPS –online market access tool for SMEs wishing to access healthcare markets in the EU and US.

Oxford AHSN SIP programme is developing its Innovation Exchange in accordance with the OLS commission. This has four core functions:

1. Needs definition and communicating local priorities
2. Innovator support and sign posting
3. Evaluation real world setting
4. Adoption of innovation and diffusion

SIP will deliver the Innovation Exchange functions through a portfolio of local programmes.

Highlights from local programmes

Oxford AHSN's Summary of Programmes involving medicines, digital technology, diagnostics and medical devices and improvement can be found in Appendix C.

New local projects for 2019/20:

1. **COPD Discharge Care Bundle** – supporting the spread and adoption of the British Thoracic Society COPD discharge bundle in acute trusts
2. **Relapse Prevention for patients who have received a course of psychological therapy**
3. **Improving Mental health care for Emergency Department (ED) Frequent Attenders**
4. **Healthy Ageing** - with local partner organisations, Oxford AHSN has identified the need for a specific programme of work in the region
5. **Heart Failure** - Oxford AHSN is working on a joint working project with Novartis in Buckinghamshire.
6. **Syncope** - with Medtronic and Milton Keynes University Hospital we are exploring this project which aims to establish a streamlined pathway for the triage and assessment of patients presenting with syncope.
7. **Elastomeric Devices** - the pressure on hospital beds is significant, with Trusts looking for alternative ways to treat patients safely and effectively that do not require admission to hospital
8. **Action learning sets to sustain PINCER** – with support from HEE
9. **eLearning Tool** - for teaching a new way of teaching and assessing fetal auscultation
10. **Project Accelerate** – pilot business accelerator for six to twelve local life sciences companies
11. **Diagnostics** – real-world evaluation of diagnostic products aligned with local needs and priorities
12. **AI and imaging** – with University of Oxford, supporting the National Consortium of Intelligent Medical Imaging (NCIMI)
13. **The Adopting Innovation and Managing Change in Healthcare Setting: 2 new Cohorts start in Sept 19 and Feb 20** – with the ongoing support of HEE, Buckinghamshire New University and Oxford AHSN will train another 60 NHS staff

The following table summarises the key milestones for each programme in 2019/20:

Key milestones for 2019/20

Programme/Theme	Key milestones 2019/20
Corporate	Improve appraisal system
Patient Safety and Clinical Improvement	Initiate COPD Discharge Care Bundle
Clinical Innovation Adoption	Initiate two new funded projects that significantly benefit the NHS
Strategic and Industry Partnerships	Launch of Project Accelerate National Support to pre-eclampsia
PPIEE	Development and deployment of on-line recording and impact tool by Q4
Stakeholder Engagement and Communications	Implement findings of local research and innovation needs survey Lead national AHSN Network stakeholder survey Publish four single subject special edition newsletters Reach 5,000 Twitter followers

Capability and capacity building

Oxford AHSN offers practical support to clinicians and managers who are working to improve patient care and speed up adoption of innovation into practice. We have been working with Health Education England for six years to develop training and development programmes:

1. Patient Safety and Clinical Improvement continues to support the development of quality improvement capability. This includes supporting recruitment to the new Q Community. We also support training in care settings (e.g. care homes) aligned to specific improvement projects
2. Clinical Innovation Adoption - training frontline staff on the Adopting Innovation and Managing Change in Healthcare Settings course developed by CIA. To date, 154 staff have trained on this programme and two further cohorts of 40-60 people will start in 2019. Health Education England continue to support the programme which will allow more cohorts to be trained
3. Clinical Innovation Adoption has developed the eMAPS website which provides companies with an interactive “one stop shop” for information on how to access to key healthcare markets
4. Strategic and Industry Partnerships programme is running the Strategyzer workshops and a pilot Accelerator programme for support to SMEs
5. PPIEE – In Q1, with Health Education England, we are running the Innovation in Person-centred Approach Conference.

Stakeholder engagement and communications

We will ensure that our programmes and themes have the best advice and support on communications and engagement. This includes our online presence in the form of our websites, interactive eLearning tools, electronic newsletter (1,300 subscribers and 70th edition pending) and Twitter activity. We are on target to reach 5,000 Twitter followers.

Plans are in place for local, regional and international events in 2018/19 that Oxford AHSN is leading or participating in (for a list of events see Stakeholder Engagement and Communications section). Each month about 100 people are brought together by the Oxford AHSN for wide-ranging discussions including shared learning events where the agendas are set by frontline clinicians

Stakeholder surveys will play an important role in shaping the activities of the Oxford AHSN – and the other 14 AHSNs in England – during 2019/20 and beyond. The national report of local research and innovation needs is due to be published in April 2019. NHS England is also commissioning the first national stakeholder survey of AHSNs since 2016. The Oxford AHSN played a key role in preparing the ground for both surveys and will ensure they are used to inform and improve relationships with our stakeholders.

Financial plan and sustainability

Most of the Oxford AHSN's income is from NHS England, NHS Improvement and the Office for Life Sciences. 29% of our income comes from other sources. Our local partners contribute circa £0.4m per annum. We have not increased the level of local partners' contributions since 2014. Income from industry and grant income has grown significantly in the last year and is planned to grow over the planning period. This income from industry and grants allows the AHSN to deliver its policy objectives at greater scale and intensity. Grant income is expected to decrease in 2019/20 as a direct result of Brexit as we expect to receive less funding from the EIT Health. The net cost of our programmes is planned to decrease as the programmes secure work from industry and new grant income, e.g EIT Health. The programme costs are the direct costs of the teams, sub-contracted costs

and a small amount of other non-pay expenditure. Corporate includes HR, Finance, Informatics and accommodation costs.

OXFORD AHSN FINANCE PLAN			
	Model Period Beginning	01-Apr-18	01-Apr-19
	Model Period Ending	31-Mar-19	31-Mar-20
	Financial Year Ending	2019	2020
Subsidiary - Cogentis Ltd		Outturn	Plan
Income		0	300,000
Expenditure		0	23,825
Total Net Income / Expenditure - Cogentis Ltd		0	276,175
INCOME (REVENUE)			
NHS England Core funding		2,816,295	2,783,500
Partner contributions		309,630	400,000
Office of Life Sciences		829,228	830,000
NHS Improvement funding - Patient Safety		447,058	447,925
Other Income specific grant from Accelerare Ltd		0	187,500
Other Income Corporate Support		19,736	0
Other Income Patient Safety		10,600	0
Other Income Clinical Improvement		5,842	20,225
Other income Clinical Innovation		405,027	752,124
Other income Strategic Industry Partnership		288,575	300,000
Other Income Informatics		18,236	0
Other Income PPIEE		183,223	0
Total income Oxford AHSN		5,333,450	5,721,274
AHSN FUNDING OF ACTIVITIES			
Patient Safety Collaborative		602,461	570,053
Clinical Improvement		137,555	179,419
Clinical Innovation Adoption		1,179,003	1,640,640
Strategic Industry Partnership		1,174,413	1,325,343
Informatics		433,503	164,106
PPIEE		197,451	152,024
Communications		135,328	168,750
The AHSN Network		82,428	120,000
Programmes and themes		3,942,142	4,320,335
CORPORATE			
Corporate Office		1,040,958	1,133,212
Total Corporate costs		1,040,958	1,133,212
Total expenditure		4,983,100	5,453,547
Oxford AHSN Net Income (+) / Expenditure (-)		350,350	267,727
TOTAL Net Income (+) / Expenditure (-)		350,350	543,902

Oxford AHSN is planning on making a surplus in 2019/20. The surplus will be used to mitigate against potential shortfalls in funding from April 2020.

Dr Paul Durrands, Chief Operating Officer

Governance

The Oxford AHSN is hosted by the Oxford University Hospitals NHS Foundation Trust (OUH).

The governance arrangements for the AHSN have been in place since their endorsement by the Oxford AHSN Board in March 2014. They were reviewed again in March 2015 and no changes were proposed. The AHSN works within the policies of OUH and delegated authority agreed with the AHSN Board. These relate to financial, procurement and HR policies, processes and procedures.

Each of the three programmes and two themes has an oversight group chaired by a member of the AHSN Board. The oversight groups meet four times a year to oversee the strategy and performance of the programmes and themes.

Programme/Theme	AHSN Director	Chair of Oversight Group and member of the AHSN Board
Patient Safety and Clinical Improvement	Katherine Edwards	Steve McManus, CEO, Royal Berkshire
Clinical Innovation Adoption	Tracey Marriott	Neil Dardis, CEO, Frimley Health
Strategic and Industry Partnerships	Julie Hart	Simon Greenstreet, Head of Communications, Bayer UK and Ireland
Research and Development	Gary Ford	Joe Harrison, CEO Milton Keynes University Hospital
Patient, Public, Involvement, Engagement and Experience	Sian Rees	Minoo Irani, Medical Director, Berkshire Healthcare

In addition to the Board members above, the Oxford AHSN has an independent chair, Nigel Keen and a Deputy Chair, Bruno Holthof, CEO of the AHSN's host, OUH. Fiona Wise, the Buckinghamshire Oxfordshire, Berkshire, West Sustainable Transformation Partnership (BOB STP) Executive Lead, the CEO of the Association of British Health Tech Industries (ABHI), Peter Ellingworth, the AHSN's CEO, Gary Ford and COO Paul Durand's are also members of the AHSN Board. Details of the Oxford AHSN's governance arrangements can be found on our website.

The Oxford AHSN is subject to a quarterly assurance meeting with the NHS England Regional Medical Director. The assurance meeting also includes representative from NHS Improvement and the Office for Life Sciences (OLS). Seven national programmes have been agreed as part of the relicensing process; these are due to finish in March 2020. NHS England's focus during the quarterly assurance meeting is the AHSN's performance against the national programmes' targets. The Patient Safety Collaborative, which is now subject to a national specification, is the focus of NHS Improvement. OLS seeks assurance on the AHSN's progress in establishing its Innovation Exchange.

Our programmes work very closely together, and some projects are delivered by collaboration by the programmes, eg Emergency Laparotomy and Pre-eclampsia diagnostic

The AHSN Network has established central structures to support delivery of the national programmes and coordinate effort for the Patient Safety Collaboratives and the Innovation Exchanges. Oxford AHSN Programme Directors participate in national AHSN Network Groups, e.g, the Operations Group (which oversees overall AHSN Network performance against the commissioners' requirements), the Commercial Directors Group, and, a group to oversee selection

and uptake of products in the Innovation and Technology Payment, the Innovation and Technology Tariff, Rapid Uptake Products and the Accelerated Access Collaborative.

NHS England has created nine Innovation National Networks. Oxford AHSN's CEO leads the Research and Development INN. The INNs are supported by the Oxford AHSN programmes as follows:

INN	National stakeholder	Oxford AHSN programme
Innovation and economic growth	Director of Life Sciences and Innovation, NHS E	Strategic and Industry Partnerships
Innovation exchange	Director of Life Sciences, OLS; Director of Life Sciences and Innovation, NHS E	Clinical Innovation Adoption/Strategic and Industry Partnerships
Medicines optimisation	Chief Pharmaceutical Officer, NHS E	Clinical Innovation Adoption
Medtech	Director of Life Sciences and Innovation, NHS E	Clinical Innovation Adoption
Digital and artificial intelligence	Chief Information Officer, NHS E	Strategic and Industry Partnerships
Patient safety	National Director of Patient Safety, NHSI	Patient Safety and Clinical Improvement
Quality improvement	Executive Director of Improvement, NHS I	Patient Safety and Clinical Improvement
Research	Director of Science Research and Evidence, DH	Research and Development
Genomics diagnostics and personalised medicines	Chief Scientific Officer, NHS E	Strategic and Industry Partnerships

Oxford AHSN produces a detailed quarterly report for the Oxford AHSN Board. Risks and issues are kept under review by the management team and reported to the AHSN Board each quarter. Risk and Issues can be found in Appendix A.

Patient Safety and Clinical Improvement

Overview

The Patient Safety and Clinical Improvement programme combines the work of the Patient Safety Collaborative (PSC) with further improvement work which is mostly focussed on mental health.

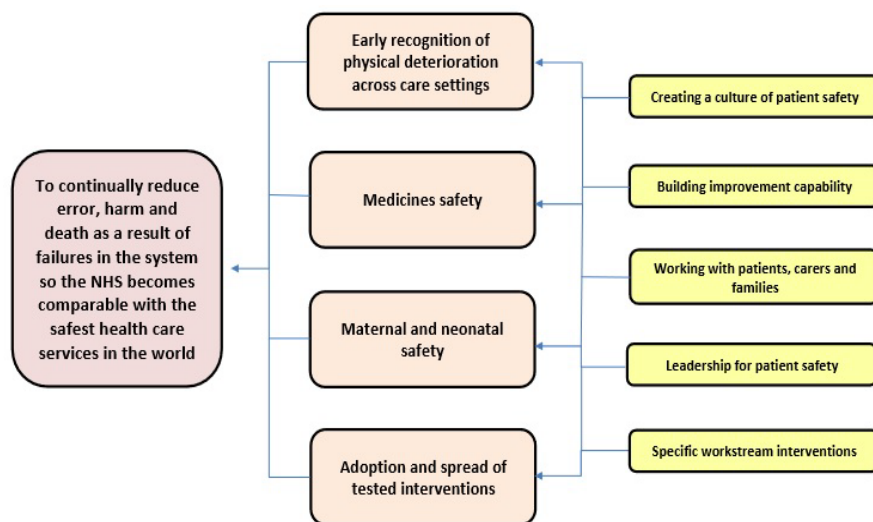
Patient Safety Collaborative

The Oxford PSC purpose is to support the aims of the National Patient Strategy through partnership with our local healthcare providers and organisations. The aims of this strategy (currently in consultation) are likely to include:

1. for the NHS to be world leading at drawing insight from multiple sources of patient safety information
2. give staff at all levels the skills and support they need to help improve patient safety, so they can be the infrastructure for safety improvement, working with patients and partner organisations
3. decrease harm in key areas by 50% by 2023/24 and beyond through specific patient safety initiatives

Over the past year we have begun moving towards meeting the aims of the National Patient Safety Collaborative (NPSCP), ensuring that we are contributing effectively to the development and progression of the four workstreams articulated in the 18-20 Operating Model provided by NHS improvement, and working together with our PSC and AHSN colleagues around the country to maximise the impact of our collective work to reduce harm. As a result, some existing work is coming to an end, such as projects focussing on specialised paediatric care in the community. We will endeavour to make sure this, and other aspects of our work, have a legacy for both the areas in which we worked locally and as resources for adoption and spread.

Within the new Operating Model we will focus on early recognition of deterioration into community settings, building on our existing work in acute settings, begin a programme on medicines safety (currently awaiting national lead on direction), and support the adoption and spread of a COPD Discharge Bundle and the Emergency Department Checklist as well as continuing our work with two existing AHSN national programmes – PReCePT and the Emergency Laparotomy Collaborative. We will be continuing our work in Maternity as part of the Maternal and Neonatal Health Safety Collaborative, bringing our previous work and engagement in this area to strengthen local work and system level improvement.



National Patient Safety Collaborative programme (NPSCP) Driver Diagram

We will use our learning from our current and previous projects, to ensure that our future work is well planned, collaborative, well executed and meets both local and national needs. We have been pleased to see significant improvement in outcomes resulting from our work to date. For example, we saw a large reduction in admissions from Care Homes due to UTIs because of the Good Hydration project (which won the HSJ Patient Safety Quality Improvement Initiative of the Year, 2018), a significant reduction in 3rd trimester stillbirth with our OxGRIP project and a reduction in length of stay for patients admitted with a suspicion of sepsis. Other recent highlights include supporting SIP with the introduction of the HSJ Partnership Award winning Elecsys sFlt:PIGF testing for pre-eclampsia, supporting numerous small scale safety culture projects, and supporting a pathway for the safe use of Long Term Ventilation for children in the community (for more information on our past projects please visit www.patientsafetyoxford.org). We will ensure that this learning is translated into methods that can support adoption and spread.

The PS&CI team uses a blended approach to improvement, responsive to the needs and requirements of the upcoming work. For example, we use supported QI coaching to facilitate team or area improvement cycles where development, measurement and testing is required at a small scale. We use a supported network approach to develop improvement in multiple sites in the same speciality or theme, or to encourage broader sharing of learning and best practice. This helps develop a healthy safety culture across boundaries and facilitating adoption and spread at pace. We use several ways to do this, from virtual and face to face meetings to larger scale Shared Learning Events. We will continue to work with multiple stakeholders, including patients and families, to develop system level changes based in quality improvement methodology that would not be possible in isolation, for example, when there are issues in referral pathways between providers. Because of this, we have good engagement with a wide range of stakeholders who we have worked with in a variety of ways, giving us a supportive platform to continue with the coming years work. In this next period, we hope to continue to strengthen these links and develop a working relationship with the Regional NHS teams to support the local systems.

Each defined PSC workstream has a dedicated Patient Safety Manager Lead. Each lead has another team member who will support this work, ensuring continuity and sustainability. We encourage a team culture of learning and support, so that issues, challenges and successes are managed together, making the most of the broad range of skills each member brings to the PSC.

Stakeholder quote –

“The Oxford Patient Safety Collaborative has provided invaluable support to us and the other NHS trusts in our region. Their accessible ‘can-do’ attitude and ability to see the bigger picture is increasingly persuading clinicians of the value of sharing excellence across, as well as within, our organisations which is leading to raised standards.”

Steve McManus, Chief Executive, Royal Berkshire NHS Foundation Trust and Chair of the Oxford PSC Oversight Group

NHSI National Programme – Deterioration

The aim of this national workstream is to reduce avoidable harm for patients who may be at risk of or experiencing physical deterioration in acute and community settings. Three main domains of effectively managing deteriorating patients are recognition, response and escalation – underpinned by excellent communication.

The core deliverable of this workstream remains the support of the adoption of NEWS2 in acute and ambulance Trusts, ongoing from our existing work. In 2019/20 we will support the testing of NEWS2 and other approaches to the prompt identification of deterioration in non-acute and community settings. We will also explore the development of a system level approach in one of our Integrated Care Systems to effective use of NEWS2.

While NEWS2 and other tools contribute towards the early recognition of deterioration, other skills and interventions are essential to improve the outcome of deteriorating patients. These can include clinical judgement, escalation policies and effective communication between clinical colleagues. Over the next year we plan to take a wider approach, looking at the potential for working with Structured Communication Tools (SCTs) and escalation.

We will involve patients and families to understand and co-design effective ways of ensuring the identification and escalation of deterioration is person-centred, clinically effective and safe.

Learning from our work will be fed into the local and national discussions with NHSI to support the national workstream and, where appropriate, other relevant central organisations that will be providing the governance structure and planning for evidence/reach based knowledge in community NEWS2 and other approaches. We plan to look for opportunities to collaborate with other PSCs to consolidate learning, test and use our resources for maximum benefit.

For work which requires a system level approach we will use our existing established regional Deterioration Collaborative Community of Practice/Network to support improvement capability and share learning, supplemented with QI coaching and supporting smaller scale quality improvement projects. Some areas will require testing of ideas with good measurement and evaluation, which will be planned.

Planned interventions include

- Implementation of NEWS2 in Care Homes – adopt and spread (in-region) successful project from Oxford Health Care Home Outreach Team
- Implementation of NEWS2 in inpatient community wards (including mental health as appropriate)
- SBAR (Situation, Background, Assessment, Recommendation) technique- supporting the effective use for handovers in chosen areas
- E-Observations in acute and ambulance settings – supporting implementation, data collection and analysis to support the validation of NEWS2
- Testing the use of Soft Sign tools in chosen areas
- Patient Centred Learning and co-designing safety-netting cards
- Facilitation and support of system-wide approach to NEWS2 and deterioration in one ICS

NHSI National Programme – Maternal and Neonatal Safety

The Maternal and Neonatal Health Safety Collaborative (MNHSC) is a three-year programme, launched in February 2017. The PSC is supporting the local delivery of the MNHSC and contributing to national leadership.

The PSC aims to support and champion the aims of the MNHSC, as follows -

- Support maternal and neonatal care services to provide a safe, reliable and quality healthcare experience to all women, babies and families across maternity care settings in England
- Create the conditions for continuous improvement, a safety culture and a national maternal and neonatal learning system.
- Contribute to the national ambition of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 20% by 2020.

The PSC will continue to develop and facilitate representative Local Learning Systems (LLS) that meet quarterly, support ongoing local improvement work and provide a sustainable platform for system-level work that fits the aims of the MNHSC. This will include ensuring good engagement with appropriate stakeholders and providing leadership to the system to support these aims. We will also ensure that the work of the LLS and MNHSC is promoted and shared widely, engaging with staff at all levels, for example with an end of year Maternity and Neonatal Care Shared Learning event.

We will be merging our existing Maternity Network into our MNHSC programme, blending the skills of stakeholders who are now experienced in system level work from the Maternity Network with teams who have developed Quality Improvement skills through participation in the national programme. We expect this to enable effective, measured system level improvement work.

As part of this system level work we have an established Regional Perinatal Governance working group, designed to share structured learning from incidents between maternity units. We are also supporting and training for a Human Factors approach to review and use this approach to peer review. This work is in collaboration with the Patient Safety Academy.

We will work with maternal and neonatal teams in the upcoming active wave (Wave 3), building on our experience working with teams over the last two years. This will include providing ongoing quality improvement coaching and supporting teams through the MNHSC programme milestones, working alongside MNHSC Improvement Managers.

We will continue to assist with the co-ordination and support of the maternal and neonatal teams to undertake the SCORE culture survey (or recognised alternative) as part of the MNHSC programme.

The PSC will also be supporting and contributing to the national learning sets for wave specific sites, and the annual national learning event for all providers.

In summary, anticipated interventions include

- QI Coaching and support
- Local Learning System, including regional improvement and safety work.
- System level work anticipated to include improving response to Massive Obstetric Haemorrhage and further reducing births of premature babies outside of Level 3 NNUs.
- Regional Shared Learning Event
- Regional Perinatal Governance Working Group
- SCORE culture survey

NHSI National Programme – Adoption and Spread

The aim of the work is to improve the safety and outcomes of patients by effectively and quickly sharing, spreading and adopting tested evidence-based practice, products and tools across England.

As part of this work we will be supporting the adoption and spread across organisations for the following interventions in addition to participating in the development of a national pipeline of evidenced-based interventions for future adoption and spread:

- **Emergency Laparotomy Care Bundle (ELC)**– supporting the spread and adoption of the ELC 6-part care bundle in acute trusts by supporting the Clinical Innovation Adoption team to deliver the ELC national AHSN programme. This aims to improve standards of care for patients undergoing emergency laparotomy surgery, reduce mortality rates, complications and hospital length of stay, while encouraging a culture of collaboration and embedding QI skills to ensure sustainability of change
- **PReCePT** – supporting the spread and adoption of the uptake of magnesium sulphate for pre-term mothers under 30 weeks in acute trusts with neonatal units, aiming - to increase the percentage of mothers at risk or premature labour receiving magnesium sulphate to 85-95%
- **Emergency Department (ED) Checklist** – supporting the spread and adoption of an ED checklist (to include hourly observations preferably leading to NEWS2 and pain scoring) across level 1 adult Emergency Departments, aiming to increase the number (from baseline) of (type 1 adult) Emergency Departments using an ED safety checklist by March 31st, 2020, and support the sustainability of use in units with established checklists
- **COPD Discharge Care Bundle** – supporting the spread and adoption of the British Thoracic Society COPD discharge bundle in acute trusts, aiming to increase the number of

organisations implementing one or more elements of the COPD discharge care bundle by March 31st, 2020

NHSI National Programme - Medicines Safety

We are expecting to commence work in an area concerning Medicines Safety in the coming year, as part of a national Medicines Safety strategy. This is yet to be determined.

Clinical Improvement – Local and National Programme

The AHSN's mental health lead has been in post for a year now and throughout the year has liaised with trusts, CCGs, ICSs and the STP as well as the Strategic Clinical Network to ascertain priorities and build on the AHSN's existing mental health portfolio. We are in the process of setting up a sub-oversight group for the mental health work, which will report to the main Oxford PSC Oversight Group every six months. We anticipate this will help develop further work and continue to make sure activity meets local priorities.

Improving Mental health care for Emergency Department (ED) Frequent Attenders

During 2018-19 we were pleased to be awarded funding from the Health Foundation (through the Q Exchange competitive process) for this project. It is aimed at identifying and sharing best practice for frequent attenders requiring mental health care, better understanding patient flow through analysis and comparison of standard data sets where possible, and designing collaborative strategies based on our collective knowledge. We have particularly valued the knowledge and experience of service users in exploring how we can best determine the needs of those frequently attending ED. We will be working with our clinical lead (an ED consultant) to build on our 2018-19 progress including an event in May bringing together the wide range of teams involved in this arena within the Thames Valley.

Early Intervention in Psychosis (EIP) – Improving Quality and Safety of Transfers the AHSN has supported a project exploring incidents concerning transfers between services, a time of increased risk for the individual and their family. The Thames Valley EIP Best Practice group has reviewed clinical practices for patient transfers to understand the issues and proposed a new standard procedure for embedding within services during 2019-20.

Anxiety and depression Network - We continue to support this network led by Ineke Wolsey. The network continues to work closely with all Thames Valley IAPT (Improving Access to Psychological Therapies) services, their commissioners and academics, promoting a spirit of collaboration between them. The AHSN has part funded the network for a further two years (2019-2021) to enable its work to continue.

Relapse Prevention/ Staying well for patients who have received a course of psychological therapy - A smartphone app is being developed to strengthen the support available to people during treatment for anxiety and depression and after they are discharged. The aim is to prevent relapse and reduce use of other primary care and community mental health services, especially in the first six months.

Supporting the Thames Valley IAPT services to continue to deliver on implementation and growth of the IAPT Long term conditions (LTC) programme - This will include continued work on health economics for this programme. Findings to date are of an average saving to the health system per patient who goes through the IAPT-LTC treatment programme of £1,870 over a two-year period.

Improving access to psychological therapies for older adults - by exploring evidence and working with an Expert Reference Group and IAPT service leads to increase the reach of psychological therapies including IAPT, for anxiety and depression in older people.

SIM (Serenity Integrated Mentoring) - This innovation, one of the AHSN National Programmes, involves integrating police within a mental health team so that the team can provide a combination

of nursing care and behavioural management. We have been working during 2018-19 to promote this within the Thames Valley and will carry on supporting teams and trusts in discussions with the police service as required. The AHSN mental health lead will continue to liaise with the national team, attending teleconferences and face-to-face events along with other AHSNs to be able to promote ideas and best practice from existing sites to trusts in the Thames Valley.

Other elements of the Programme are:

Dementia webinars - we will be continuing to arrange and promote these throughout Thames Valley

Best practice network for care homes health in-reach teams – we will be continuing to support this Programme continuing throughout 2019-20 with CPD and sharing of best practice for these teams across the Thames Valley

Supporting and working with the **Strategic and Industry Partnerships team, and Clinical Innovation Adoption team** within the AHSN regarding mental health innovations.

Mortality Reviews - Other the last year we have brought together Trusts to share learning from each other regarding the implementation of Learning from Death reviews. We will be continuing this into 2019/20.

Collaboration on Mental Health between AHSNs - In the last year we have been working with other AHSNs to develop an increased level of co-operation and collaboration between different AHSNs working in mental health. This has included sharing information about each other's mental health programmes, seeking help with business cases, invitations to each other's events and approach to ICSs and trusts shared between more than one AHSN. It is anticipated the AHSN mental health leads will build on this teamwork throughout 2019-20.

Oxford AHSN Programme: Patient Safety

National project of local programme	What it is	Who is engaged	Oxford AHSN Lead	Measure/goal	Forecast outturn 2018/2019	Revised 2019/20 Business Plan	Cumulative Forecast 2018/20
National: Deterioration	The aim of this national workstream is to reduce avoidable harm for patients who may be at risk of or experiencing physical deterioration in acute and community settings.	All local AHSN/PSC Partner Trusts (Acute, Community & Mental Health) Primary Care Providers South Central Ambulance Service (SCAS) STPs/ICSs Health Education England Care Homes UK Sepsis Trust NHSI NHSE Royal College of Physicians National Workstream Group Patients, families and patient groups	Jo Murray	To contribute to the overall aim of improved identification and appropriate escalation of deterioration we expect All five Acute Trusts in our PSC will be using E-obs All three Community Trusts in our PSC will have implemented NEWS2 for in-patients An increase from baseline in the number of care homes using NEWS2 An increase from baseline in the number of organisations testing the use of Soft Signs Contribution to validation and evaluation of NEWS2 and SBAR using regional data	£1.7m (reduction in LOS)	£1.7m (reduction in LOS)	£3.9m (reduction in LOS) Completion of aims (left)
National: Maternal and Neonatal Safety	The Maternal and Neonatal Health Safety Collaborative (MNHSC) is a three-year programme, launched in February 2017. The PSC is supporting the local delivery of the MNHSC, and contributing to national support	Oxford University Hospitals (Wave 1) Frimley Health (Wave 2) Royal Berkshire (Wave 2) Milton Keynes University Hospitals (Wave 3) Buckinghamshire Healthcare (Wave 3) Strategic Clinical Network (Maternity) Neonatal Operational Delivery	Katie Lean/ Eileen Dudley	An improvement in LLS Progression Assessment grading- indicating the development of a sustaining system for improvement and learning. We aim to progress from 2.5 to 3.5 by Q4 Measurable improvement achieved at trust and system level, demonstrated by an aggregate improvement of 50% across all projects, focussed on the MNHSC drivers. Engagement of active wave sites in quality improvement projects from diagnostic stages through to completion focussed on the MNHSC driver diagram resulting in increased capability and capacity	N/A	Regional improvement programmes showing substantial improvements	Regional improvement programmes showing substantial improvements Local Learning Systems become sustainable past 2020

Oxford AHSN Programme: Patient Safety

National project of local programme	What it is	Who is engaged	Oxford AHSN Lead	Measure/goal	Forecast outturn 2018/2019	Revised 2019/20 Business Plan	Cumulative Forecast 2018/20
		<p>Network</p> <p>Lay representatives, Maternity Voices Partnerships – mothers, fathers, families</p> <p>Health Education England (HEE)</p> <p>National Workstream Group</p> <p>Local Maternity Systems – Frimley/Buckinghamshire Oxfordshire and Berkshire/ Bedfordshire, Luton and Milton Keynes NHS Improvement</p> <p>IHI</p> <p>Public Health England</p> <p>Local CCGs</p> <p>Patient Safety Academy</p> <p>Key stakeholders include -</p> <p>Regional Maternity Safety Champions</p> <p>Executive Sponsors</p> <p>Heads of Midwifery</p>		<p>Increase in incident reviews including consideration of human factors</p>			
National: PReCePT	Supporting the spread and adoption of the uptake of magnesium sulphate for pre-term mothers under 30 weeks in acute trusts with neonatal units, aiming - to increase the percentage of mothers at risk or	<p>Oxford University Hospitals</p> <p>Frimley Health (Wexham Park & Frimley sites)</p> <p>Royal Berkshire</p> <p>Milton Keynes University Hospitals</p>	Eileen Dudley	<p>Increasing and sustaining improvement in Magnesium Sulphate administration to >85%</p> <p>Increased number of babies receiving Magnesium Sulphate</p>	85% of eligible births	90% of eligible births	90% of eligible births

Oxford AHSN Programme: Patient Safety

National project of local programme	What it is	Who is engaged	Oxford AHSN Lead	Measure/goal	Forecast outturn 2018/2019	Revised 2019/20 Business Plan	Cumulative Forecast 2018/20
	premature labour receiving magnesium sulphate to 85%	Buckinghamshire Healthcare Thames Valley and Wessex Neonatal ODN HEE					
National: ED Checklist	Supporting the spread and adoption of an ED checklist (to include hourly observations preferably leading to NEWS2 and pain scoring) across level 1 adult Emergency Departments, aiming to increase the number (from baseline) of (type 1 adult) Emergency Departments using an ED safety checklist by March 31st, 2020, and support the sustainability of use in units with established checklists	Oxford University Hospitals Frimley Health (Wexham Park site) Royal Berkshire Milton Keynes University Hospitals Buckinghamshire Healthcare	Eileen Dudley	All level 1 adult ED units using the ED checklist or suitable alternative.	N/A	100% use of ED Checklist in all ED departments in the region	100% use of ED Checklist in all ED departments in the region
National: COPD Discharge Care Bundle	Supporting the spread and adoption of the British Thoracic Society COPD discharge bundle in acute trusts, aiming to increase the number of organisations implementing one or more elements of the COPD discharge care bundle by March 31st 2020	TBD dependent on baseline	Jo Murray	An increase from baseline in the use of the COPD Care Bundle in Acute Trusts	N/A	TBD	TBD
National: Medicines Safety	TBD – awaiting national direction	TBD	Geri Briggs	TBD	N/A	TBD	TBD
National: Serenity Intergrated Monitoring (SIM)	Integrating police within a mental health team so team provides both nursing	BHFT engaged and discussing with Thames Valley Police	Fran Butler	Number of officers recruited Number of people supported	0 0	1 4	1 4

Oxford AHSN Programme: Patient Safety

National project of local programme	What it is	Who is engaged	Oxford AHSN Lead	Measure/goal	Forecast outturn 2018/2019	Revised 2019/20 Business Plan	Cumulative Forecast 2018/20
	care and behavioural management.						
Local: ED Frequent Attenders – Starling Project	Aims to improve health care for frequent attenders in ED across Thames Valley by collaborating across boundaries	All regional Trusts with an ED department	Fran Butler	Hold widely attended Thames Valley event May 2019 All 5 local areas to plan and implement improvements to ED frequent attender care	N/A	5 areas showing improvement	5 areas showing improvement
Local: Anxiety and Depression Network	The network continues to work closely with all Thames Valley and Milton Keynes IAPT (Improving Access to Psychological Therapies) services, their commissioners and academics, promoting a spirit of collaboration between them and resulting in several successful shared projects focused on continuously improving patient outcomes.	All IAPT service providers, commissioners, HEIs and HEE fully engaged and participating in network	Ineke Wolsey	Estimated savings from new, IAPT LTC programme (treating patients with physical long-term illnesses and co-morbid anxiety and/or depression).	£264,846	£2,070,000	£264,846 plus £2,070,000 = £2,334,846.00
Local: Mortality Reviews	Support learning and development of Mortality Reviews and share learning from outputs. Support the implementation of Medical Examiner systems	All local AHSN/PSC Partner Trusts (Acute, Community & Mental Health)	Jo Murray	All Trusts in region to have a medical examiner system	N/A	100% of Trust to have medical examiner systems	100% of Trust to have medical examiner systems

Clinical Innovation Adoption

The programme's purpose is to support the uptake of innovations by the NHS that will improve health outcomes, patient safety, patient experience and create efficiencies and cost benefits. Adoption sits at the heart of the Oxford AHSN and links the three Oxford AHSN programmes Clinical Innovation Adoption (CIA), Strategic Industry Partnerships and Patient Safety.

The CIA Programme works with healthcare innovators, Academics and NHS clinicians and managers to deliver innovations that are ready to be deployed. Whilst our primary focus is to be the change agent that enables implementation within the NHS, other activities include supporting industry to understand how the NHS works, exploring/identifying new potential solutions and innovations that could benefit our region and nationally. We support the change in culture that is required to harness the knowledge and latent capability within our NHS organisations to adopt innovation. We have a rolling programme of deployment with anywhere from 14 to 20 innovation projects each usually running for 2 to 3 years; This portfolio includes 5 national programmes, ITT/ITP/RUP and AAC products; local projects and an international project. During 2018/19 we completed four projects which includes two local Atrial Fibrillation (AF) Optimisation, two national (AF) National Detection projects and one national/collaborative MedTech project, WireSafe.

During 2019/20, we aim to complete 5 innovation deployments.

To increase responsiveness and manage workloads, we plan to increase the number of Clinical Innovation Adoption Managers from 4 to 6 and are in the process of recruiting a Project Officer. We have also set up two secondments to manage specific time limited projects for Sleepio and eMAPS. In terms of supporting the creation of an innovative culture regionally within NHS organisations, the Buckinghamshire New University course, Adopting Innovation and Managing Change in Healthcare Settings, continues with the support of Health Education England (HEE); Numbers of trainees has increased from 90 to 154 and includes medics, allied healthcare professionals, nurses and managers from hospitals, GP practices, community and mental health providers.

We have been successful in attracting external funding from industry, HEE, Innovate UK and the European Union. Bids to support delivery of our projects increased from £665k (2018/19) to £845k (2019/20) – which amounts to a 28% increase year on year. This will continue to support projects such as AF, Sleepio, eMAPS and Heart Failure; The plan is to continue to use this strategy for rapid engagement and implementation in future years. However, some of the funding is dependent on the outcome of Brexit.

NHS England national programmes

Five of the seven NHS England national programmes are delivered by CIA.

ESCAPE-pain. This group rehabilitation programme is running in over 155 sites nationwide across both the health and leisure sectors, of which a third were in place prior to this becoming a national programme. During 2018/19 two leisure sites (after considerable effort) in our region commenced the programme, one leisure site attended the necessary training with the aim to start in Q1 2019/20 and two NHS sites are actively engaging with their commissioner to seek approval to introduce the programme. During 2018/19, seven participants completed the course which means the Oxford AHSN's target for 2018/19 will not be met. Oxford AHSN has engaged with 18 organisations which includes ICSs, CCGs, community and acute providers of MSK services (including Healthshare Oxfordshire, MusIC and Ravenscroft physiotherapy), plus county sport partnerships, leisure centres and local councils to seek engagement and encourage uptake of the programme. There have been several challenges to the uptake of the programme which include NHS sites running similar models who do not wish to extend the course length to twelve sessions, and leisure sites struggling to recruit suitable participants for the course. Recruitment has been a particularly difficult issue for the leisure site funded via the Sport England grant, as the eligibility criteria for participants is much more difficult to meet. We do not believe that we are unique in terms of the challenges faced. On a positive note, we plan to explore the reasons why (for instance times that sessions run and advertising in the right places may impact uptake). However, there are some interesting and active discussions in progress regarding new sites; These will require formal agreement to implement the programme, if we are to achieve the out turn for 2019/20. Oxford AHSN has, and will continue to, provide funding for facilitators to

attend the bespoke training course. Oxford AHSN will continue to seek engagement from health and leisure sites during 2019/20 and provide support to improve the uptake of the programme across the region.

PINCER. After a successful regional pilot, 4 out of 5 CCGs have agreed to support implementation of PINCER in their regions in 19/20. The Oxford AHSN and CCG leads across the region have been working on developing a comprehensive training plan for the Q1 2019/2020 which aims to offer all practices in the Thames Valley region an opportunity to join PINCER training. To continue momentum throughout the year further funding has been secured from Health Education England. PINCER has been included in the 19/20 GP contract and is being incentivised by some CCGs. As a result, we expect significant uptake to reach our target of having PINCER implemented in 192 practices by Q4 19/20.

Atrial Fibrillation (detection). Oxford AHSN is part of the national mobile ECG device roll-out Programme, distributing 200 mobile ECG devices to a range of health care professionals in the Oxford AHSN region over the past 2 years. The formal evaluation of the national device roll-out will be published in April 2019 and we will ensure that any learning points are built in to future projects for AF detection or digital devices. In 2019/20 we will be embarking on two new AF detection projects that have received external funding.

Transfer of Care Around Medicines (TCAM). Work will continue in 2019/20 to engage local Trusts in the TCAM project. Currently none of the three Trusts in our region that have expressed an interest to implement TCAM, have an Electronic Prescribing and Management System (EPMA) in place. This makes TCAM significantly more difficult to implement as technical workarounds need to be identified to enable full automation of the referral process. We will continue to work with Trusts to explore the potential solutions and have revised our forecast for 2019/20 to reflect two Trusts implementing TCAM by Q3. Implementation of TCAM by Q3 will allow us to hit the target.

Emergency Laparotomy. This Programme, a collaboration with Patient Safety and Clinical Improvement, aims to standardise pathways for patients undergoing Emergency Laparotomy surgery through the introduction of a bundle of six elements that are associated with improved 30-day mortality and reduced length of stay. Six hospitals in five Thames Valley acute Trusts perform this surgery. All sites are engaged and in 2019/20, the Programme will develop beyond initiation, including the spreading of QI methodology to support sustainable change. Year 1 targets were nationally set at a level higher than the total number of procedures in the region. Specific Stage 5 compliant hospital targets for year 1 are set at 180 patients and should be matched. Year 2 target of 803 patients will be reached if three hospitals maintain performance and three hospitals, despite considerable challenges, manage to improve case ascertainment. Nationally the number of Emergency Laparotomy procedures is falling, related to changes introduced by the programme (decision for Palliative Care support rather than surgery; and increasing laparoscopy rather than laparotomy, associated with better outcomes; but neither alternative counted) and potentially may serve as a confounder to target attainment.

ITT/ITP/RUP/AAC Products

Our programme supports this activity by working with the suppliers to better understand barriers and to facilitate navigation that could result in successful uptake of their products.

The CIA Team supports the following products from the ITP/AAC lists: Endocuff, Heartflow, mobile ECG devices, MyCOPD, non-injectable Connectors, Plus Sutures, SecurAcath, Urolift and PneuX. We have been told that these products will roll on for another 18 months. We have not been informed of the new additional ITP products that will require support during 2019/20.

Local Programmes

Healthy Ageing. Healthy ageing is a key priority for health and social care and has been highlighted in the NHS Long Term Plan. Oxford AHSN has identified the need for a specific programme of work within this area and from discussions with partner organisations within the region and direct approaches for support, this programme would be well received. Oxford AHSN has engaged with other AHSNs at a healthy ageing sharing event in March 2019 and there is a national desire to share best practice and to identify possible areas for collaborative working. This programme of work will be developed during 2019/20, based on the identified needs of the organisations within the Oxford AHSN region.

Heart Failure. Oxford AHSN is working on a joint working project with Novartis which is focused on case finding and medicines optimisation in primary care. The project has gone live in Buckinghamshire and we are aiming to get 30 practices involved in the project during 2019/20. The expected outcomes for the project are: 1) increase in diagnosed heart failure prevalence, 2) increase in number of patients prescribed optimal heart failure therapy, and, 3) reduction in admissions due to heart failure.

Sleepio. The Sleepio project offers free access to the well-evidenced on-line treatment for insomnia to across the Thames Valley; potentially benefitting a population of 2.7 million. The engagement data collected will allow a health economic evaluation to be conducted. Key stakeholders include 9 data-collecting GP surgeries in Buckinghamshire and local employers including Oxfordshire County Council, Unipart, and Oxford Brookes University. Experiences and knowledge gathered will allow for the creation of a Commissioner Toolkit and a wider range of collateral and approaches to digital commissioning which could be adopted and rolled-out across other geographies.

Syncope. With Medtronic and Milton Keynes University Hospital we are exploring this project which aims to establish a streamlined pathway for the triage and assessment of patients presenting with syncope. The expected outcomes are improved time to diagnosis for patients presenting with cardiac related syncope and a reduction in admissions for syncope.

Polypharmacy. Polypharmacy is concurrent use of multiple medications (five or more medicines) to manage persons with multimorbidity. Due to its link to multimorbidity, it is more prevalent among older people, and is linked with compliance/ adherence issues, increased risk of unplanned hospitalisation and higher risks of adverse reactions. To address this, the CIA programme will conduct a review of the existing initiatives across the Thames Valley and what their impact has been. Coordinating CCGs regionally and linking into the national medicines optimisation programme, a project plan will then be developed to deliver system level changes to reduce the number of patients at risk.

AF champions programme. We are working with Wokingham GP Alliance and the Royal Berkshire Hospital to implement an AF improvement project across all practices in Berkshire West CCG. The project is externally funded by the Pfizer-BMS Alliance and will include:

- 1) educational programme for GP champions
- 2) quality improvement projects focusing on AF prevalence.
- 3) a secondary care MDT

The overall aim is to increase detection of AF and to upskill primary care around anticoagulation whilst putting in place rapid access to secondary care advice to support GPs in managing complex patients.

Elastomeric Devices. The pressure on hospital beds is significant, with Trusts looking for alternative ways to treat patients safely and effectively that do not require admission to hospital, or which can facilitate an earlier discharge from hospital. Elastomeric devices are small, single use pumps that are used to administer medication such as IV antibiotics or chemotherapy and can be used in patients' homes. These devices can be used to support the discharge of patients from home that would otherwise remain in hospital purely to receive IV antibiotics. Oxford AHSN will support OUHT to develop and embed this service to enable a greater number of patients can benefit from this model of treatment. The second phase of the project will see the Oxford AHSN working with all Trusts within the region to further expand the service model.

Innovation Course. The Adopting Innovation and Managing Change in Healthcare Settings course is designed to help healthcare employees identify and introduce new ways of improving patient care and to teach them about innovation adoption/quality improvement and managing change within health care settings. This funding is to continue providing training for our regional NHS staff and has attracted medics, nurses, AHPs, health scientists and managers.

eMAPS is an innovative learning portal offering information, advice and tools relevant to UK Health Science Industry and International Health Markets that will:

- support businesses to understand strengths and weakness in market readiness
- help businesses to identify optimal routes to adoption and reimbursement

- demonstrate ways to overcome key market access challenges in EU markets and the USA.

For each country learning content is available for three modules: drugs and medicinal products; medical devices and diagnostics and digital health products. These have chapters including market size and structure, regulations and compliance in that market, pricing and reimbursement considerations.

Oxford AHSN programme: Clinical Innovation Adoption

National project or local programme	What it is	Who is engaged	Oxford AHSN Lead	Measure/goal	Forecast outturn 2018/19	Revised 2019/20 Business Plan	Cumulative Forecast 2018/20
ESCAPE-pain (national)	Group rehabilitation programme for people over 45 years of age with chronic hip or knee pain / osteoarthritis.	CCGs ICS Acute Trusts Community physio services	Alison Gowdy	Number of people completing the programme	7	80	87
PINCER (national)	Pharmacist-led Information technology intervention for reducing Clinically important Errors in medication management.	GP practices CCGs	James Rose	Number of GP practices adopting PINCER	25	167	192
Emergency Laparotomy (national)	Standardisation of pathways for patients undergoing emergency laparotomy surgery.	Acute Hospital Trusts	Andrew Leary	Reduced Length of Stay; Reduced 30-day Mortality	180	803	983
AF National Project (national)	Focus on detecting atrial fibrillation using a range of mobile and digital devices. Aim to achieve 85% detected prevalence by end of 2019/20.	CCGs GP practices	Hannah Oatley	Size of AF register, as measured by QoF	3,733	3,000	6,733
TCAM (national)	Electronic referral from hospital-based pharmacists to community pharmacy. Aimed at ensuring that people at risk of medicines related harm are reviewed following discharge.	LPCs Acute and Mental Health Trusts CCGs ICS	Hannah Oatley & Matthew Epton	Number of completed TCAM referrals	0	453	453

Oxford AHSN programme: Clinical Innovation Adoption

National project or local programme	What it is	Who is engaged	Oxford AHSN Lead	Measure/goal	Forecast outturn 2018/19	Revised 2019/20 Business Plan	Cumulative Forecast 2018/20
ITP products 2019/20 (national)	Nationally selected innovations - products not yet confirmed.	CCGs, ICS, acute, community and mental health Trusts as appropriate to each innovation	All CIA Managers will be allocated ITP projects	TBC	N/A	TBC	TBC
Sleepio (local)	A real-world evaluation of implementation of a digital health improvement programme funded by a successful bid with Innovate UK.	Patients GPs CCGs ICS Acute and MH trusts Local Authorities Large Employers	Matt Williams	Number of Individuals signing up to Sleepio	4000	7000	11000
Healthy Ageing (local)	Development of a local programme of work focusing on healthy ageing. Specific projects within this programme as to be finalised.	CCGs, ICS, GPs, acute, community and mental health Trusts as appropriate	Alison Gowdy	TBC	N/A	TBC	TBC
Polypharmacy (local)	Implement coordinated initiative to tackle polypharmacy in the Thames Valley region	GPs Pharmacists CCGs ICS	James Rose & Seema Gadhia	Number of patients at risk	n/a	TBD	TBD
Heart Failure (local)	Case-finding and medicines optimisation project based in primary care.	Buckinghamshire CCG	Hannah Oatley & Matthew Epton	Number of patients optimised	0	300	300

Oxford AHSN programme: Clinical Innovation Adoption

National project or local programme	What it is	Who is engaged	Oxford AHSN Lead	Measure/goal	Forecast outturn 2018/19	Revised 2019/20 Business Plan	Cumulative Forecast 2018/20
Syncope (local)	Implementation of a streamlined pathway for rapid identification of cardiac related syncope.	Milton Keynes University Hospital	Hannah Oatley & Andrew Leary	Reduction in admissions	0	340	340
Local AF Champions (local)	Implementation of an AF improvement programme across Berkshire West CCG.	Wokingham GP Alliance Royal Berkshire Hospital Berkshire West CCG	Hannah Oatley	Increase in: 1) AF prevalence 2) Anticoagulation rates of high-risk patients 3) quality of oral anticoagulation therapy.	0	TBD	TBD
Elastomeric Devices (local)	Pumps used to administer medication such as IV antibiotics, which can be used within the patients' homes enabling patients to be discharged from hospital earlier or avoid admission.	Acute and community Trusts CCGs ICSs	Alison Gowdy	Number of patients able to benefit from these devices Bed days saved	N/A	TBD	TBD
Innovation Course (local)	<i>The Adopting Innovation and managing change in healthcare settings Programme</i> is designed for healthcare employees to teach them about innovation adoption/quality improvement and managing change	All NHS Regional Organisations	Ferdinand Manansala	Number of applicants	154	60	214
EMAPS (international)	eMAPS is a learning portal offering information, advice and tools relevant to UK Health Science Industry and International Health Markets covering digital, MedTech, BioTech/Drugs. Includes EU Big 5 and USA.	European Organisations	Tracey Marriott/James Rose/Jaswant Bance	Number of SMEs who engage with the website	750	1500	2250

Strategic and Industry Partnerships

Overview

The activities of the Strategic and Industry Partnerships (SIP) programme for the 2019/20 will be structured around government policy, which is set out in several recent publications – The Life Sciences Industry Strategy, the Government response to the Accelerated Access Review, the Industrial Strategy and the Life Sciences Sector Deal. The Accelerated Access review (2016) included recommendations for the AHSN Network to be invigorated through extra funding (joint DHSC and BEIS) to increase capability and capacity, to support the evaluation and diffusion of innovative medicines, medical technologies and digital products. Innovation Exchanges are the new model of operation for the AHSN Network with overriding requirements for all 15 to be working in closer collaboration with one another and form stronger links with local and national partners, creating a stronger national and local support offer for promising innovation. The SIP programme has been leading nationally on the evaluation of diagnostic technologies and the development of a digital health roadmap for innovators. As part of this expanded AHSN role, with increased capability and capacity, the SIP team has aligned its work with the Accelerated Access Collaborative and the requirements of the Office for Life Sciences to establish a network of Innovation Exchanges.

Creating the Innovation Exchange for the Oxford AHSN through SIP

The aim of the SIP programme remains to support the development of partnerships between academia, industry and the NHS across the development pathway for new products and services. This now covers new medicines, diagnostics, medical technologies, diagnostics and digital health innovations. The ambition is to support the region to become the favoured location for life science inward investment, life science business creation and growth, and support the NHS to accelerate the adoption of medical innovations of significant benefit to patients. In practice, the activities of the SIP Programme connect very closely with the other Oxford AHSN programmes but focus on several crucial stages in the innovation pathway from the concept of an innovation to evidence gathering for business model generation.

The Evaluation and Transformation team was established in 2016 under the Diagnostics programme and has continued to grow and excel in its evaluation and adoption activities for diagnostics over the last two years. As the core functions “evaluation in a real-world setting” and “adoption of innovation and diffusion” are inextricably linked, the Evaluation and Transformation team will focus jointly on validation in a real world setting of breakthrough diagnostic, digital and AI innovations and creating impact reports that will be developed into high quality case studies for diffusion and into business cases to facilitate adoption.

The activities of SIP were restructured during 2018/19 to deliver the four core functions that form the basis of the new OLS model of working through an Innovation Exchange and have been further refined for 2019/20:

1a. Needs definition – providing additional capability for helping innovators understand healthcare needs and priorities of the local health footprint, and identifying the evidence requirements for innovative medicines, medical technologies, diagnostics and digital products. Transformation Lead (VM) will focus on understanding and articulating the needs of our STPs and local NHS and health and social care providers and commissioners through face to face meetings; feeding local needs and priorities into the wider SIP team; increasing AHSN support for commissioners, STPs and providers strategic activities; identifying opportunities for the evaluation of digital, AI and diagnostic innovations and supporting evaluations by understanding the evidence requirements of the commissioners, STPs and providers for innovative medicines, medical technologies, diagnostics and digital products.

SIP aims to have the on-line Innovation Exchange open by the end of April and running its first local-needs based driven call by the end of June, with the aim to deliver a minimum of one innovation that will meet the local challenges. The call will cover not only the needs of the SIP programme, but also the Clinical Innovation Adoption and Patient Safety and Clinical Improvement programmes. Applications will be triaged by an agreed scoring system by the Programme Manager and at least two other members of the team, before the shortlisted innovations are put before the SIP Oversight Group for further selection (if required) and approval. The selected innovations will be taken forward and provided with the support required.

Those innovations that have not been selected will be provided with feedback and signposting to help them get to where they need to be. The frequency of future calls will be based on team capacity and the number of innovations received from the original call. That said, we do aim to run at least 3 calls per year, as well as having an open Innovation Exchange for innovators to apply to on an ad hoc basis. Other AHSNs are now also looking to implement Fluid Review as part of their Innovation Exchange. The hope is that we will in time be able to share applicants between us by sharing the Fluid Review forms received and take applicants from other AHSNs that meet our local needs.

1b. Communicating local priorities - Senior Programme Manager (AA) and Digital Marketing Manager (RU) will focus on outbound communication of local needs and priorities via the appropriate media; working with PPIEE in the AHSN and PPI groups across the Thames Valley infrastructure to enable patients to access evaluations and trials for innovative medicines, medical technologies, diagnostics and digital products; playing a key role in communication and diffusion with other AHSNs, national partners as well as regionally and nationally via networking opportunities and use of appropriate media; regular update to content for both “health and wealth oxford” and main AHSN website; and development of 3 case studies per quarter from evaluation and economic growth activities with diffusion via appropriate channels.

Impact evaluation (monthly)

- Track visitors to website and produce breakdown of visitors by category (RU)
- Track meetings held with local NHS partners to assess needs (VM)
- Track number of case studies disseminated, PR and social media activities (RU)

2. Innovator support and signposting – Senior Programme Manager (AA), supported by the SIP team, will focus on helping companies to develop innovative solutions that meet healthcare needs; directing companies to local resources; supporting health partners to innovate by triaging novel innovations that have the potential to fit with NHS need; and supporting the development of viable business models and strategies for company growth. SIP will continue to offer support to SMEs using Strategized workshops as well as offering more tailored support through the Market Access team. All companies that we work with through the OLS commission will be required to go through the Innovation Exchange process before commencing work with them, for us to better understand their needs and requirements and plan resource appropriately.

Impact evaluation (monthly)

- Projected benefits i.e. jobs created, investment leveraged (AA)
- Details of companies engaged (AA)
- Hours of assistance given to companies (JH)
- Metrics uploaded monthly into OLS database (AA)

3. Evaluation in real world setting - Head of Evaluation and Transformation (GC) and Nadia Okhai (Project Manager) will support the generation of a real-world evidence package that can demonstrate system (including health economic benefit), patient and clinical benefit for diagnostics. The team has previously secured over £300,000 in additional grant income to support its activities and this has proven an effective approach to resourcing specific projects. Transformation Lead (VM) will create the evidence to support adoption and diffusion of digital AI and imaging products in partnership with the National Consortium of Intelligent Medical Imaging (NCIMI).

Impact evaluation (monthly)

- Track meetings held with other AHSNs, national partners to share impact of programmes (GC, VM)
- Track meetings held locally to share impact of programmes (GC, VM)
- Case study written including health economics analysis (GC, VM)

4. Adoption of innovation and diffusion – Head of Commercial Development (NB) and Transformation Lead (VM) will identify breakthrough products (innovative medicines, medical technologies, diagnostics and digital products) through horizon scanning and networking to feed into the Innovation Exchange and the portfolio management process. Head of Evaluation and Transformation (GC) will lead the adoption and diffusion locally of breakthrough diagnostic products evaluated through the Innovation Exchange activity

eg, pre-eclampsia testing. Programme Manager (ML) will lead the gastroenterology programme including delivery of an industry-funded programme for Inflammatory Bowel Disease using True-Colours, or similar software, as a patient reported outcomes measure for Ulcerative Colitis and Crohn's and support the regional roll out of faecal calprotectin testing.

Impact evaluation (monthly)

- Track meetings held with other AHSNs, national partners to share impact of programmes (GC, VM, ML)
- Track meetings held locally to share impact of programmes (GC, VM, ML)
- Case study written including health economics analysis (GC, VM, ML)

Core programmes delivering OLS QART metrics

Core function 1 - Needs identification and Communicating local priorities				
Programme	Description	Milestone Q1	Milestone Q2	Milestone Q3
Website	AHSN / H&W (RU)	New content	New content	New content
Communications	Case studies (RU)	3 published	3 published	3 published
Identifying needs	Fluid Review (AA)	Needs published	Innovation call	Pick projects
Evidence needs	Needs analysis (MB)	In depth support 1	In depth support 1	In depth support 1
AHSN Collaboration	Treatment Resistant Depression TRD project (NB)	Treatment Resistant Depression TRD workshop	Treatment Resistant Depression TRD output	Treatment Resistant Depression TRD commences
Core function 2 - Innovator support and signposting				
Programme	Description	Milestone Q1	Milestone Q2	Milestone Q3
Bucks Hub	Accelerator (NB)	Wave 2 launched	Wave 2 run	Case studies
Project Accelerate	Accelerator (SK)	Suppliers secured	Pilots run	Companies graduate
Directing patients	IBD Sleepio (ML NB)	Patients recruited	Patients recruited	Patients recruited
NHS innovators	NHS needs (VM)	1 opportunity	1 opportunity	1 opportunity
Helping companies	Strategyzers (AA)	3 run	3 run	3 run
Economic growth	External grants (JH)	1 award	1 award	1 award
Core function 3 - Evaluation in real world setting				
Programme	Description	Milestone Q1	Milestone Q2	Milestone Q3
Stroke	ED diagnostic (NO)	Commenced in 1st	Scope 2nd	Analysis from 1st

Urgent care	POCT in GP (NO)	Pilot finished	Analysis	Write up
Influenza and AMR	Flu / FebriDx (NO)	Commenced in 1st	Scope 2nd	Analysis from 1st
Imaging and AI	NCIMI (VM)	Signed agreement	Project 1 started	Project 2 started
Health economics	Impact analysis (MB)	Abbott complete	Sensyne complete	PE started
Core function 4 - Adoption of innovation and diffusion				
Programme	Description	Milestone Q1	Milestone Q2	Milestone Q3
COPD	Exacerbation (NO)	Plan for RightStart	Submit report	Focus groups
Gastro	F-Cal (ML)	West Berks analysis	East Berks scope	Review Bucks
Gastro	IBD (ML)	Crohn's on board	Scope Infoflex	New roll out
Pre-eclampsia	Local roll out (GC)	Agree metrics	Engage RBH	Engage MK

Supporting the Innovation National Networks through SIP

The activities of SIP have also been restructured to align with four of the nine Innovation National Networks (INNS) under the NHS England re-licensing process and our shared priorities across the AHSN network are:

5: Stimulating economic growth through the Innovation Pathway and the Innovation Exchange - this function was established under the previous AHSN licence and will be led by Head of Commercial Development (NB) supported by Project Manager (FH). The Commercial team will focus on maintaining the existing strategic working agreement with J&J; creating a new strategic partnership with Bayer; identifying new opportunities for evaluation and collaboration for innovative medicines, medical technologies, diagnostics and digital products; and creating commercial development opportunities and projects through engagement with industry, academia and NHS partners. The focus of the commercial development team is to both support economic growth activities, and specific partnerships and projects within the region, and to identify new project opportunities. The commercial development team will also support/lead national Accelerated Access Collaborative projects, and Oxford AHSN consultancy projects.

6: Transforming digital health and maximising the potential of artificial intelligence (AI) - Digital technologies and artificial intelligence (AI) have the potential to revolutionise the way health and care services are delivered. They present a huge opportunity for the NHS to drive improvements in quality and efficiency in the health service as well as supporting patients to manage their own health and wellbeing. Transformation Lead (VM) will identify MedTech and digital innovations for testing or adoption across all three healthcare settings: primary care, community and secondary care.

In primary care: Innovations that will seek to provide decision support to GPs, particularly within cancer, to conduct the appropriate next steps and for the effective referral of suspicious lesions; patients will have access to digital programmes and tools to more readily manage their condition for example to tackle alcohol misuse and other substance misuse, and to prevent on going deterioration of a patient's condition; GPs will be trained to prescribe digital therapies; and digital innovations that will support patients to self-manage their long term conditions for example for improved monitoring and decision support for those with diabetes, AF and COPD.

In community: Identifying innovations that will support community workers to manage patients outside of secondary care and greater prevention of A&E and non-elective attendance; adopting evidence proven and accredited innovations to improve recovery and health outcomes of patients, especially diabetes and

establishing clinics, to support the management of mental health, faster diagnosis of dementia and accessible assessments for ADHD.

In secondary care: Mapping clinical pathways to understand how they may be altered, with consideration to work flows and work systems, to adopt MedTech that transforms the pathways to be lean, safer and with improved patient experience, working with industry and finding commonalities with secondary care, for deployment of their latest MedTech, for better experience and health outcomes for patients for example in joint replacement and integrating medical imaging software, built around artificial intelligence technology, to support clinicians for earlier detection of disease, decreasing mortality.

7. Working with researchers and research funders - Informed by the results of the AHSN Network's 2018 survey, which identified local NHS research and innovation needs, Transformation Lead (VM) will help support research funders to translate research into clinical practice; identify research outputs that could be rapidly implemented; and provide effective signposting and advice to companies seeking to develop and evaluate new therapies and diagnostics. This work stream will also engage regional partners to identify opportunities to bid for funding through the Industrial Challenge Strategy Fund's Healthy Ageing Competition and other funding mechanisms, including any potential Office for Life Sciences support for the AHSNs, and which are aligned with the Industrial Strategy Life Sciences Sector Deal 2, as well as pursue funding through collaborative working with industry partners, with a knowledge sharing approach to direct R&D and enable proven innovation adoption and scale within the health economy. This work stream will combine efforts with industry partners to research digital solutions, which may deliver improvements in health outcomes, by meeting regional needs and challenges and where funding is likely to exceed the resource required to manage the project, relevant bids will be made to charities and clinical leads for support.

8. Support clinical and commercial innovators - In the first licence period the Oxford AHSN established two regional innovation hubs aimed at supporting the creation and development of new innovations that would be better aligned with the needs of the NHS. The focus of Buckinghamshire Life Sciences Innovation Centre is in supporting digital health and med tech innovations and has been funded through the Local Growth Fund and ERDF funding, along with core partners Buckinghamshire Healthcare NHS Trust, Bucks New University, Buckinghamshire County Council, Buckinghamshire Thames Valley LEP, and Chiltern CCG. Led by Head of Commercial Development (NB) and supported by Project Manager (FH), SIP will continue to provide in-kind contributions to support the ERDF funding of £30,000 per annum delivered through project management support and additional in-kind services focusing on concept support and development of viable business plans. The Hill at the John Radcliffe Hospital is an early stage innovation hub supported with ERDF funding through the Innovation Support for Business (ISfB) programme. Led by Head of Commercial Development (NB) and supported by Project Manager (FH), SIP will provide in kind contributions to support the ERDF funding of £30,000.

During the next year 2019/20, the priority will be the establishment of a multidisciplinary accelerator led by the Director of Strategic and Industry Partnerships (JH) and Chief Operating Officer (PD) supported by Head of Business Development (SK), which will provide end-to-end support for new companies from inception to the point at which they scale-up from the initial revenue stage. Three programmes will be offered to companies: Pre-Accelerator, Accelerator and Scale Up. It is anticipated that the Harwell Campus, which has over 200 organisations, over £2 billion investment and over 5,000 employees, will be a key partner in the accelerator programme.

Supporting the Accelerated Access Collaborative through SIP

Head of Evaluation and Transformation (GC) will lead the adoption and diffusion locally, regionally and nationally of breakthrough diagnostic products identified through the Accelerated Access Collaborative (PIGF, High sensitivity troponin, faecal immunochemical testing) supported by Project Manager (NO). Head of Commercial Development (NB) and Head of Market Access (MA) and will lead the adoption and diffusion locally, regionally and nationally of other breakthrough products identified through the Accelerated Access Collaborative (Cladribine, PCSK9 inhibitors) supported by Project Manager (FH). It is anticipated that a further 2 project managers would be needed to support this activity as output increases. One to be funded from the OLS commission and one to be funded by Pathway Transformation Funding available to

organisations who are leading a project (i.e. Transformation Pathway Funding should be available for the leading organisations as such Oxford AHSN is leading on Pre-eclampsia testing). High sensitivity troponin and PIGf-based testing are also supported by Innovation Technology Payment (ITP) funding.

Creating the sustainability for the SIP through Market Access activities

To create sustainability for SIP beyond the OLS licence period, Head of Market Access (AS) is building a team to deliver commercial and semi-commercial services to healthcare industries, at a range on levels and related to the development of new products and services. The anticipated income FY 2019/2020 consists of a range of projects in various stages of development and certainty around funding categorised by Project type as 1) Underway 2) Agreed awaiting contract sign off 3) Joint projects submitted for funding 4) Advance in development

Table 1 Project base at March 2019

Project no	Funding partner	Project type	Project income £'000	Start date
1	Large Pharma company (LP1)	Agreed (2)	46	01/04/2019
2	Large diagnostic company (LD1)	Underway (1)	35	15/04/2019
3	CCG (CCG1)	Advance (4)	49	Planned Q3
4	SME (SME1)	Advance (4)	15	Potential Q3
Total		1,2, 4	145	

As part of our Business Development activities, members of SIP team have been in discussion with companies with which we have existing work and we anticipate follow on projects with the large pharma company (LP1) and are also in discussions with other groups within the diagnostic company (LD1) to take forward work in 2019/2020. This will include activities that will start in 2019/2020 and in 2020/2021. Although we do not have specific details, we anticipate additional work with LP1 of at least £50k in 2019/2020 and up to £100k in 2020/2021. With LD1 we anticipate additional work of at least £30k in 2019/2020 and up to £100k in 2020/2021. Based on our success in 2018 and into 2019 and ongoing discussions with several other companies in the pharmaceutical and diagnostics sectors, we anticipate the it would be safe to predict new project work being accrued with four additional large companies and a similar number of smaller companies in 2019/2020 into 2020/2021. This is summarised in table 2 below.

Table 2 Predicted Project development 2019/2020 and 2020/2021

Project no	Funding partner	Project income £'000	Quarter	Timing
1	Large Pharma company (LP1)	50	Q3	2019
2	Large diagnostic company (LD1)	30	Q4	2019
3	Large Pharma company (LP2)	30	Q3/4	2019
4	Large Pharma Company (LP3)	45	Q3/4	2019
5	SME (SME1)	15	Q4/Q1	2019/20

Project no	Funding partner	Project income £'000	Quarter	Timing
6	SME (SME2)	20	Q1	2019
Total 2019/2020		190		
1	Large Pharma company (LP1)	100	Q2	2020
2	Large diagnostic company (LD1)	100	Q3	2020
3	Large Pharma company (LP4)	50	Q3	2020
4	Large diagnostic company (LD2)	30	Q3/4	2020
5	SME (SME3)	20	Q4/Q1	2020/21
6	SME (SME4)	22	Q1	2021
Total 2020/2021		322		

Research and Development

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

The R&D Oversight Group is chaired by Joe Harrison, CEO of Milton Keynes University Hospital. The focus of the group is sharing information about R&D in the region. The group, led by Oxford AHSN's CEO draws upon expertise from regional clinical, academic and commercial partners, eg, the NIHR, Clinical Research Network (CRN), Collaborations for Leadership in Applied Health Research and Care (CLAHRC), regional Clinical Trials Units and Biomedical Research Centres. There is a small managerial support budget.

Following on from the NHSE/NIHR paper "Twelve actions to support and apply research in the NHS" (November 2017) under the leadership of Gary Ford and Louise Wood, Director of Science, Research and Evidence, Department of Health and Social Care Oxford AHSN coordinated and commissioned a research needs survey undertaken by ComRes. The top three NHS Research needs were identified as frailty/multi-morbidity, mental health and use of digital/artificial intelligence technology. Statements of research and innovation needs will be drafted and discussed with patients and the public and local stakeholders to help shape future research and innovation programmes and identify areas where more dissemination or research evidence would be helpful to the development of health and social care services.

The group will also support the NIHR Oxford and Thames Valley Applied Research Collaboration (ARC) bid, to replace the CLAHRCs and, if successful, be hosted by Oxford Health. The application process led by Richard Hobbs (Head of Nuffield Department of Primary Care Health Sciences, University of Oxford) with Gary Ford as the implementation lead. The R&D group will facilitate development of partnership work within the ARC. Options will also be discussed with the partners for whether support can be provided to develop capacity in social care and public health research, and advise on the use of the apprentice levy, to support workforce training.

Further two-year objectives include supporting:

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

Oxford AHSN's CEO leads the R&D Innovation National Network (INN) on behalf of the fifteen AHSNs. The following key areas of work are proposed for the Research INN in 2019-20 (see Appendix D):

1. Lead and support regional dissemination and discussion of the outputs of the AHSN regional research and innovation need reports, and report back from AHSNs and ARCs on response to the regional statements of need.
2. Develop partnership working of AHSN Network with NIHR ARCs to a) identify high value innovation that can be spread in future national programmes b) increase involvement of ARCs in developing and evaluating real world evidence studies / service evaluations led by the ARC.
3. Undertake a study of the methods of adoption and spread used by individual AHSNs, the frameworks used, and the influence of national policy frameworks in facilitating or blocking uptake of innovation.
4. Support the work of the NIHR Dissemination Centre, currently being recommissioned, to develop themed reports and other outputs to inform work and plans of STPs and specialist commissioners.

Oxford AHSN aims to help support world leading research in partnership with the NHS to deliver innovation to patients by making the region more attractive for commercial, non-commercial and collaborative research, building on effective R&D that is already undertaken, supporting development of new, cross organisational, interdisciplinary health research. This will maintain the region as a world leading centre for health research whilst expanding its current circles to being inclusive within the region and beyond, and, create an environment where every patient has an opportunity to be involved with research.

Patient and Public Involvement, Engagement and Experience

The aim of the theme is to spread best practice and develop innovation in working between patients, professional, careers and the public, supporting person-centered care, research and education. This will be achieved by helping to embed lay involvement, the use of co-production and the use of experience in:

- Oxford AHSN programmes and projects;
- national AHSN programmes;
- the work of our partner organisations across the Thames Valley.

In Q1, the PPIEE team will be restructured to create lay partner lead role and event coordinator/EA role. The PPIEE strategy will be revised for AHSN Board approval by Q4. We review of PPIEE governance structure and processes and continue to support lay partners to be integral to all AHSN governance structures, ensuring that at least two lay partners regularly attend all Oversight Groups.

We will complete the development of on-line recording and impact tool and pilot:

- launch recording and impact tool – Q2
- trial use of reflection diaries within AHSN - Q3
- review usage – Q4

With National Voices, we will continue to develop co-production in the Thames Valley and Surrey LHCR.

We will continue to work with our Operational Group partner organisations and plan to hold 2 half-day strategic meetings with partners and develop our four agreed workstreams by Q4. We will continue to provide peer support to our lay partners, with at least two meetings planned by Q4.

PPIEE will support the three AHSN programmes to model co-production and good practice in involvement activities. We will continue regular meetings with CIA and Patient Safety and Clinical Improvement colleagues and develop meetings with SIP.

We will aim to establish at least 2 industry client relationships by Q4.

The Director of PPIEE will continue to chair the AHSNs PPI Leads Network with an aim to agree at least one AHSN Network project by Q4.

Training and development

In Q1, with Health Education England we are running the Innovation in Person-centered Approach Conference.

Leading Together Programme - we will run 2 further learning disabilities cohorts in 2019 and continue to look for funding for general cohorts.

Working Together Training Days – we will coordinate delivery of a series of involvement 4 training days in line with our MoU with the local CRN, CLAHRC, NHS England and both BRCs.

Oxford Empathy Programme – we will run two more empathy in practice workshops an Empathy in Practice Conference at the Royal Society of Medicine. We will also explore links between person-centered care, empathy in practice, staff experience and resilience with local partner organisations.

Stakeholder Engagement and Communications

Stakeholder surveys will play an important role in shaping the activities of the Oxford AHSN – and the other 14 AHSNs in England – during 2019/20 and beyond. The national report of local research and innovation needs is due to be published in April 2019. This is a joint publication between NHS England, the National Institute for Health Research and the AHSN Network based on a survey carried out in 2018. A period of consultation will follow with regional research bodies to ensure research activities align with the needs identified by local NHS organisations.

NHS England is also commissioning the first national stakeholder survey of AHSNs since 2016. The Oxford AHSN played a key role in preparing the ground for both surveys and will ensure they are used to inform and improve relationships with our stakeholders. We already have a strong reputation for bringing partners together to support innovation and improvement in healthcare. The breadth and depth of this engagement is valued by our stakeholders on a regional, national and international level.

We are embedded within our regional healthcare systems, fully engaged with our integrated care systems, sustainability and transformation partnerships and other collaborations created to deliver better patient outcomes and experience. In 2019/20 we will continue to share our experience, expertise and connections to meet the needs of our partners across the NHS, industry and research every day. On average every month about 100 people are brought together by the Oxford AHSN for wide-ranging discussions including shared learning events where the agendas are set by frontline clinicians.

The Oxford AHSN's workstreams are aligned with the priorities of the new NHS Long Term Plan and the requirements of our national commissioners, as well as the needs identified by our local NHS partners. We work with other AHSNs and the overarching AHSN Network on our collective national programmes and at every other opportunity. Oxford AHSN staff will continue to contribute to local, regional, national and international events and we will strive to add to the growing list of national awards we have won alongside our NHS, industry and research partners.

In terms of our wider communication we will continue to publish our monthly newsletter which currently has around 1,300 subscribers. We are due to reach the 70th edition during 2019/20. In addition, we aim to publish extra quarterly single topic editions covering key areas in which we are heavily engaged with our partners. The first one on mental health will be published in spring 2019. Subsequent editions are planned to cover maternity, care homes and primary care.

We will regularly update our web content at www.OxfordAHSN.org, www.patientsafetyoxford.org, www.clinicalinnovation.org.uk and www.healthandwealthoxford.org and add high impact case studies to the national AHSN Atlas website: <http://bit.ly/AtlasOxfordAHSN>

We will continue to use the [@Oxford AHSN](https://twitter.com/OxfordAHSN) Twitter account to highlight the work of the Oxford AHSN and its partners. We are on target to pass 5,000 followers and generate more than 400,000 impressions during 2019/20. We will explore developing other communications channels including LinkedIn and Facebook.

Oxford AHSN Events/Publications Grid April 2019 to March 2020

Month	Date	Publication	Event
April 2019		Q4 report/annual report	
	29 April		Working Together – PPI recording and impact, Newbury
	30 April	Mechanical thrombectomy business case	
May 2019	2 May		Mental health emergency department frequent attender’s collaborative, Oxford
	8 May		Bucks HSC Ventures cohort 1 showcase, Aylesbury
	14 May		Innovation in person-centered approaches, Oxford
	24 May		Oxford BRC open day
June 2019	3 June		Emergency laparotomy collaborative (ELC) regional meeting, Oxford
	4 June		Bridging the gap 3, London – AHSN Network industry/NHS briefing
	19 June		Working Together – PPI equality and diversity, Oxford
		AHSN Network Impact Report 2019	
	25 June		ELC national event

Oxford AHSN Events/Publications Grid April 2019 to March 2020

Month	Date	Publication	Event
July 2019	2 July		HSJ Patient Safety Awards (Suspicion of Sepsis shortlisted jointly with ICHP AHSN), Manchester
September 2019	4-5 September	Q1 report	Health and Care Innovation Expo, Manchester – joint AHSN Network presence
	16 September		AI conference, Oxford
	24 September		Working Together – PPI recording and impact, Aylesbury
October 2019		Q2 report	
November 2019	14 November		Working Together – PPI getting it right, Milton Keynes
December 2019	12 December		Cohort 6 poster day, clinical innovators programme, High Wycombe
January 2020		Q3 report	
February 2020			
March 2020			

Appendix A - Risks Register & Issues Log

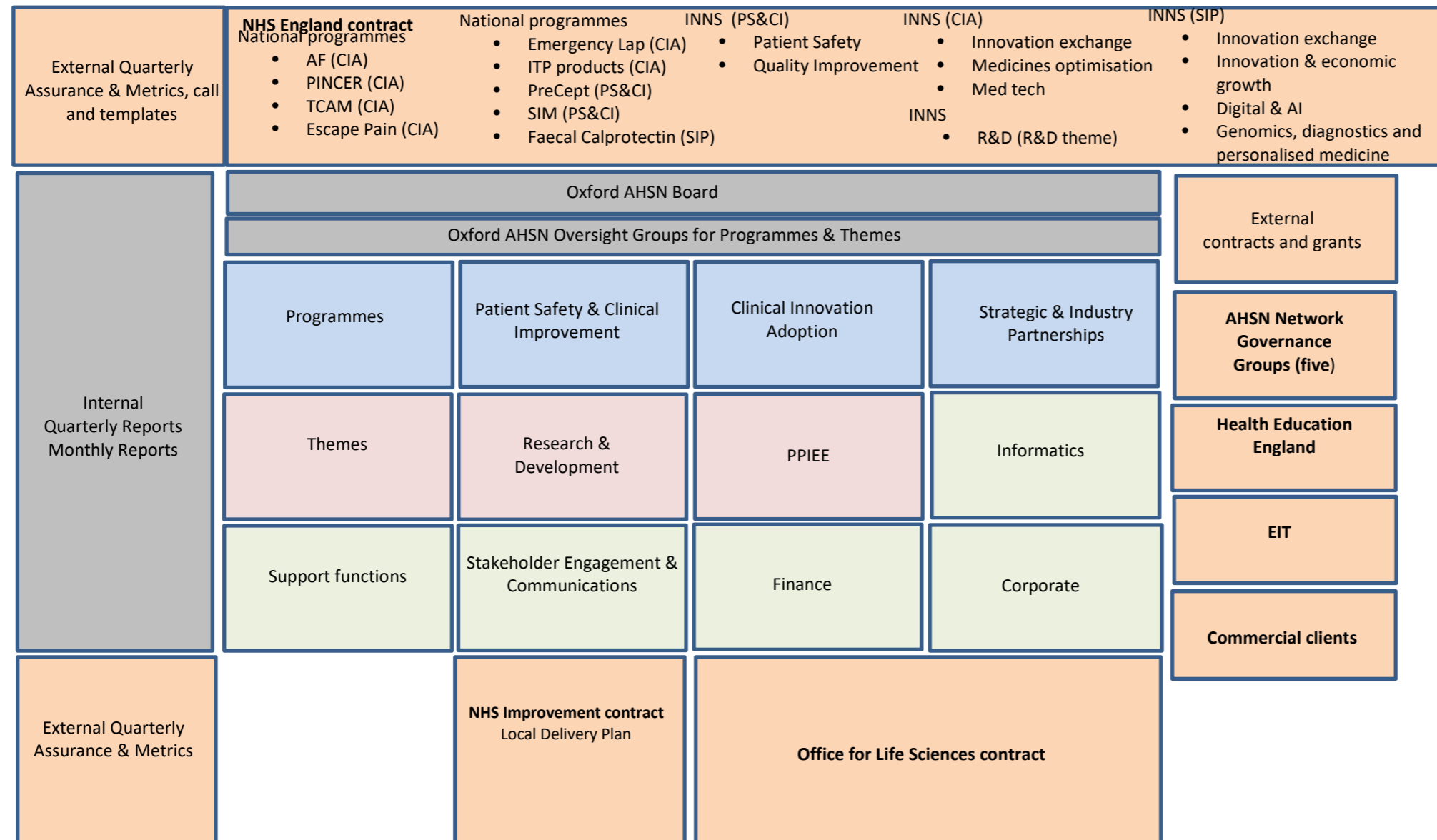
Risks Register

#	Programme	Risk	Description of Impact	Likelihood	Impact	Time	Mitigating Action	Owner	Actioner	Date	Date mitigated	RAG
1	Oxford AHSN Corporate	Failure to establish culture of partnership and collaboration across the region	Insufficient engagement of clinicians, commissioner universities and industry.	Low	Med	> 6 -12 mon	Stakeholder and communication strategy for the AHSN Each project has an engagement plan, including patient involvement.	AHSN Chief Executive	Programme SROs	06-Sep 13	Ongoing	AMBER
2	Oxford AHSN Corporate	Failure to sustain the AHSN	Programme activities cease	Low	Med	> 6--12 mon	NHS England has re-licensed all AHSNs. NHSI and OLS have confirmed funding to March 2020. Actively pursuing industry partnerships and grants.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	31-Jul 14	Ongoing	AMBER
3	Oxford AHSN Corporate	National Programmes delivery		Med	Med	>6 12 mon	Robust engagement plans in place.	AHSN Chief Operating Officer	AHSN Chief Operating Officer	19-Feb 18	Ongoing	AMBER

Issues Log

#	Programme	Issue	Severity	Area Impacted	Resolving Action	Owner	Actioner	Date	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	Overarching comms strategy. Level of engagement monitored across all programme and themes. Website refreshed regularly visits per month increasing. Twitter followers and newsletter subscribers increasing. Oxford AHSN stakeholder survey. Quarterly report sent to all key stakeholders. Electronic Newsletter to stakeholders. Oxford AHSN organise and participation stakeholder events. Participation in ICS and STPs.	AHSN Chief Operating Officer	Head of Communications	19 Jan 18	90% complete	

Appendix B-Organisation and Commissioners



Appendix C- Oxford AHSN Summary of Programmes

National Programme	What it is	Who's engaged	Oxford AHSN Lead	Measure/goal	2019/20
Atrial fibrillation	Improve detection of AF	All CCGs across the region	Hannah.Oatley@oxfordahsn.org	Number of patients diagnosed with AF	3,000
Emergency laparotomy	Reduce Length of stay	All local trusts	andrew.leary@oxfordahsn.org	Reduced length of Stay; Reduced 30-day Mortality	803
ESCAPE-Pain	Exercise classes to reduce symptoms of osteoarthritis and reduce reliance on medication and reduce acute referrals	County Sports Partnerships, MSK Service Providers, ICSs and CCGs	Alison.Gowdy@oxfordahsn.org	Number of people completing	80
PINCER	Reduce contra-indicative prescribing in primary care	CCGs, GP Federations	James.Rose@oxfordahsn.org	Number of GP practices implementing PINCER	167
TCAM Transfer of Care Around Medicines)	Improve safety and compliance	CCG Medicine Optimisation Leads	Matthew.epton@oxfordahsn.org	Number of acute trusts using TCAM/Number of completed referrals	453
Deterioration	Reduce avoidable harm for patients who may be at risk of or experiencing physical deterioration in acute and community settings.	All local AHSN/PSC Partner Trusts (Acute, Community & Mental Health) Primary Care Providers, South Central Ambulance Service (SCAS), STPs/ICSs, Patients, families and patient groups	Jo.Murray.oxfordahsn.org	To contribute to the overall aim of improved identification and appropriate escalation of deterioration we expect An increase from baseline in the number of care homes using NEWS2 Reduction of Length of stay for patients with suspicion of Sepsis	£1.7m (reduction in LOS)
Maternity and Neonatal Health Safety Collaborative	Support MNHSC	All local providers of maternity care, TV SCN, TV&W Neotal ODN	Katie.Lean@oxfordahsn.org	TBD	TBD
PRCePT	Reduce incidence of cerebral palsy through improving uptake of MgSO4	All maternity units in Thames Valley	Eileen.Dudley@oxfordahsn.org	Number of babies born where MgSO4 given	132
Sepsis	Deteriorating patient - reduce avoidable harm by improving reliability of recognition, response and communication	All local NHS Trusts, W Berks Out of Hours GPs, Oxfordshire Care Home Services, SCAS	Jo.Murray@oxfordahsn.org	Savings	£0.95m
SIM (Serenity Integrated Monitoring)	Reduce high risk citizens either being arrested or sectioned under the Mental Health Act	Mental health providers and Thames Valley Police	Fran.Butler@oxfordahsn.org	Number of participants/people	4
Local Programme	What it is	Who's engaged	Oxford AHSN Lead	Measure/goal	2019/20
Sleepio	A real-world evaluation of implementation of a digital health improvement Programme funded by a successful bid with Innovate UK.	GPs in region	matt.williams@oxfordahsn.org	Number of Individuals signing up to Sleepio	7000
Healthy Ageing	Development of a local Programme of work focusing on healthy ageing. Specific projects within this Programme as to be finalised.	CCGs, ICS, GPs, acute, community and mental health Trusts as appropriate	Alison.Gowdy@oxfordahsn.org	TBC	TBC
Polypharmacy	Implement coordinated initiative to tackle polypharmacy in the Thames Valley region		James.Rose@oxfordahsn.org	Number of Patients at risk	TBD
Heart Failure	Case-finding and medicines optimisation project based in primary care.	Buckinghamshire CCG	Hannah.Oatley@oxfordahsn.org	Number of patients optimised	300
Syncope	Implementation of a streamlined pathway for rapid identification of cardiac related Syncope.	Milton Keynes University Hospital	Hannah.Oatley@oxfordahsn.org Andrew.leary@oxfordahsn.org	Reduction in admissions	340

Local AF Champions	Implementation of an AF improvement Programme across Berkshire West CCG.	Wokingham GP Alliance/Royal Berkshire Hospital/Berkshire West CCG	Hannah.Oatley@oxfordahsn.org	Increase in AF prevalence/Anticoagulation rates of high-risk patients/quality of oral anticoagulation therapy	TBD
Elastomeric Devices	Pumps used to administer medication such as IV antibiotics, which can be used within the patients' homes enabling patients to be discharged from hospital earlier or avoid admission.	Acute and community Trusts/CCGs/ICs	Alison.Gowdy@oxfordahsn.org	Number of patients able to benefit from these devices/bed days saved	TBD
Innovation Course	The Adopting Innovation and managing change in healthcare settings Programme is designed for healthcare employees to teach them about innovation adoption/quality improvement and managing change	All NHS Regional Organisations	Ferdinand.manansala@oxfordahsn.org	Number of Applicants	60
EMAPS	eMAPS is a learning portal offering information, advice and tools relevant to UK Health Science Industry and International Health Markets covering digital, MedTech, BioTech/Drugs. Countries include the EU Big 5 and USA.	European Organisations	Tracey.marriott@oxfordahsn.org James.rose@oxfordahsn.org Jaswant.bance@oxfordahsn.org	Number of SMEs who engage with the website	1500
Local Programme	What it is	Who's engaged	Oxford AHSN Lead	Measure/goal	2019/20
Anxiety & Depression (IAPT)	Improve recovery	CCGs, mental health providers	ineke.wolsey-anxietydepression-IAPT@oxfordahsn.org	Number of patients recovering from anxiety and depression - in terms of savings	£2.2m
Diagnostic - Pre-eclampsia	PIGF testing. Tests now available form ROCHE and Quidel. Avoids unnecessary admission because of mis-diagnosis	All maternity units in Thames Valley. Now national roll-out through AHSN Network with AAC and ITP support see ITP below	Guy.Checketts@oxfordahsn.org	1,500 fewer unnecessary admissions (Thames valley)	£0.32m
Diagnostic - faecal calprotectin	Better diagnose ISD/IBD and ensure patient gets appropriate treatment quickly. Also avoid unnecessary colonoscopies	Bucks CCG and 54 GP practices. Berks East and West CCG's. Oxfordshire CCG.	Guy.Checketts@oxfordahsn.org	1,760 patients tested per annum and 335 fewer referred for colonoscopy. Saving £0.7m	£0.59m
Diagnostic - flu	Point care test to diagnose flu in Emergency Departments	Royal Berkshire, Bucks CCG and Bucks Healthcare	Guy.Checketts@oxfordahsn.org	Earlier treatment with antivirals and avoids bed time	-
Diagnostic - point of care test over 75's	Point of care test and specialist paramedics to improve pre-hospital diagnosis and informed discharge	SCAS, Wokingham CCG Urgent Care Board	Guy.Checketts@oxfordahsn.org	Patient experience and productivity	£0.01m
Diagnostic - stroke mimics	Point of care test to better detect stroke mimics	OUH, Bucks Healthcare, RBH	Guy.Checketts@oxfordahsn.org	Productivity and NHS savings	£0.69m
Emergency Department Collaborative	Shared learning	All local acute trust and ambulance services	Eileen.dudley@oxfordahsn.org	TBD	
OxGrip	Stillbirth prevention	All maternity units in Thames Valley	Katherine.Edwards@oxfordahsn.org	Prevention of 40-60 stillbirths	40
FebriDx	Diagnostic to distinguish between bacterial and viral infection (ARTI)	Engaging with up to 6x sites across the region for service evaluation. Primary care or patient entry points onto the system. Amulya Misra	Guy.Checketts@oxfordahsn.org	Correct identification of bacterial infections / AB prescription levels	TBD
ITP Products and others	What it is	Who's engaged	Oxford AHSN Lead	Measure/goal	2019/20
Diagnostic- Pre-eclampsia	PIGF testing. Tests now available form ROCHE and Quidel. Avoids unnecessary admission because of mis-diagnosis	National Roll out through Accelerated Access Collaborative with ITP funding support.	Guy.Checketts@oxfordahsn.org	Uptake increased from 3%to 40% impact	TBD
Endocuff	Endoscope tip to improve colonoscopies	All local acute trusts	Alison.Gowdy@oxfordahsn.org	Units purchased	-
Heartflow	Diagnostic test for 40,000 people presenting with new onset chest pain	OUH and RBH are eligible and engaged	Hannah.Oatley@oxfordahsn.org	Scans	-

	suggestive of stable angina				
Mobile ECG devices	AF detection devices	All GP practices	Hannah.Oatley@oxfordahsn.org	Units distributed to GP practices	-
MyCOPD	online self-management tool for people with severe COPD	All GP practices	Alison.Gowdy@oxfordahsn.org	Downloads of app	-
Non-injectable connector	Prevention of injection into wrong line	All local acute trusts	Alison.Gowdy@oxfordahsn.org	Units purchased	-
Plus, Sutures	Improved suture to reduce surgical site infections	Only 1 Trust is eligible	James.Rose@oxfordahsn.org	There is one eligible trust and it has already implemented comprehensive suture procurement strategy	-
SecurAcath	Improved catheter - less likely to fallout	All local acute trusts	James.Rose@oxfordahsn.org	Units purchased	-
Urolift	Day case treatment for benign prostatic hyperplasia	All NHS hospitals in the region	Alison.Gowdy@oxfordahsn.org	Units purchased	-
WireSafe (not ITP)	Prevention of guidewire being left in patient	All local acute trusts	Alison.Gowdy@oxfordahsn.org	Adoption at one trust	-

Appendix D - Research and Development Innovation National Network plan

Executive Summary

The following key areas of work are proposed for the Research INN in 2019-20

1. Lead and support regional dissemination and discussion of the outputs of the AHSN regional research and innovation need reports, and report back from AHSNs and ARCs on response to the regional statements of need.
2. Develop partnership working of AHSN Network with NIHR ARCs to a) identify high value innovation that can be spread in future national programmes b) increase involvement of ARCs in developing and evaluating real world evidence studies / service evaluations led by the ARC
3. Study the methods of adoption and spread used by individual AHSNs, the frameworks used, and the influence of national policy frameworks in facilitating or blocking uptake of innovation.
4. Support the work of the NIHR Dissemination Centre, currently being recommissioned, to develop themed reports and other outputs that can inform work and plans of STPs and specialist commissioners.

Introduction & Background

The Research INN was established at direction of NHSE (Ian Dodge) in April 2018. In 2018-19 the programme had three main aims:

- a) As outlined in the joint NIHR/NHSE 'Twelve Actions' paper deliver a survey of research and Innovation needs across the AHSNs. All the £65K Research INN budget was used with additional funding of £20K to commission ComRes to undertake the survey, overseen by a steering group. Reports were successfully delivered in February 2019 and are awaiting sign off by NHSE. AHSNs will take the reports forward with CLAHRCs/ARCs for consultation with regional stakeholders.
- b) Increase joint working and partnership of AHSN Network with CLAHRCs/ newly commissioned ARCs. The AHSN Network was represented by Gary Ford on the NIHR ARC designation panel that met in Q3 2018. A summary of involvement of AHSNs in implementation lead/ functions of submitted ARC bids was submitted to and positively received by NIHR and NHSE. Final designation of the ARCs and national leadership functions is awaited. A joint workshop of the AHSN Chief Officers and NIHR ARC Directors is planned for Q3 2019.
- c) Work with the NIHR Dissemination Centre to support development of themed reports, to inform commissioners and providers of evidence-based interventions to improve care. Wessex have led a major programme of work with the NIHR DC on frailty. Gary Ford, Bill Gillespie and Liz Mear, who chairs NIHR DC stakeholder Board, advised NIHR DC on their submission for recommissioning.

The Research INN did not establish a single steering group for its work in 2018-19 but involved relevant AHSN Chief Officers and other staff for the three workstreams.

Delivery Requirement

Discussions with Sam Roberts and Tony Soteriou have informed these proposals, who see the work of the Research INN as highly valuable to the partnership working between the two organisations. The work between AHSN Network and ARCs has been agreed with both. The qualitative survey has been discussed and agreed with Sam Roberts and complements the sharing of adoption and spread work led by the AHSN Network delivery group.

Gary Ford will lead the partnership work of the AHSN Network with the NIHR ARCs. The survey of adoption processes will be undertaken jointly with Axle Heitmueller, ICHP. The work with the NIHR DC will be led jointly with Liz Mear and Bill Gillespie.

The Research INN will advise and support individual AHSNs in their work with ARCs, and support engagement of AHSN teams with the NIHR DC. The survey of adoption work will likely shape future approaches of individual AHSNs to adoption and inform the AHSN Network moving to more aligned ways of working.

A formal oversight group for the Research INN will be established in 2019-20 with representation from most/ all AHSNs of Chief Officer or other individual with relevant skills/experience for the planned work. This group will meet quarterly.

Proposal

A programme manager 1-2 days /week is required to coordinate the planned work of the Research INN, particularly to develop partnership working at a national level between the AHSN Network and ARCs. It is planned to appoint that support through advertisement across the AHSN Network in Q2. Funding is required to deliver the survey of processes of adoption used by individual AHSNs planned for Q3/4 with published report in March 2020.

Post 2019-20 it is anticipated the work of the Research INN will need to continue and link into the future national programmes. This will require programme management support.

If no funding is received the Research INN will cease to exist, and the survey will not be undertaken. Work of the AHSN Network with NIHR ARCs and NIHR DC will continue predominantly through regional interactions. National coordination will continue to be provided by Gary Ford on an ad hoc basis but with no administrative support, and partnership work with ARCs is likely to be significantly negatively impacted on.

2019/20 & 2020/21 Costs

	Q1	Q2	Q3	Q4	Full Year Total	2021/21
	£	£	£	£	£	£
Costs:						
> Clinical Leadership		-	-	-	-	-
> Programme Management		£ 20K	£ 20K	£ 20K	£ 60K	£ 80K
> Communications						
> Other Costs (qualitative researcher for adoption survey)		-	-	-	-	-
Total Costs			£ 15K	£ 15K	£ 30K	-
					£ 90K	£ 80K
Forecast Activity (Full Year Only but ¼ly if available)						

Summary

Work of the AHSN Network with NIHR infrastructure is of key importance and requires programme management support at this stage to deliver three workstreams. The Research INN is a key point of linkage between NHSE and NIHR, and it has successfully delivered commissioners expectations.